

| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                               |  |  |                                      | RMV Document Number    |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------|------------------------|-------------------|--------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Date of Crash<br>07/15/2025                                     | Time of Crash<br>0037<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |  | Number<br>Vehicles<br>1              | Number<br>Injured<br>0 | Speed Limit<br>30 | Latitude                       | Longitude | State Police <input type="checkbox"/><br>Local Police <input type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Campus Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                                                                                |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                                                                                                |  |  | NOT AT INTERSECTION:                 |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street                                                                           |  |  | I93 NB31                             |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| 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 1 Occupants                                                                     |  |  | <input type="checkbox"/> Hit/Run     |                        |                   | <input type="checkbox"/> Moped |           |                                                                                                                                                                                                     | Crash Report ID# 25-197-AC                                                     |
| License # St DOB/Age                                            |                               |                         | Reg # 5AVP64                                                                                                                |  |  | Reg Type PC                          |                        |                   | Reg State MA                   |           |                                                                                                                                                                                                     |                                                                                |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2014 Veh Make FORD                                                                                                 |  |  | Veh Config. 2 21                     |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Operator BATRINA, TATIANA N                                     |                               |                         | Owner LYNNWAY RENT A CAR INC                                                                                                |  |  |                                      |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Address 16 LAWRENCE ST                                          |                               |                         | Address 109 BACON ST                                                                                                        |  |  |                                      |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| City WILMINGTON State MA Zip 01887-1926                         |                               |                         | City WALTHAM State MA Zip 02451-4355                                                                                        |  |  |                                      |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Insurance Company MITSUI SUMITOMO INSURANCE                     |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                          |  |  | Damaged Area Code: 8 27 7 27 27      |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2    |                               |                         | Event Sequence 28 23 23 23 23                                                                                               |  |  | Test Status: 1 28                    |                        |                   |                                |           |                                                                                                                                                                                                     |                                                                                |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 28 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 99 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 99 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 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 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? 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:

Lowell ST

I93 Ext 31 north bound of ramp

**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 exiting I93 via exit 31 northbound ramp when it left the roadway and struck a yield sign, and do not enter/ wrong way sign. V1 operator said they could not see because the roadway was dark. The vehicle sustained front left damage and right rear tire damage. The operator declined medical attention. The vehicle was towed from the scene by Cain's towing. It should be noted that the vehicle was stopped at 110 Lowell St for not having its headlights activated and that was when the damage to the vehicle was discovered.

### Witnesses:

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

### Property Damage:

| Owner (Last,First,Middle) | Address                 | Phone # | 41-Type | Description of Damaged Property          |
|---------------------------|-------------------------|---------|---------|------------------------------------------|
| MASSACHUSETTS DOT         | LOWELL ST WILMINGTON MA |         |         | YIELD SIGN, DO NOT ENTER/ WRONG WAY SIGN |
|                           |                         |         |         |                                          |

