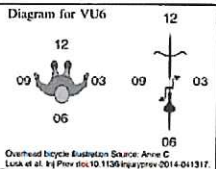
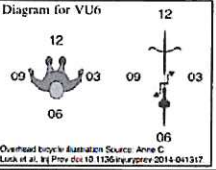
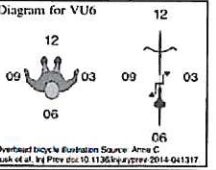


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/22/2025	Time of Crash 2219 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction <u>LOWELL ST</u> Name of Roadway/Street At Route# Direction <u>WEST ST</u> Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet <u>N S E W</u> of Mile Marker Exit Number Feet <u>N S E W</u> of Route# Intersecting Roadway/Street Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-203-AC</u>							
License # Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL Endorsement Operator <u>WHITEMAN, RYAN PETER</u> Last First Middle Address <u>512 SHAWSHEEN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1640</u> Insurance Company <u>VERMONT MUTUAL INSURANCE</u> Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>591546AD</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # <u>2AFV27</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> 21 Owner <u>WHITEMAN, KATHLEEN RITA</u> Last First Middle Address <u>512 SHAWSHEEN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1640</u> Vehicle Action Prior to Crash <u>4</u> 22 Event Sequence <u>4</u> 23 23 23 23 Most Harmful Event <u>4</u> 24 Driver Contributing Code <u>4</u> 25 25 Driver Distracted by <u>99</u> 26 26 Damaged Area Code: <u>8</u> 27 27 27 Test Status: <u>1</u> 28 Type of Test: <u>0</u> 29 BAC Test Result: <u>1</u> 30 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32 Towed from scene? <u>2</u> 33							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
Operator			Operator							
DOB/Age Sex			DOB/Age Sex							
34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code							
Medical Facility			Medical Facility							
Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.							
License # Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Last First Middle 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			License # Sex Lic. Class Lic. Restrictions CDL Endorsement Operator Last First Middle Address City State Zip Insurance Company Vehicle Action Prior to Crash Event Sequence Most Harmful Event Driver Contributing Code Driver Distracted by Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
Operator/Occupants			Operator/Occupants							
DOB/Age Sex			DOB/Age Sex							
34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code							
Medical Facility			Medical Facility							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 9 VU1	Action 2 VU2	Location 4 VU3				
VU: _____ Last First Middle Address: _____ City: _____ State: _____ Zip: _____ License #: _____ St: _____ DOB/Age: _____ Traffic Control Device: 0 VU4 Origin/Destination: 97 VU5 Contact Point: 09 VU6  Overhead bicyclist illustration Source: Anne C. Look et al. Inj Prev doi:10.1136/injprev-2014-041317 Event Sequence: 4 VU8 13 VU8 VU8 VU8 Contributing Code: 1 VU9 VU9 Distracted by: 1 VU10 VU10		Primary Injury Area: 4 VU7 Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15						
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	1	9	3	0	8	1	

