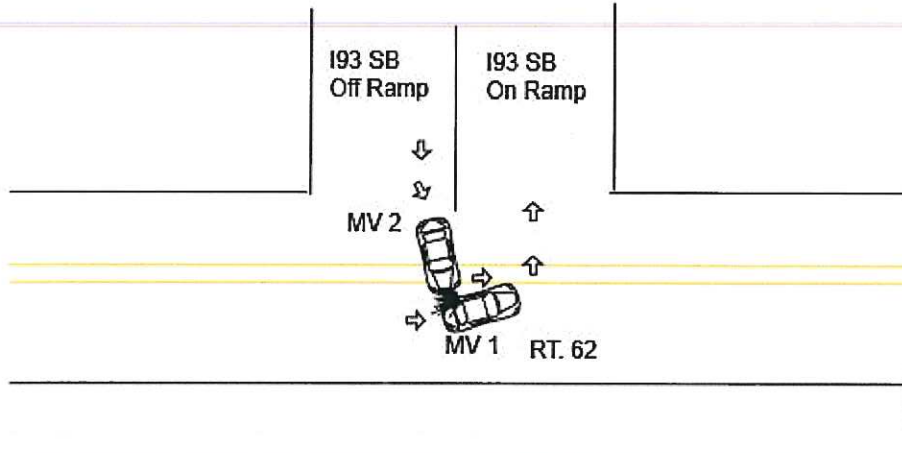


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/27/2025	Time of Crash 1234 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				34 ROUTE 62 HWY							
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# 25-210-AC		
License # St DOB/Age			Reg # 1RRA62			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make AUDI			Veh Config. 1 21								
Operator BLAESER, MELISSA MI JOY			Owner BLAESER, JEFFREY M											
Address 3 LITTLE MEADOW WAY			Address 3 LITTLE MEADOW WAY											
City NORTH READING State MA Zip 01864-1477			City NORTH READING State MA Zip 01864-1477											
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 6 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub			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					
Operator			See Above			1			1					
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License St DOB/Age			Reg # 5NBN69			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010 Veh Make ACURA			Veh Config. 1 21								
Operator PENA ROMERO, MAIKOL			Owner PENA ROMERO, MAIKOL											
Address 30 E HAVERHILL ST APT 1			Address 30 E HAVERHILL ST APT 1											
City LAWRENCE State MA Zip 01841-3926			City LAWRENCE State MA Zip 01841-3926											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 1 27 2 27 8 27								
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued) 599822AD-CN			Most Harmful Event 1 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub 89 8			Driver Contributing Code 4 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator/Occupants			See Above			1			1					

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

Crash Diagram:

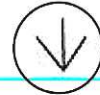
ie: → 1 → 2 → ○ → ○



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:

MV 1 was traveling westbound on Rt. 62 attempting to turn onto the I93 SB on ramp. The operator of MV 1 stated as she was making a left hand turn onto the on ramp, she was hit on the left wheel well and left rear quarter panel by MV 2. MV 1 was disabled and towed away by Cains Towing. The operator of MV 1 was not injured. The operator of MV 2 stated once he was at the top of the I93 SB off ramp he attempted to make a left hand turn onto Rt. 62. The operator of MV 2 stated he thought MV 1 had already passed him and pulled out on to RT. 62 crashing into MV 1. MV 2 sustained front right, left, and center damage. The vehicle was operable and the operator was not injured.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 07/27/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-210-AC