### 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

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

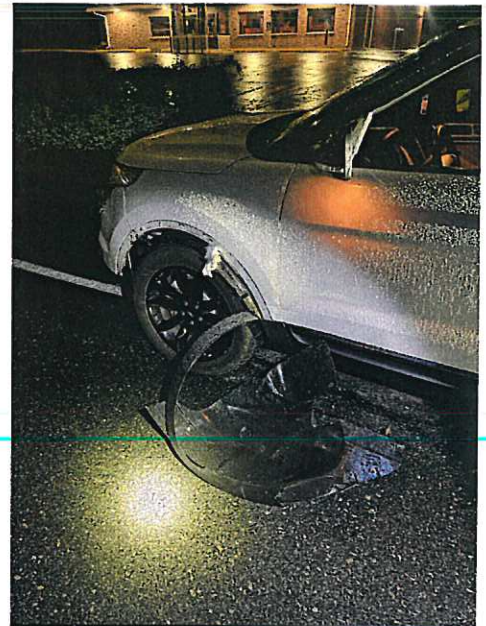
Department

Precinct/Barracks

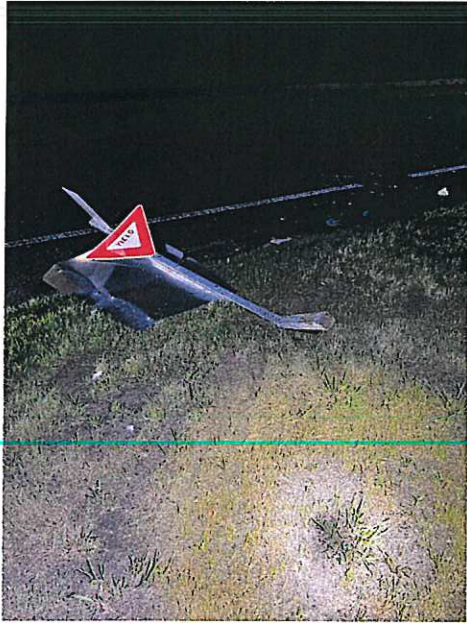
07/15/2025

Date

Wilmington Police Department  
Images Associated with 25-197-AC



Wilmington Police Department  
Images Associated with 25-197-AC



## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
07/15/2025

Time of Crash  
0600

City/Town  
Wilmington

Motor Vehicle Crash  
Police Report

Number Vehicles  
2

Number Injured  
1

Speed Limit 50

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

&lt; LOCATION &gt;

NOT AT INTERSECTION:

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

At \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Also at Intersection with \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet ☐ N ☐ S ☐ E ☐ W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_ Feet ☐ N ☐ S ☐ E ☐ W of \_\_\_\_\_

\_\_\_\_\_ Feet ☐ N ☐ S ☐ E ☐ W of \_\_\_\_\_

\_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

Please Select One of the Following:

☒ Vehicle 1 #Occupants 1☐ Hit/Run☐ MopedCrash Report ID# **25-198-AC**

License \_\_\_\_\_ St \_\_\_\_\_ DOB/Age 19/19

Sex M Lic. Class D Lic. Restrictions 1 CDL \_\_\_\_\_

Operator BRADLEY, JAMES ARTHUR

Address 12 BLUEBERRY CIR

City ANDOVER State MA Zip 01810-5032

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: ☒ N ☒ E ☐ W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 5EJH59 Reg Type PC Reg State MA

Veh Year 2021 Veh Make AUDI Veh Config. 1

Owner BRADLEY, JAMES ARTHUR

Address 12 BLUEBERRY CIR

City ANDOVER State MA Zip 01810-5032

Vehicle Action Prior to Crash 2

Event Sequence 1 23 23 23 23

Most Harmful Event 1

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 6 27 5 27 4 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
|--------------------------|-----------|-------------------|-----------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator                 | See Above | <del>XXXXXX</del> | <del>XXXX</del> | 1                  | 99                     | 4                      | 0                   | 0                  | 8                      | 2                     | Lahey Clinic     |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |

Please Select One of the Following:

☒ Vehicle 2 #Occupants 1☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age 19/19

Sex \_\_\_\_\_ Lic. Class D Lic. Restrictions I CDL \_\_\_\_\_

Operator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company USAA

Vehicle Travel Direction: ☒ N ☒ E ☐ W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 3700XK Reg Type PC Reg State ME

Veh Year 2015 Veh Make CHEVROLET Veh Config. 1

Owner MOORE, WILLIAM R. TRUSTEE

Address 2072 HAMLET CIR APT 10

City CARRABASSETT VALLEY State ME Zip 04947

Vehicle Action Prior to Crash 5

Event Sequence 2 23 23 23 23

Most Harmful Event 2

Driver Contributing Code 19 25 5 25

Driver Distracted by 5 26 26

Damaged Area Code: 1 27 2 27 8 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