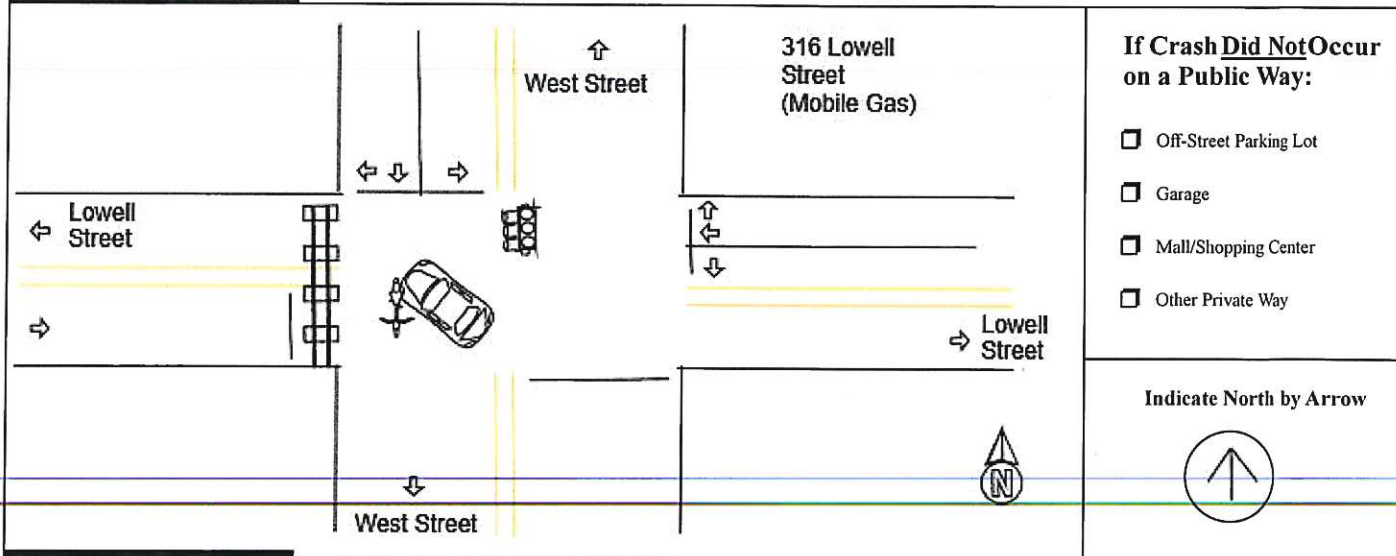
Vulnerable User		Type VU1	Action VU2	Location VU3				
VU: _____ Last First Middle Address: _____ City: _____ State: _____ Zip: _____ License #: _____ St: _____ DOB/Age: _____ Traffic Control Device: VU4 Origin/Destination: VU5 Contact Point: VU6  Overhead bicyclist illustration Source: Anne C. Look et al. Inj Prev doi:10.1136/injprev-2014-041317 Event Sequence: VU8 VU8 VU8 VU8 Contributing Code: VU9 VU9 Distracted by: VU10 VU10		Primary Injury Area: VU7 Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15						
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User		Type VU1	Action VU2	Location VU3				
VU: _____ Last First Middle Address: _____ City: _____ State: _____ Zip: _____ License #: _____ St: _____ DOB/Age: _____ Traffic Control Device: VU4 Origin/Destination: VU5 Contact Point: VU6  Overhead bicyclist illustration Source: Anne C. Look et al. Inj Prev doi:10.1136/injprev-2014-041317 Event Sequence: VU8 VU8 VU8 VU8 Contributing Code: VU9 VU9 Distracted by: VU10 VU10		Primary Injury Area: VU7 Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15						
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



Crash Narrative:

The involved vehicle was the second vehicle back from the light, stationary at a red light on West Street facing north. The bicycle was stationary in the straight travel lane at the red light on West Street facing south. The traffic signal turned green and the vehicle in front of the involved car turned left and then the involved vehicle also turned left to travel west on Lowell Street. The involved vehicle turned left as the bicyclist was traveling straight across the intersection. The vehicle and bicyclist collided in the middle of the intersection and this caused the bicyclist to fall onto the ground.

The bicycle sustained significant frame damage. The bicycle operator was evaluated by the Wilmington Fire Department. The vehicle involved sustained left front damage. No airbags deployed and the vehicle was driveable.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MIASSERIAN MARTIN PAUL	11 FERGUSON RD WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
			97	RIDSTAR Q20 ELECTRIC BIKE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