Wilmington Police Department
Images Associated with 25-210-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/28/2025	Time of Crash 1241 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police ☐	Local Police ☒	MBTA Police ☐	Campus Police ☐	Other ☐
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
1 Route# Direction Name of Roadway/Street At					2 10Route# Direction Address # Name of Roadway/Street 320 SALEM ST									
1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					3 11Feet N S E W of Mile Marker Exit Number									
2 1Route# Direction Name of Intersecting Roadway/Street					3 11Feet N S E W of Route# Intersecting Roadway/Street									
3 1Route# Direction Name of Intersecting Roadway/Street					3 11Feet N S E W of Landmark									
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped					Crash Report ID# 25-211-AC									
License # St. DOB/Age					Reg # 5SAB44 Reg Type PC Reg State MA									
Sex Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement					Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1 21									
Operator					Owner GREELEY, MEREDITH A									
Address					Address 11 ELEANOR DR									
City State Zip					City WILMINGTON State MA Zip 01887-3198									
Insurance Company PLYMOUTH ROCK ASSURANCE C					Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S X W Responding to Emergency? 2					Event Sequence 1 23 23 23 23									
Citation # (If Issued)					Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 19 25 4 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 99 26 26									
Please fill out for operator and all occupants involved					Please fill out for operator and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex					Name (Last First Middle) Address DOB/Age Sex									
Operator See Above					Operator See Above									
Please Select One of the Following: ☒ Vehicle 21 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.					Please Select One of the Following: ☒ Vehicle 21 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.									
License # St. DOB/Age					Reg # 9RC216 Reg Type PC Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2017 Veh Make MITSUBISHI Veh Config. 1 21									
Operator BURKE, RICHARD SCOTT					Owner BURKE, RICHARD SCOTT									
Address 6 LOCKWOOD RD					Address 6 LOCKWOOD RD									
City WILMINGTON State MA Zip 01887-1120					City WILMINGTON State MA Zip 01887-1120									
Insurance Company GEICO GENERAL INSURANCE C					Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N X E W Responding to Emergency? 2					Event Sequence 1 23 23 23 23									
Citation # (If Issued)					Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved					Please fill out for operator and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex					Name (Last First Middle) Address DOB/Age Sex									
Operator/Occupants See Above					Operator/Occupants See Above									

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

Crash Diagram:

NOT TO SCALE

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:

Operator of MV 2 stated that he was driving south on Ballardvale Street when he was struck by MV 1. Operator of MV 1 said that she was leaving work at the North Intermediate School (320 Salem Street). MV 1 stated that as she was pulling out of the parking lot, she struck MV 2 on Ballardvale Street. MV 1 took responsibility and was very apologetic. Parent of MV 1, Michael Greeley, arrived on scene quickly. Both operators stated no injuries. Both vehicles were able to be driven home/ to a repair facility. Michael took over operation of MV 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 # _____ (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

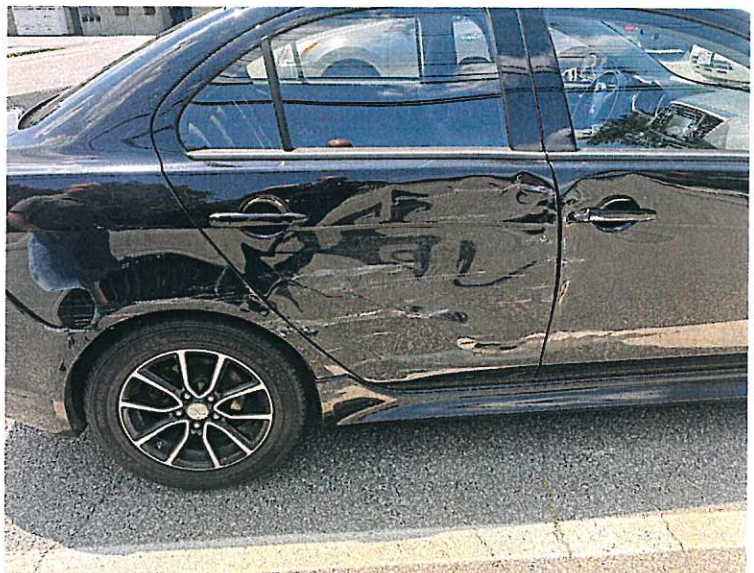
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer James R Hill 225 Wilmington Police Department 07/28/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-211-AC