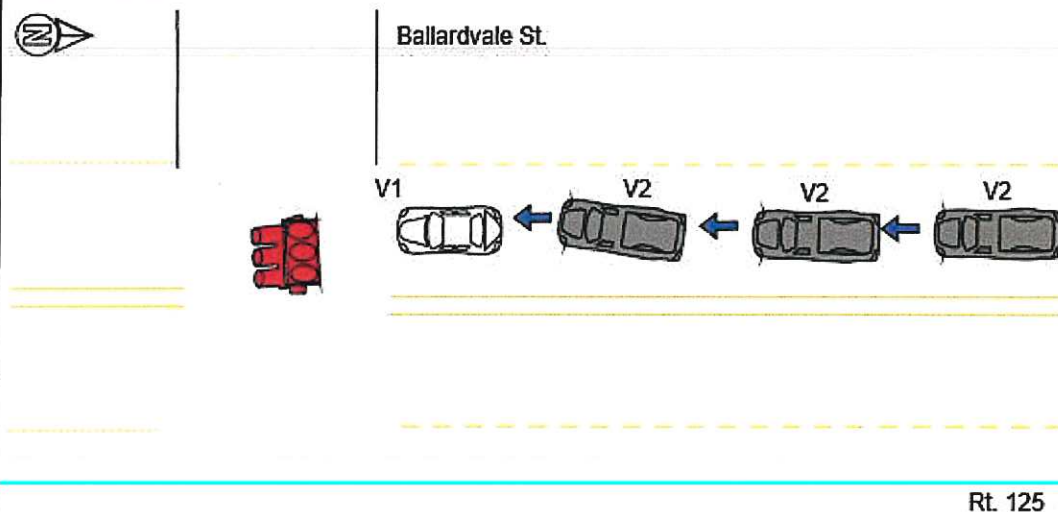
Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address   | DOB/Age           | Sex             | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
|--------------------------|-----------|-------------------|-----------------|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator/Occupants       | See Above | <del>XXXXXX</del> | <del>XXXX</del> | 1                  | 99                     | 3                      | 0                   | 0                  | 10                     | 0                     |                  |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |                   |                 |                    |                        |                        |                     |                    |                        |                       |                  |

→ = 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



Rt. 125

### Crash Narrative:

V1 was stationary at a red light at the intersection of Rt. 125 and Ballardvale St. when V2 collided with it. Both operators were the lone occupants of their vehicles. Operator 2 stated that he was attempting to change lanes on Rt. 125 and then stated his neck felt sore and he was unable to switch lanes in time before colliding with V1. Operator 1 sustained minor injuries to his face (slightly bleeding) and was transported to Lahey-Burlington by the Wilmington Fire Department. Operator 2 did not sustain any injuries and since he was a minor, his father signed a transport refusal. Both vehicles sustained major damage (V1-rear & V2-front) and both were towed by Cain's 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 Michael W Powers

Police Officer Name (Please Print)

Signature

231

ID/Badge #

Wilmington Police Department

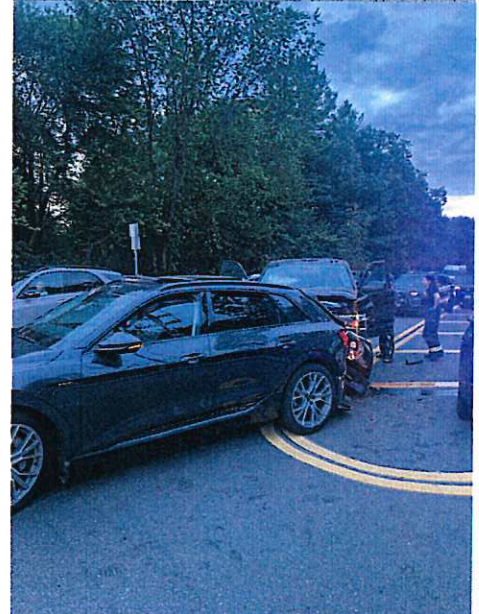
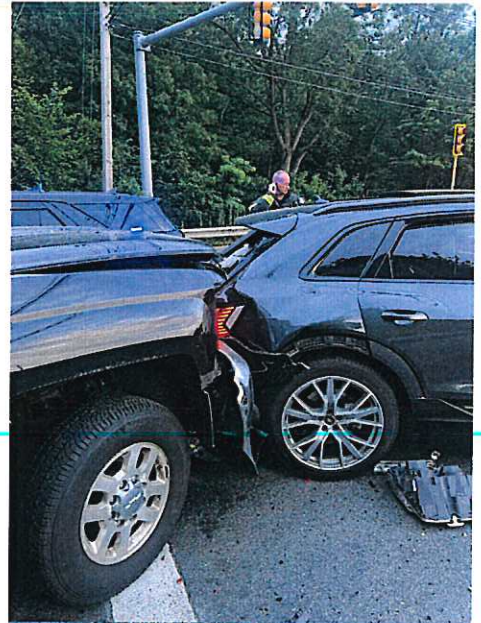
Department