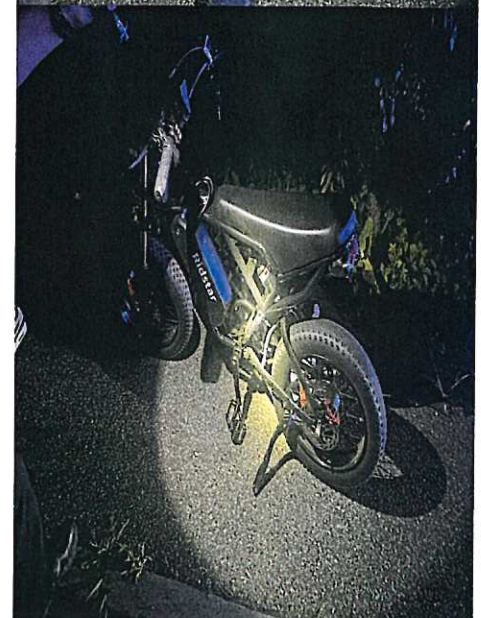
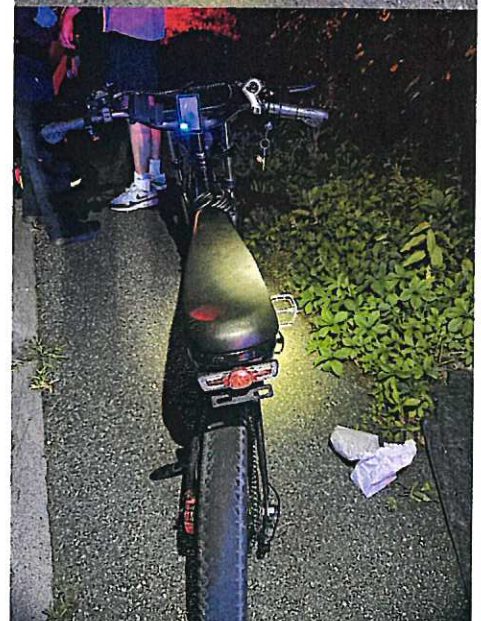
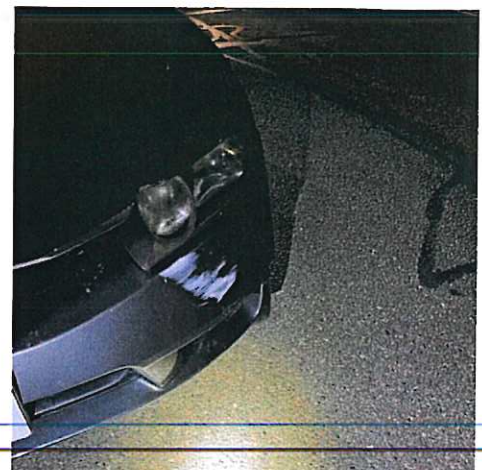
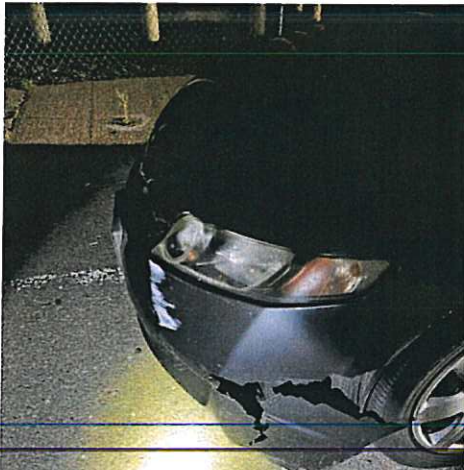
Department

Precinct/Barracks

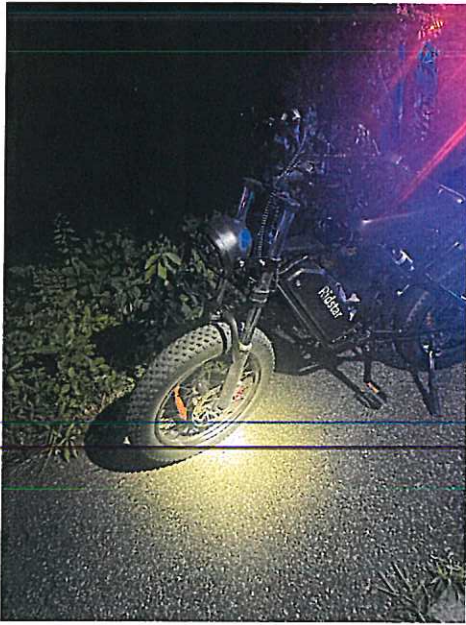
07/22/2025

Date

Wilmington Police Department
Images Associated with 25-203-AC



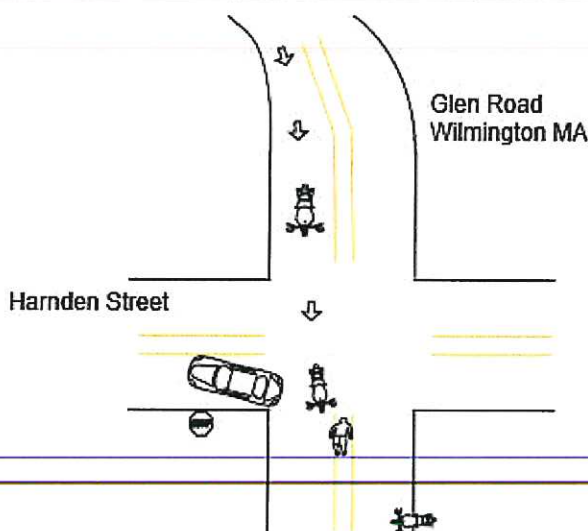
Wilmington Police Department
Images Associated with 25-203-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/23/2025	Time of Crash 1847 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction GLEN RD				Route# Direction Address # Name of Roadway/Street		2 10			
At				Feet N S E W of Mile Marker Exit Number		1 11			
Route# Direction HARNDEN ST				Route# Direction Address # Name of Roadway/Street		1 11			
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				Route# Direction Address # Name of Roadway/Street		Landmark			
Please Select One of the Following:				☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped	
				Crash Report ID# 25-204-AC					
License # St DOB/Age				Reg # 2X1213 Reg Type MC Reg State MA		1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement				Veh Year 2007 Veh Make HARLEY-DAVIDSON Veh Config. 3		1 12			
Operator O'CONNOR, FRANCIS JAMES				Owner O'CONNOR, FRANCIS JAMES		1 12			
Address 9 KIMBROUGH RD				Address 9 KIMBROUGH RD		1 12			
City BILLERICA State MA Zip 01821-3004				City BILLERICA State MA Zip 01821-3004		1 12			
Insurance Company THE COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 1		Damaged Area Code: 3 27 27 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2				Event Sequence 43 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)				Most Harmful Event 43 24		Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 12 25 25		BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved				Towed from scene? 1 33		40 13			
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 5 5 2 0 8 2		Lahey Clinic			
Please Select One of the Following:				☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped	
				☐ Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age				Reg # Reg Type Reg State		21			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year Veh Make Veh Config.		21			
Operator				Owner		1 14			
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:



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:

M-opr stated he was driving eastbound on Glen Rd. He stated he observed a vehicle on Harnden Street try to pull out onto Glen Rd in front of him. He stated he hit his breaks to try to stop and avoid the collision but he couldn't. I spoke with the operator of the vehicle (W2). W2 stated he stopped at the stop sign at Harnden @ Glen. He then stated he looked and did not see anyone so he started slowly moving forward to take a right. He stated the motorcycle came up the road quickly so he hit the breaks. He reported there was no collision.

Minor damage to right side of motorcycle. Motorcycle towed by Forrest Towing. W1 stated W2 inched out a little past the stop sign line then the m-opr swerved to not get hit, lost control of bike, fell on the double yellow lines then the bike skitted past him. W1 also reported M-opr was driving quickly. M-opr is M-permit only.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KEATING KATRINA MARIE	8 WILLIAMS AVE WILMINGTON MA 01887-3505		
BUZZANGA ERCOLE G	11 JORDAN ST WILMINGTON MA 01887-1338		

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

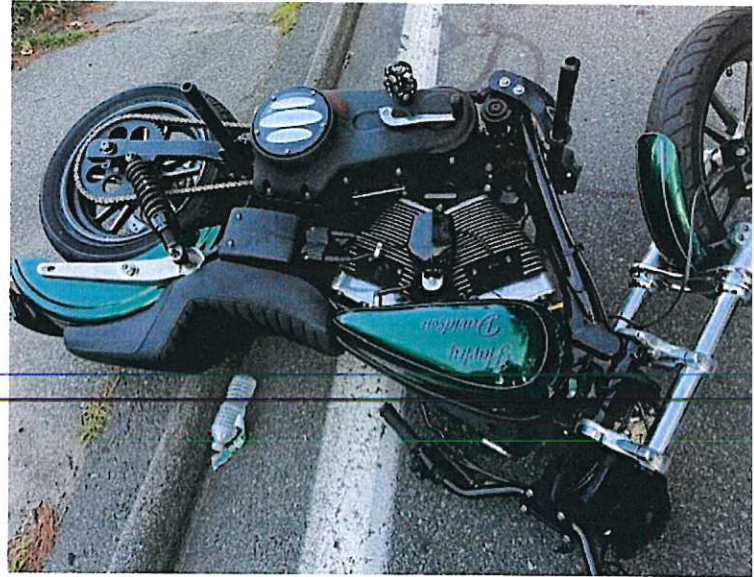
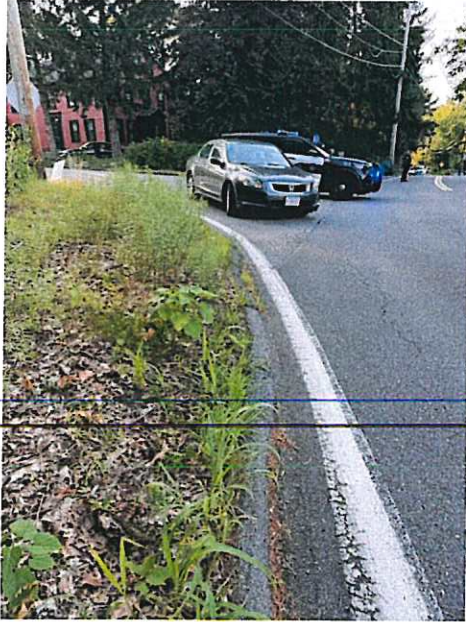
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