Wilmington Police Department
Images Associated with 25-211-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/28/2025	Time of Crash 1431 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police ☐	Local Police ☒	MBTA Police ☐	Campus Police ☐	Other ☐
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
1 Route# Direction Name of Roadway/Street At			2 Route# Direction 1 JEWEL DR Address # Name of Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number											
2 Route# Direction Name of Intersecting Roadway/Street			3 Feet N S E W of Route# Intersecting Roadway/Street 8 JEWEL DRIVE Landmark											
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 25-212-AC				
License # St DOB/Age			Reg # 485RR3				Reg Type PC		Reg State MA					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make HONDA				Veh Config. 1 21							
Operator Driverless M.V. Last First Middle			Owner SPERANZA, ALICIA M Last First Middle				Address 68 COOK AVE							
City State Zip			City WILMINGTON State MA Zip 01887-3333				Vehicle Action Prior to Crash 11 22		Damaged Area Code: 7 27 6 27 27					
Insurance Company THE COMMERCE INSURANCE CO			Event Sequence 1 23 23 23 23				Test Status: 28							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Most Harmful Event 1 24				Type of Test: 29							
Citation # (If Issued)			Driver Contributing Code 1 25 25				BAC Test Result: 30							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 31 Susp. Drug: 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							
Please Select One of the Following:			☐ Vehicle 21 Occupants			☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.				
License # St DOB/Age			Reg # unknown				Reg Type		Reg State					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21											
Operator unknown Last First Middle			Owner Last First Middle				Address							
City State Zip			City State Zip				Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Insurance Company			Event Sequence 23 23 23 23				Test Status: 28							
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24				Type of Test: 29							
Citation # (If Issued)			Driver Contributing Code 25 25				BAC Test Result: 30							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32		1 14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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

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:

V1 legally parked unattended on Jewel Drive from 07:30 till time of call. V1 sustained left rear quarter, bumper and trunk. Height and nature of impact damage appears consistent with being backed into or struck by metal rear bumper/ lift-gate of a TT unit or box style truck which frequent area businesses in this location. There is no exact time or known witness(s) to the incident. The responsible party did not make themselves known to the vehicle owner or police.

Office staff will review the footage and notify me if any collision related images are observed and or clear enough to identify a responsible party. Reporting party is Dana James Speranza (r/o's father) who was using vehicle and works at nearby business.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SPERANZA DANA JAMES	68 COOK AVE WILMINGTON MA 01887-3333		

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

07/28/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

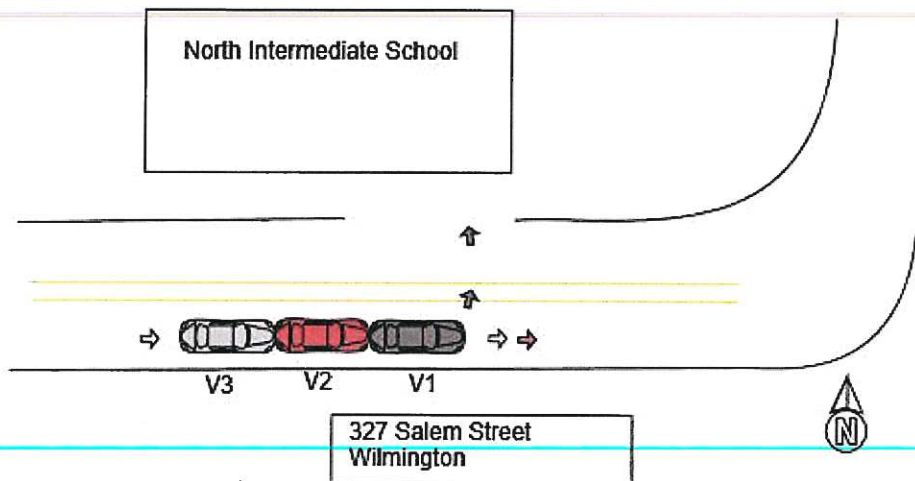
Wilmington Police Department
Images Associated with 25-212-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/29/2025	Time of Crash 1621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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 Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		327 SALEM 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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-213-AC	
License # St DOB/Age			Reg # 519ZG3		Reg Type PC		Reg State MA			
Sex U Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make HONDA		Veh Config. 1 21			
Operator CORDEIRO, JULIE M			Owner CORDEIRO, JULIE M							
Address 10 BURNAP ST			Address 10 BURNAP ST							
City WILMINGTON State MA Zip 01887-3712			City WILMINGTON State MA Zip 01887-3712							
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		1	
					M		4		1	
Please Select One of the Following:			☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License S DOB/Age			Reg # 6GLC41		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017		Veh Make Jeep		Veh Config. 1 21			
Operator RIVERA, JOSE I			Owner RIVERA, BRENDA LEE IVETTE							
Address 864 BRIDGE ST			Address 9122 AVALON DR							
City LOWELL State MA Zip 01850-1630			City WILMINGTON State MA Zip 01887-1171							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 1 27 4 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 1 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		1	
					F		3		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:

V3 rear-ended V2 and as a result V2 rear ended V1. Op3 stated he was looking at a sign outside his vehicle and he could not break in time therefore he crashed into V2. Op3 stated he was traveling approx 20 MPH at the time of the crash. Op2 stated V3 crashed into him but he was far enough back from V1 therefore only minor damage to V1. Op1 stated she was slowing down to take the left turn into the school parking lot. She stated she used her turn signal. She stated she was struck by V2.