Precinct/Barracks

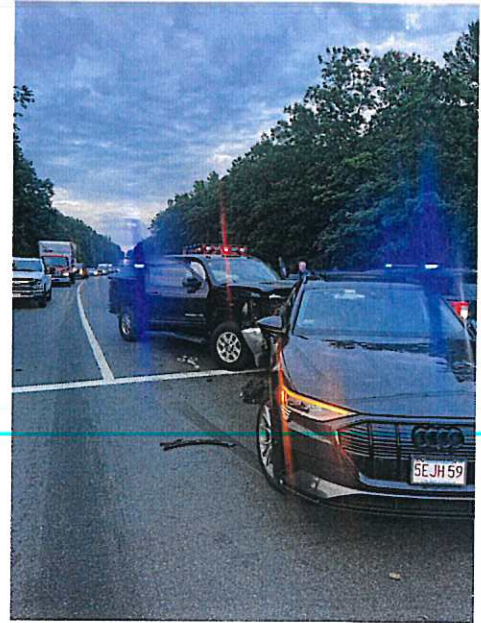
07/15/2025

Date

Wilmington Police Department  
Images Associated with 25-198-AC



Wilmington Police Department  
Images Associated with 25-198-AC



## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
07/15/2025Time of Crash  
1626City/Town  
WilmingtonMotor Vehicle Crash  
Police ReportNumber  
Vehicles  
2Number  
Injured  
0Speed Limit 35  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_State Police  
Local Police  
MBTA Police  
Campus Police  
Other: \_\_\_\_\_

## AT INTERSECTION:

## &lt; LOCATION &gt;

## NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

\_\_\_\_ Feet N S E W of \_\_\_\_\_ • \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number\_\_\_\_ Feet N S E W of \_\_\_\_\_  
Route# Intersecting Roadway/Street\_\_\_\_ Feet N S E W of \_\_\_\_\_  
LandmarkPlease Select One  
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **25-199-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL \_\_\_\_\_  
EndorsementOperator LEE, PAYTON  
Last First MiddleAddress 35 PROSPECT ST APT 210City WOBURN State MA Zip 01801Insurance Company GEICO GENERAL INSURANCE CVehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 4GYT69 Reg Type PC Reg State MAVeh Year 2021 Veh Make HYUNDAI Veh Config. 2 21Owner LEE, JIN YONG  
Last First MiddleAddress 100 SHAWMUT AVE APT 506City BOSTON State MA Zip 02118Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 4 25 25 BAC Test Result: 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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  
System36  
Airbag  
Status37  
Eject  
Code38  
Trap  
Code39  
Injury  
Status40  
Transp.  
Code

Medical Facility

Operator

See Above

1

99

4

0

0

10

1

License # \_\_\_\_\_ S \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL \_\_\_\_\_  
EndorsementOperator ANDERSEN, GENNAVIEVE LYNN  
Last First MiddleAddress 635 MAIN ST APT 9City WILMINGTON State MA Zip 01887-3259Insurance Company ARBELLA MUTUAL INSURANCEVehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 5BFG42 Reg Type PC Reg State MAVeh Year 2023 Veh Make HYUNDAI Veh Config. 2 21Owner BUTLER, KINDRA LYNN  
Last First MiddleAddress 635 MAIN ST APT 9City WILMINGTON State MA Zip 01887-3259Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 1 25 25 BAC Test Result: 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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  
System36  
Airbag  
Status37  
Eject  
Code38  
Trap  
Code39  
Injury  
Status40  
Transp.  
Code

Medical Facility

Operator/Occupants

See Above

1

99

4

0

0

10

1

JEURIS CARO

635 MAIN ST  
WILMINGTON, MA 01887-3259

M

3

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:

MV1 WAS EXITING THE DRIVEWAY EASEMENT BETWEEN THE LACROSSE LOFT AND D&D LOCK, TAKING A LEFT TO HEAD SOUTH ON MAIN STREET. MV2 WAS TRAVELING SOUTH ON MAIN STREET. THE OPERATOR OF MV1 REPORTED THAT A TRUCK IN THE NORTHBOUND TRAVEL LANE ON MAIN ST YIELDED TO LET MV1 TURN SOUTHBOUND ONTO MAIN ST. WHEN MV1 ENTERED THE SOUTHBOUND TRAVEL LANE, IT COLLIDED WITH MV2. MV1 SUSTAINED DAMAGED TO THE FRONT RIGHT OF THE VEHICLE. MV2 SUSTAINED DAMAGE TO THE FRONT LEFT AND LEFT SIDE (DOOR JAMB) OF THE VEHICLE. NO INJURIES REPORTED. NO AIR BAGS DEPLOYED. NO TOWS.

### 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

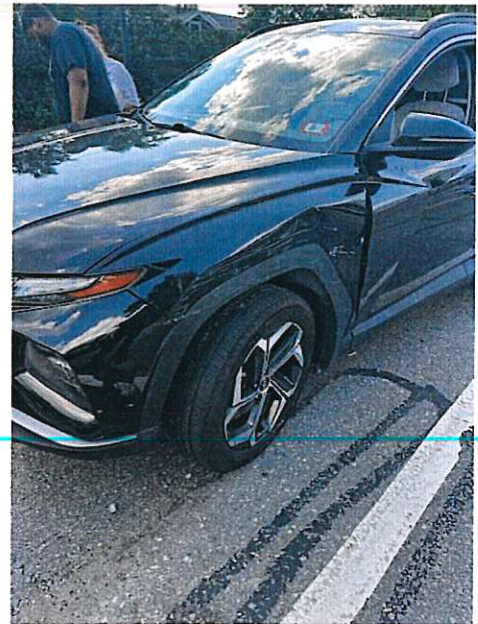
Department

Precinct/Barracks

07/15/2025

Date

Wilmington Police Department  
Images Associated with 25-199-AC



| Police Use Only                                               |                               |                         | Commonwealth of Massachusetts                             |  |                                  |                        | RMV Document Number            |                                                                                                                                                                                                                |                                                                                                                             |  |
|---------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|----------------------------------|------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| Date of Crash<br>07/16/2025                                   | Time of Crash<br>1046<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  | Number<br>Vehicles<br>2          | Number<br>Injured<br>0 | Speed Limit<br>30              | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Campus Police <input type="checkbox"/><br>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                                      |  |                                  |                        |                                | 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                                           |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Route# Direction Name of Intersecting Roadway/Street          |                               |                         | Landmark                                                  |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| 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# 25-200-AC                                                                                                  |  |
| License # St DOB/Age                                          |                               |                         | Reg # 1986MH                                              |  | Reg Type PC                      |                        | Reg State MA                   |                                                                                                                                                                                                                | 1 12                                                                                                                        |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2005                                             |  | Veh Make AUDI                    |                        | Veh Config. 1 21               |                                                                                                                                                                                                                |                                                                                                                             |  |
| Operator HUGH, MARILYN JEAN                                   |                               |                         | Owner HUGH, MARILYN JEAN                                  |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Address 3 HARVARD AVE                                         |                               |                         | Address 3 HARVARD AVE                                     |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| City METHUEN State MA Zip 01844-1515                          |                               |                         | City METHUEN                                              |  | State MA Zip 01844-1515          |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Insurance Company THE COMMERCE INSURANCE CO                   |                               |                         | Vehicle Action Prior to Crash 4 22                        |  | Damaged Area Code: 1 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 29             |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Citation # (If Issued)                                        |                               |                         | Most Harmful Event 1 24                                   |  | Type of Test: 1 30               |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Viol. 1: Ch/Sec/Sub                                           |                               |                         | Driver Contributing Code 4 25 25                          |  | BAC Test Result: 1 30            |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Viol. 2: Ch/Sec/Sub                                           |                               |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32                      |  | Towed from scene? 1 33           |                        |                                |                                                                                                                                                                                                                | 1 13                                                                                                                        |  |