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 07/23/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

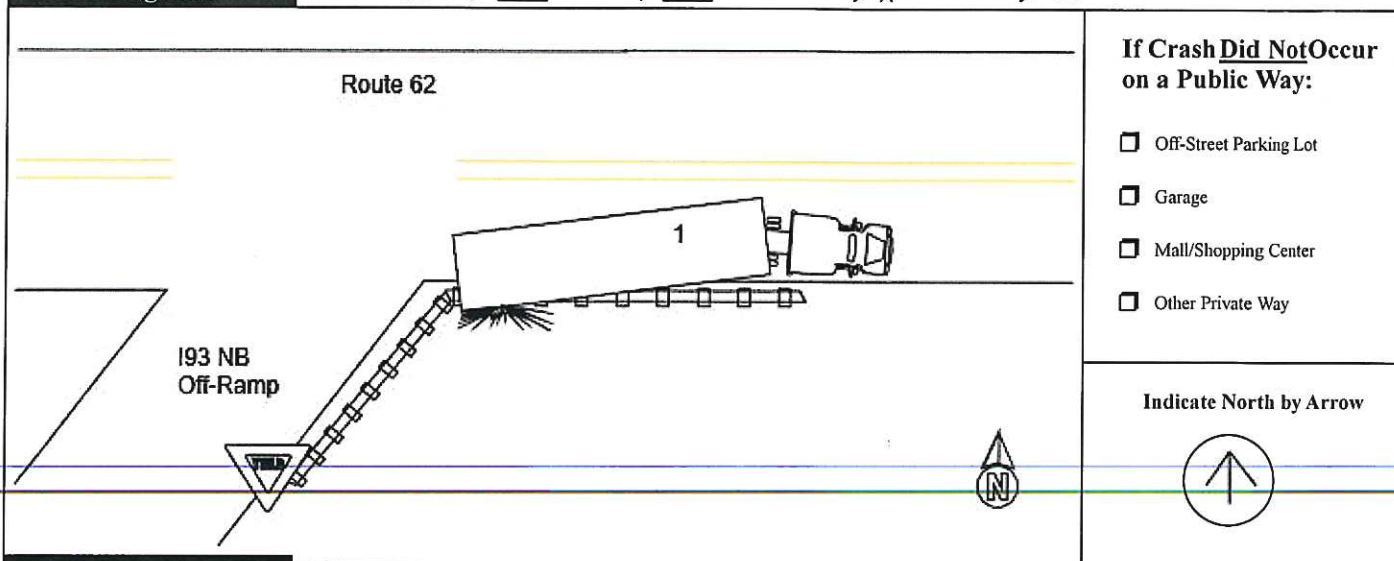
Wilmington Police Department
Images Associated with 25-204-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/24/2025	Time of Crash 0820 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
1 Route# Direction ROUTE 62 HWY At Route# Direction I93NBR34 RAMP Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-205-AC										
License # St DOB/Age			Reg # PWV1852 Reg Type AP Reg State OH										
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make Freightliner Veh Config. 10 21										
Operator: CORTEZ, IAN C Last First Middle			Owner: QWT LOGISTICS LLC Last First Middle										
Address 60 SHADY LANE DR City ROCHESTER State NY Zip 14621			Address 3430 COVENTRY DR City PARMA State OH Zip 44134										
Insurance Company GEICO GENERAL INSURANCE			Vehicle Action Prior to Crash 3 22 Damaged Area Code: 3 27 27 27										
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 24 23 23 23 23 Test Status: 1 28										
Citation # (If Issued)			Type of Test: 0 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 19 25 21 25 Susp. Alcohol: 31 Susp. Drug: 32										
Driver Distracted by 0 26 26			Towed from scene? 2 33										
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				1	1	4	0	0	10	0	
7 6 Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ 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: Last First Middle			Owner: Last First Middle										
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 23 Test Status: 28										
Citation # (If Issued)			Type of Test: 29										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 30										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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 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:



Crash Narrative:

TT 1 while exiting I93 NB Off-Ramp attempted to turn right onto Route 62. While turning, the rear right side of the trailer crashed into the guard rail. TT 1 was stuck due to the guard rail. Wilmington FD cut guard rail (see images) and Coady's Towing fixed TT 1, pulling it from the guard rail. Wilmington EMS recieved refusal for transport. SFST's conducted. State truck team arrived on-scene to assist. Driver stated that he was tired and turned too quickly.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASSDOT	10 PARK PLZ Apt. #4160 BOSTON MA		1	GUARD RAIL