Very minor damage to the center rear of V1. Very minor damage to the front of V2. Moderate damage to the center rear and right rear of V2. Moderate damage to the front of V3. All three vehicles operable. All involved parties declined medical attention.*Involved passengers are juveniles.*

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

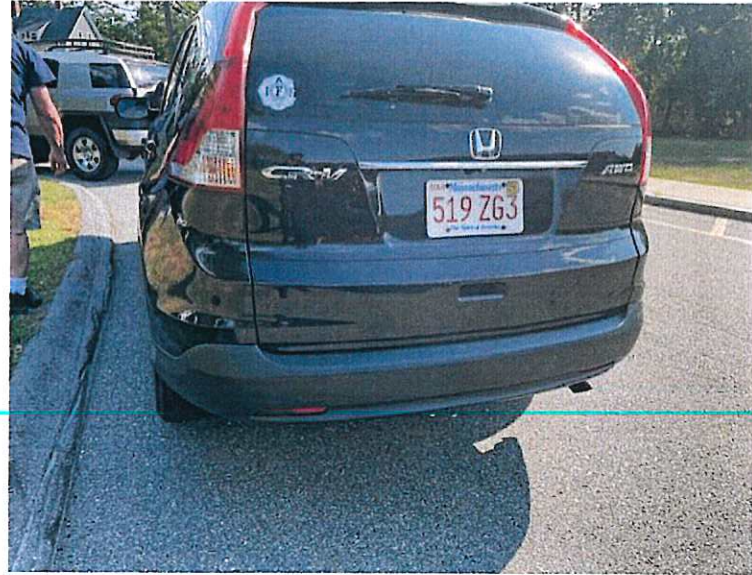
Hazmat Information:

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

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 07/29/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/29/2025	Time of Crash 1621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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 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			Route# Direction Name of Intersecting Roadway/Street			2 11								
Also at Intersection with			Feet N S E W of			2 11								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			2 11								
Landmark														
Please Select One of the Following:			☒ Vehicle 3 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-213-AC		
License # St DOB/Age			Reg # 163SHK			Reg Type PC			Reg State MA			1 12		
Sex M Lic. Class 19 19			Lic. Restrictions 1 20			CDL Endorsement			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21			1 12		
Operator SAWYER, LEONARD EVERETT			Owner SAWYER, LEONARD EVERETT											
Address 56 BALLARDVALE ST			Address 56 BALLARDVALE ST											
City WILMINGTON State MA Zip 01887-1103			City WILMINGTON State MA Zip 01887-1103											
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 8 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 20 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 7 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32						1 13		
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.		
Operator			See Above			1			1			4		
Please Select One of the Following:			☐ Vehicle 4 #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											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.		
Operator/Occupants			See Above			1			1			4		

Wilmington Police Department
Images Associated with 25-213-AC



Wilmington Police Department
Images Associated with 25-213-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/31/2025	Time of Crash 1214 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-215-AC	
License #, St, DOB/Age, Reg # X34685 Reg Type CO Reg State MA			Veh Year 2023 Veh Make Freightliner Veh Config. 8							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Operator LIMA TAVARES, ADELMO EMANUEL Owner RYDER TRUCK RENTAL LT							
Address 557 MONTELLO ST APT 3			Address 6000 WINDWARD PKWY							
City BROCKTON State MA Zip 02301-6084			City ALPHARETTA State GA Zip 30005-4181							
Insurance Company THE CHARTER OAK FIRE INSU			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #, St, DOB/Age, Reg # R96111 Reg Type CO Reg State MA			Veh Year 2014 Veh Make FORD Veh Config. 2							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Operator BRYCE, JOHN DOUGLAS Owner FOREMAN TURF SPECIALTIES INC							
Address 355 LANCASTER ST APT 1			Address 367 W MAIN ST							
City LEOMINSTER State MA Zip 01453-4331			City NORTHBOROUGH State MA Zip 01532-2100							
Insurance Company CINCINNATI INDEMNITY COMP			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27							
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 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: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