| Viol. 3: Ch/Sec/Sub                                           |                               |                         | Driver Distracted by 0 26 26                              |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| 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                                                 |  | X                                |                        | X                              |                                                                                                                                                                                                                | 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                                          |                               |                         | Reg # 9GK2278                                             |  | Reg Type PC                      |                        | Reg State MD                   |                                                                                                                                                                                                                | 1 14                                                                                                                        |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2025                                             |  | Veh Make CHEVROLET               |                        | Veh Config. 1 21               |                                                                                                                                                                                                                |                                                                                                                             |  |
| Operator TOPITZHOFFER, MICHAEL DAVID                          |                               |                         | Owner EAN HOLDINGS, LLC                                   |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Address 4600 NASON PKWY NE                                    |                               |                         | Address 701 WEDEMAN AVE                                   |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| City SAINT MICHAEL State MN Zip 55376                         |                               |                         | City LINTHICUM                                            |  | State MD Zip 21090               |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Insurance Company EAN HOLDINGS, LLC                           |                               |                         | Vehicle Action Prior to Crash 1 22                        |  | Damaged Area Code: 7 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 29             |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Citation # (If Issued)                                        |                               |                         | Most Harmful Event 1 24                                   |  | Type of Test: 1 30               |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Viol. 1: Ch/Sec/Sub                                           |                               |                         | Driver Contributing Code 1 25 25                          |  | BAC Test Result: 1 30            |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Viol. 2: Ch/Sec/Sub                                           |                               |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32                      |  | Towed from scene? 1 33           |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| Viol. 3: Ch/Sec/Sub                                           |                               |                         | Driver Distracted by 0 26 26                              |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
| 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                                                 |  | X                                |                        | X                              |                                                                                                                                                                                                                | 1 1 2 0 0 10 1                                                                                                              |  |
|                                                               |                               |                         |                                                           |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
|                                                               |                               |                         |                                                           |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |
|                                                               |                               |                         |                                                           |  |                                  |                        |                                |                                                                                                                                                                                                                |                                                                                                                             |  |

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

ie: → 1 → 2 → ○ → ○

### Crash Diagram:

128 West Street →

Industrial Way →

STOP

STOP

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**

↑

### Crash Narrative:

Vehicle 1 was stopped at the end of Industrial Way with the intent of turning left onto West Street. Vehicle 2 was traveling north on West Street approaching the intersection continuing straight through. Vehicle 1 pulled out into the intersection and began to turn left. Vehicle 2 passed through the intersection as vehicle 1 pulled out. The front end of vehicle 1 collided with the driver side door of vehicle 2. Vehicle 2 suffered side airbag deployment and both operators claimed no injuries declined medical services. Both vehicles were towed from the scene.

### Witnesses:

| Name (Last,First,Middle) | Address                             | Phone # | Statement |
|--------------------------|-------------------------------------|---------|-----------|
| MANGANIELLO CHRISTIAN R  | 29 MILL RD WILMINGTON MA 01887-3347 |         |           |
|                          |                                     |         |           |

### 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

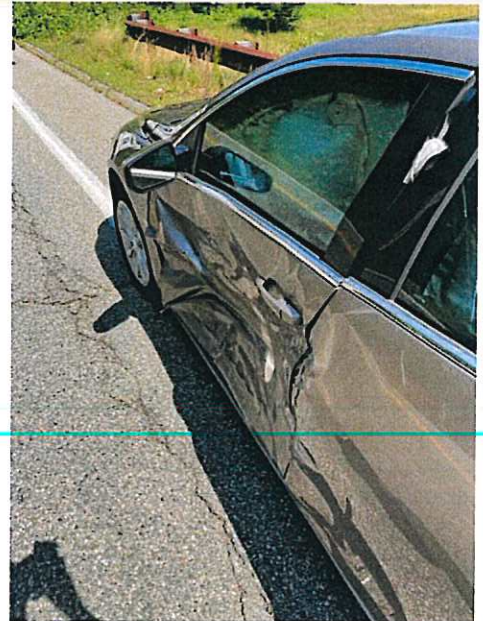
**Hazmat Information:**

Placard 47 Material 1 digit # 48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 49