Truck and Bus Information:

Registration # **PWV1852** (From Vehicle Section)

Carrier Name **QWT LOGISTICS LLC**

Bus Use ☐ 42

Address **3430 COVENTRY DR** City **PARMA** St **OH** Zip **44134**

US DOT #: **3679926** State Number _____ Issuing State _____ MC/MX/ICC #: **127946**

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 2 45

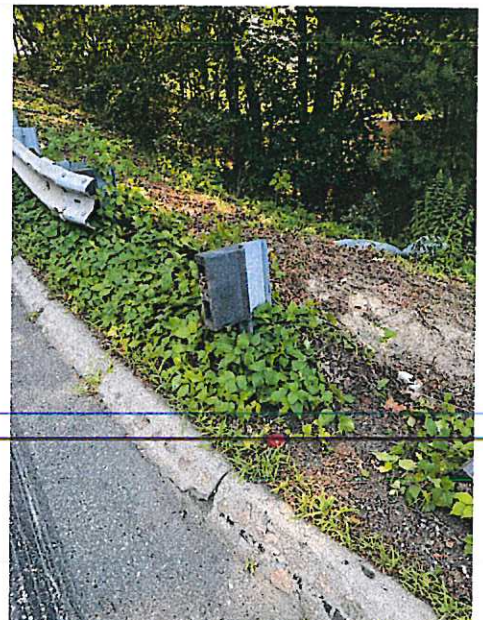
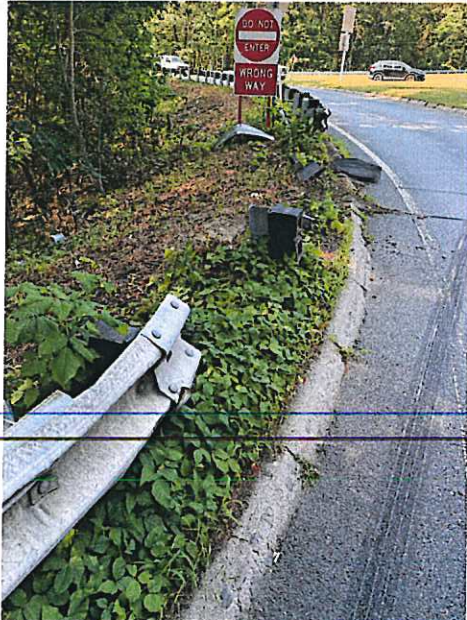
Trailer Reg #: **5392231** Reg Type **TL** Reg State **ME** Reg Year **2022** Trailer Length ☐ 4 46

Hazmat Information:

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

Patrol Officer Justin T Crowley 240 Wilmington Police Department 07/24/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-205-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/24/2025	Time of Crash 1650 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐	Local Police ☐	MBTA Police ☐	Campus Police ☐	Other ☐
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street							
At						Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with						Landmark							
Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following:						Crash Report ID# 25-207-AC							
☒ Vehicle 1 Occupants						☐ Hit/Run							
☐ Moped													
License #						Reg # 5CF236 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21							
Operator ROBINSON, JAMES LOUIS						Owner ROBINSON, JAMES LOUIS							
Address 258 MAIN ST APT 6						Address 258 MAIN ST APT 6							
City NORTH READING State MA Zip 01864-1354						City NORTH READING State MA Zip 01864-1354							
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23 Test Status: 28							
Citation # (If Issued)						Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Most Harmful Event 1 24 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Contributing Code 1 25 25 Susp. Alcohol: 31 Susp. Drug: 32							
Driver Distracted by 0 26 26						Towed from scene? 2 33							
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above				1	1	4	0	0	10	1	
Please Select One of the Following:													
☒ Vehicle 2 Occupants													
☐ Hit/Run													
☐ Moped													
☐ Vulnerable User Complete the Vulnerable User section.													
License #													
Reg # 3HEM51 Reg Type PC Reg State MA													
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement													
Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21													
Operator BROWN, DORIS VIVIAN													
Owner BROWN, DORIS VIVIAN													
Address 43 FOREST ACRES DR APT F													
Address 43 FOREST ACRES DR APT F													
City BRADFORD State MA Zip 01835-7041													
City BRADFORD State MA Zip 01835-7041													
Insurance Company LIBERTY MUTUAL INSURANCE													
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27													
Event Sequence 1 23 23 23 23 Test Status: 28													
Type of Test: 29													
Most Harmful Event 1 24 BAC Test Result: 30													
Driver Contributing Code 19 25 25 Susp. Alcohol: 31 Susp. Drug: 32													
Towed from scene? 2 33													
Driver Distracted by 0 26 26													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Thursday July 24, 2025, I, Officer Parsons #236 was on patrol and discovered a minor motor vehicle accident near the intersection of Middlesex Ave. and High St. The two cars involved were MA registration 5CF236 (MV #1) and MA registration 3HBM51 (MV #2). After confirming there were no injuries, I asked for both drivers to produce their licenses and registrations. Both complied, I explained that I would fill out an exchange form for both parties. Operator of MV #2 told me that she rear ended MV #1 but did not provide a reason as to why she had not stopped in time. MV #1 had damage to the entire rear bumper and trunk. MV #2 had damage to the front bumper. Both cars were able to drive away after both parties documented damages, and were given their exchange forms.

