

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/24/2025	Time of Crash 1103 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 Route# Direction MIDDLESEX AVE Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of or Mile Marker Exit Number		4 11					
Route# Direction MYSTIC AVE Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		4 11					
Also at Intersection with			Feet N S E W of		Landmark					
2 1 Route# Direction Name of Intersecting Roadway/Street										
3 Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-206-AC							
License # S DOB/Age			Reg # W32228 Reg Type CO Reg State MA		1 12					
Sex M Lic. Class A 19 A 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021 Veh Make Mack Truck Veh Config. 7 21		1 12					
Operator STUART, JEFFREY STEFAN BARRY Last First Middle			Owner BMO BANK NA Last First Middle		1 13					
4 1 Address 7 BEECHWOOD RD			Address 770 N WATER ST		1 13					
City IPSWICH State MA Zip 01938-2522			City MILWAUKEE State WI Zip 53202-0002		1 13					
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
7 1 Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # S DOB/Age			Reg # 548LR9 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class D 19 D 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013 Veh Make CHEVROLET Veh Config. 2 21		1 14					
Operator MENNELLA, ANTHONY S Last First Middle			Owner MENNELLA, DIANE K Last First Middle		1 14					
8 1 Address 24 ARLENE RD			Address 24 ARLENE RD		1 14					
City LOWELL State MA Zip 01851-1312			City LOWELL State MA Zip 01851-1312		1 14					
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 9 22		Damaged Area Code: 3 27 97 27 27					
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

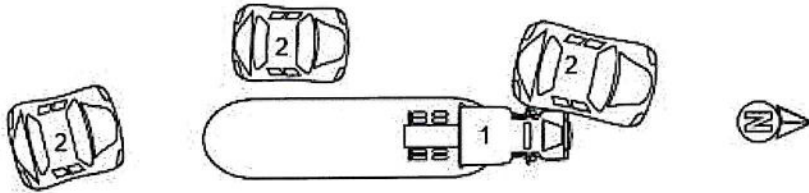
Crash Diagram:

ie: → 1 → 2 → O → B

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 #2 went to Pass a Trash Truck (Vehicle #1). As Vehicle #2 went to pull in Front of Vehicle #1 it sideswiped the front tire and Bumper of Vehicle #1.

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 # **W32228** (From Vehicle Section)

Carrier Name **CASELLA WASTE MANAGEMENT OF MA** Bus Use **0** ⁴²

Address **49 SWORD ST** City **AUBURN** St **MA** Zip **01501**

US DOT #: **894965** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **1** ⁴³ Cargo Body Type Code **11** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code ⁴⁹

Patrol Officer **Anthony Fiore** 164 **Wilmington Police Department** 07/24/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
07/26/2025

Time of Crash
1326
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 35

Latitude _____

Longitude _____

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# 38 Direction S Address # 273 Name of Roadway/Street MAIN ST

_____ Feet N S E W of _____ • _____ or _____ Exit Number _____

_____ Feet N S E W of _____ Mile Marker _____

_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

SPEEDWAY GAS

Landmark _____

Please Select One of the Following:

☒ Vehicle 12 #Occupants 1☐ Hit/Run☐ MopedCrash Report ID# 25-214-AC

License # _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____

Operator JONES, HORACE W

Address 126 GROVE AVE

City WILMINGTON State MA Zip 01887-3722

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N X 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 # 794XK3 Reg Type PC Reg State MA

Veh Year 2023 Veh Make NISSAN Veh Config. 1 21

Owner JONES, MEGHAN FOX

Address 126 GROVE AVE

City WILMINGTON State MA Zip 01887-3722

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above										
MEGHAN JONES	126 GROVE AVE WILMINGTON, MA 01887-3722	02/07/1975	F	3	1	4	0	0	10	1	

Please Select One of the Following:

☒ Vehicle 21 #Occupants 1☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____

Operator _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: X 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 # 463AA Reg Type PC Reg State MA

Veh Year 2026 Veh Make HYUNDAI Veh Config. 2 21

Owner MCGOVERN HYUNDAI

Address 271 MAIN ST

City WILMINGTON State MA Zip 01887

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

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

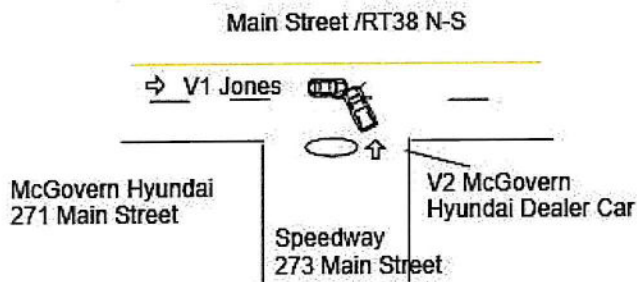
Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

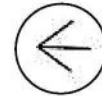
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 (Jones) traveling straight on Main Street (RT38S). V2 (Bellino/McGovern Hyundai) was attempting left turn in front of oncoming RT38S traffic and collision occurred. V1 sustained right front end damage. V1 car camera showed collision as reported. Hyundai general Manager Rich Bellino was on scene and was aware of video, driver action and assumed responsibility. He advised V2 (Hyundai Santa Fe) was unregistered dealership car operated on McGovern Hyundai DLR plate. V2 sustained possible minor damage to front right bumper (slight visible scuffing). McGovern Hyundai is self-insured. No injuries observed or reported. V2 failure to yield while attempting left turn in front of two lanes of approaching traffic most probable cause of crash.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Richard DiPerri 173 Wilmington Police Department 07/30/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date