Patrol Officer Thomas Lawrenson      222      Wilmington Police Department      07/16/2025

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

Wilmington Police Department  
Images Associated with 25-200-AC



## Police Use Only

## Commonwealth of Massachusetts

## RMV Document Number

Date of Crash  
07/17/2025

Time of Crash  
0949  
24HR

City/Town  
Wilmington

Motor Vehicle Crash  
Police Report

Number Vehicles  
1

Number Injured  
1

Speed Limit 30  
Latitude  
Longitude

State Police  
Local Police  
MBTA Police  
Campus Police  
Other

## AT INTERSECTION:

## &lt; LOCATION &gt;

## NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street  
At  
Route# Direction Name of Intersecting Roadway/Street  
Also at Intersection with  
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
6 GRAND ST  
Feet ☒ S ☒ E ☒ W of Mile Marker Exit Number  
Feet ☐ N ☐ S ☐ E ☐ W of Route# Intersecting Roadway/Street  
Feet ☐ N ☐ S ☐ E ☐ W of  
Landmark

Please Select One of the Following:

☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-201-AC

License # St. DOB/Age  
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement  
Operator LEBLANC, CHERYL ANN  
Address 480 SHAWSHEEN AVE  
City WILMINGTON State MA Zip 01887-1639  
Insurance Company THE STANDARD FIRE INSURAN  
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 46723 Reg Type PC Reg State MA  
Veh Year 2025 Veh Make NISSAN Veh Config. 1  
Owner LEBLANC, CHERYL ANN  
Address 480 SHAWSHEEN AVE  
City WILMINGTON State MA Zip 01887-1639  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27  
Event Sequence 22 23 23 23 23 Test Status: 1 28  
Most Harmful Event 22 24 Type of Test: 29  
BAC Test Result: 30  
Driver Contributing Code 9 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Driver Distracted by 2 26 26 Towed from scene? 1 33

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address   | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility    |
|--------------------------|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|---------------------|
| Operator                 | See Above |         |     | 1                  | 1                      | 4                      | 0                   | 0                  | 8                      | 2                     | Winchester Hospital |
|                          |           |         | F   | 4                  | 1                      | 4                      | 0                   | 0                  | 10                     | 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  
Operator  
Address  
City State Zip  
Insurance Company  
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State  
Veh Year Veh Make Veh Config. 21  
Owner  
Address  
City State Zip  
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27  
Event Sequence 23 23 23 23 Test Status: 28  
Most Harmful Event 24 Type of Test: 29  
BAC Test Result: 30  
Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32  
Driver Distracted by 26 26 Towed from scene? 33

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address   | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
|--------------------------|-----------|---------|-----|--------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|
| Operator/Occupants       | See Above |         |     | 1                  |                        |                        |                     |                    |                        |                       |                  |
|                          |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |
|                          |           |         |     |                    |                        |                        |                     |                    |                        |                       |                  |



Vehicle was towed by Forrest Towing.