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 Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

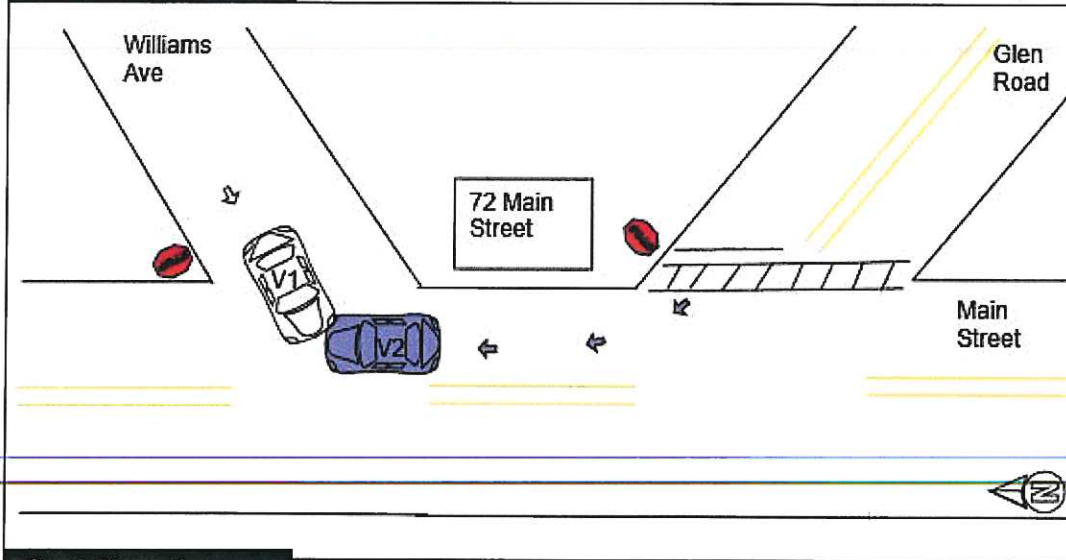
07/24/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/24/2025	Time of Crash 1643 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 MAIN ST			2		10					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
1 WILLIAMS AVE			3		11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with										
2 1			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Landmark					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-208-AC	
License # St DOB/Age			Reg # 3GPH31 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010 Veh Make CADILLAC Veh Config. 1 21							
Operator HOOPER, JAMES GOODNO			Owner HOOPER, JAMES GOODNO							
Address 47 LAKESHORE RD			Address 47 LAKESHORE RD							
City PEABODY State MA Zip 01960-6514			City PEABODY State MA Zip 01960-6514							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 8 27 7 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator			See Above		1 0 4 0 0 10 1					
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # S DOB/Age			Reg # 4SHF17 Reg Type PC Reg State MA		1 14					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022 Veh Make VOLKSWAGEN Veh Config. 1 21							
Operator PACHECO, MARIA ARMINDA			Owner PACHECO, MARIA ARMINDA							
Address 284 FAIRMOUNT ST			Address 284 FAIRMOUNT ST							
City LOWELL State MA Zip 01852-3710			City LOWELL State MA Zip 01852-3710							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 3 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator/Occupants			See Above		1 1 3 0 0 8 2 Saints Memorial Medical CTR					

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

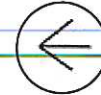
Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was stationary on Williams Ave at the intersection with Main St. Vehicle 2 (V2) was traveling on Glen Rd, taking a right onto Main Street to travel northbound. V1 pulled onto Main St and collided with V2 in the middle of the roadway. V1 sustained front and left side damage, no airbags deployed. V2 sustained front and right side damage, both side and front airbags deployed. V1's operator signed a medical refusal with the Wilmington Fire Department. The operator of V2 was transported