**Property Damage:**

### Truck and Bus Information:

Form No. 1036-1 CRA-65 08/23

Wilmington Police Department  
Images Associated with 25-201-AC



| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                               |  |                                      |                        | RMV Document Number            |                                                                        |                                                                                |  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------|--------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| Date of Crash<br>07/17/2025                                     | Time of Crash<br>2028<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  | Number<br>Vehicles<br>2              | Number<br>Injured<br>0 | Speed Limit<br>35              | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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 Exit Number                                                                                              |  |                                      |                        |                                | 2 11                                                                   |                                                                                |  |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street                                                                          |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Also at Intersection with                                       |                               |                         | Landmark                                                                                                                    |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Route# Direction Name of Intersecting Roadway/Street            |                               |                         |                                                                                                                             |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants                                                                    |  | <input type="checkbox"/> Hit/Run     |                        | <input type="checkbox"/> Moped |                                                                        | Crash Report ID# 25-202-AC                                                     |  |
| License # St DOB/Age                                            |                               |                         | Reg # 4DHX53                                                                                                                |  | Reg Type PC                          |                        | Reg State MA                   |                                                                        |                                                                                |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2015                                                                                                               |  | Veh Make DODGE                       |                        | Veh Config. 1 21               |                                                                        | 1 12                                                                           |  |
| Operator CHERRY, ELIZABETH FOX                                  |                               |                         | Owner CHERRY, ELIZABETH FOX                                                                                                 |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Address 40 MAIN ST APT 404                                      |                               |                         | Address 40 MAIN ST APT 404                                                                                                  |  |                                      |                        |                                |                                                                        |                                                                                |  |
| City STONEHAM State MA Zip 02180-3355                           |                               |                         | City STONEHAM State MA Zip 02180-3355                                                                                       |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Insurance Company THE STANDARD FIRE INSURAN                     |                               |                         | Vehicle Action Prior to Crash 2 22                                                                                          |  | Damaged Area Code: 1 27 27 27        |                        |                                |                                                                        |                                                                                |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  | Test Status: 2 28                    |                        |                                |                                                                        |                                                                                |  |
| Citation # (If Issued) 580516AD                                 |                               |                         | Most Harmful Event 1 24                                                                                                     |  | Type of Test: 29                     |                        |                                |                                                                        |                                                                                |  |
| Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24             |                               |                         | Driver Contributing Code 10 25 25                                                                                           |  | BAC Test Result: 30                  |                        |                                |                                                                        |                                                                                |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                         |                               |                         | Driver Distracted by 99 26 26                                                                                               |  | Susp. Alcohol: 1 31 Susp. Drug: 2 32 |                        |                                |                                                                        | 1 13                                                                           |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                         |                               |                         | 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 99 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 # 134BG6                                                                                                                |  | Reg Type PC                          |                        | Reg State MA                   |                                                                        |                                                                                |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2014                                                                                                               |  | Veh Make ACURA                       |                        | Veh Config. 1 21               |                                                                        |                                                                                |  |
| Operator MEHR, CHRISTINE JEANNETTE                              |                               |                         | Owner MEHR, JON P                                                                                                           |  |                                      |                        |                                |                                                                        |                                                                                |  |
| Address 1 PHILLIPS AVE                                          |                               |                         | Address 1 PHILLIPS AVE                                                                                                      |  |                                      |                        |                                |                                                                        |                                                                                |  |
| City WILMINGTON State MA Zip 01887-2025                         |                               |                         | City WILMINGTON State MA Zip 01887-2025                                                                                     |  |                                      |                        |                                |                                                                        | 1 14                                                                           |  |
| Insurance Company THE HANOVER INSURANCE COM                     |                               |                         | Vehicle Action Prior to Crash 2 22                                                                                          |  | Damaged Area Code: 5 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: 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 |                        |                                |                                                                        |                                                                                |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                         |                               |                         | 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                                                                                                              |  |                                      |                        |                                |                                                                        |                                                                                |  |
|                                                                 |                               |                         | M 4 1 4 0 0 10 1                                                                                                            |  |                                      |                        |                                |                                                                        |                                                                                |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                      |                        |                                |                                                                        |                                                                                |  |
|                                                                 |                               |                         |                                                                                                                             |  |                                      |                        |                                |                                                                        |                                                                                |  |

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

### Crash Diagram:

ie: →

1

2

→

→

→

Main Street  
Route 38



V1    V2

193 Main Street  
Rocco's Restaurant and parking lot

Richmond 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:

V1 and V2 were traveling southbound on Main Street, Rt . 38. V2 slowed down and stopped at the red light at Richmond Street. V1 failed to stop at the red light and rear-ended V2. Both operators pulled into the Rocco's parking lot. Operator of V1, CHERRY, was arrested for OUI, negligent operation of MV, and other charges as well. No injuries reported or observed in Opr1 or Opr2. There was a juvenile passenger seatbelted behind the driver of V2. Opr2 reported he may have hit his head when the crash took place but she declined all medical. Moderate damage to the center front of V1. Moderate damage to the rear center of V2.

### 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 Kathryn C Goodwin    216    Wilmington Police Department    07/17/2025  
Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 25-202-AC