.. V1's operator stated that V2 did not stop at the stop sign at the end of Glen Rd and was speeding. V2's operator stated that she came to a complete stop prior to pulling out onto Main St. Both Vehicles were towed by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MYTYCH MELANIE KATHERINE	36 GRACE DR WILMINGTON MA 01887-1641		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

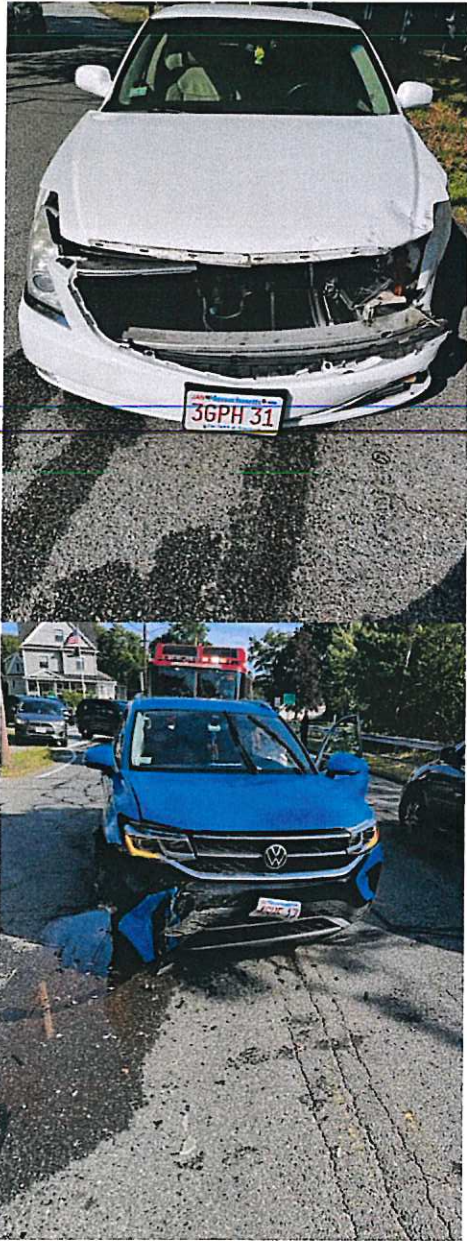
Department

Precinct/Barracks

07/24/2025

Date

Wilmington Police Department
Images Associated with 25-208-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/25/2025	Time of Crash 0944 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		193 MAIN ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-209-AC	
License #			DOB/Age		Reg # 5XRV92		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2022		Veh Make Jeep		Veh Config. 1 21	
Operator FELIZ, WILLIAM C			Owner ARIAS, LUIS I							
Address 55 NEWCASTLE ST APT 306			Address 77 S UNION ST APT 315							
City LYNN State MA Zip 01905-3138			City LAWRENCE State MA Zip 01843-1642							
Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 2 27 27					
Vehicle Travel Direction: N X E W			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31		Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator			See Above		X		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 #			DOB/Age		Reg # 5WXT54		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2023		Veh Make HONDA		Veh Config. 1 21	
Operator STONE, JAYME LYNNE			Owner DELEFAVERO, DENNIS MICHAEL							
Address 115 GLEN RD			Address 115 GLEN RD							
City WILMINGTON State MA Zip 01887-3537			City WILMINGTON State MA Zip 01887-3537							
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S X W			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31		Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator/Occupants			See Above		X		1		4	
							0		0	
							10		1	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Main Street



Rocco's (193 Main Street)

Dunkin (195 Main Street)

Driveway to 193/195 Main Street Lot

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was traveling south on Main St in the area of 193/195 Main St, approaching the intersection with Richmond St. Vehicle 2 (V2) was exiting the parking lot of 193/195 Main St, entering the southbound lane of travel in an attempt to turn left to travel northbound on Main St. V1's operator stated that he was traveling at a steady speed and V2 pulled out in front of him and he didnt have time to stop. V2's operator stated that V1 was stationary in traffic and observed the operator on his phone. V2's operator stated that she entered the travel lane and V1 accelerated forward without looking. The vehicles collided in the southbound travel lane. No airbags were deployed and both operators declined medical attention. V1 was driven from the scene and V2 was towed by A&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 R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/25/2025

Date

Wilmington Police Department
Images Associated with 25-209-AC