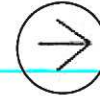
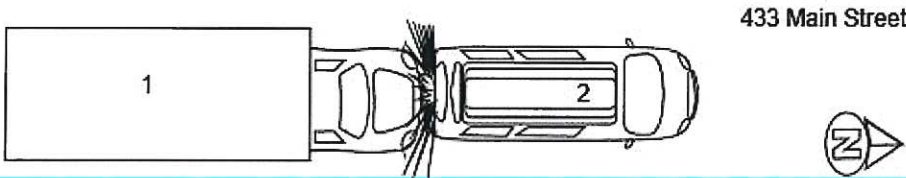
Crash Diagram:

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:

Truck 1 was driving northbound on Main street and rear-ended truck 2 while braking. Traffic ahead was congested and required truck 2 to brake. Truck 1 was also braking but due to an unsecured load he was unable to come to a complete stop.

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 # **X34685** (From Vehicle Section)

Carrier Name Ryder Truck Rental LT Bus Use 0 ⁴²
 Address 6000 WINDWARD PKWY City ALPHARETTA St GA Zip 30005
 US DOT #: 574313 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

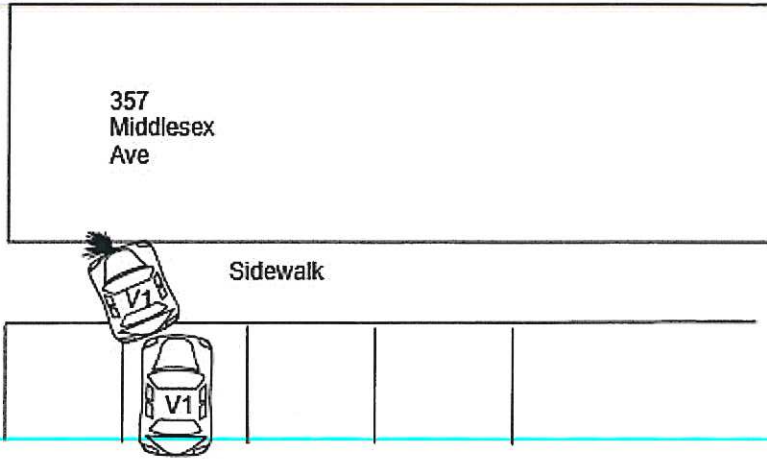
Patrol Officer Justin T Crowley 240 Wilmington Police Department 07/31/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/01/2025	Time of Crash 0906 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 15	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-216-AC	
License # St DOB/Age			Reg # 87MG33		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015		Veh Make SUBARU		Veh Config. 1 21			
Operator MAHER, CATHERINE MARY			Owner MAHER, CATHERINE MARY							
Address 21 GLEN RD			Address 21 GLEN RD							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 35 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 35 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 97 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		Medical Facility	
Operator			See Above		1		99		1	
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			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		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:

V1 was pulling into a parking spot at 365 Middlesex Ave when V1 came into contact with the exterior of the building. V1 operator stated they were not able to explain what happened and why they struck the building. V1 sustained front end damage. V1 operator was evaluated by the Fire Department for minor injuries and declined medical transport. V1 was 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
RICHADE CONVENIENCE	357 MIDDLESEX AVE WILMINGTON MA 01			EXTERIOR AND INTERIOR DAMAGE TO WALL

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 #

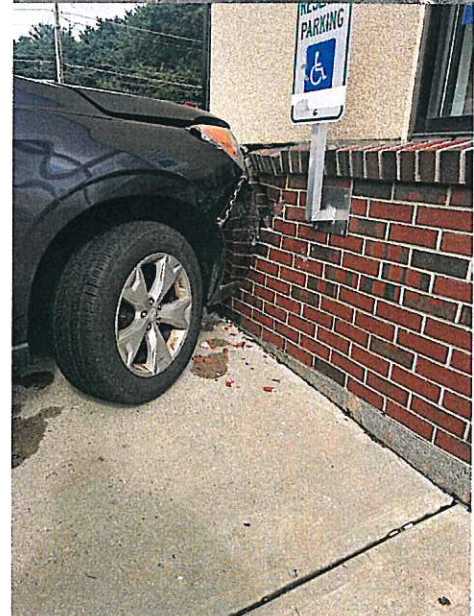
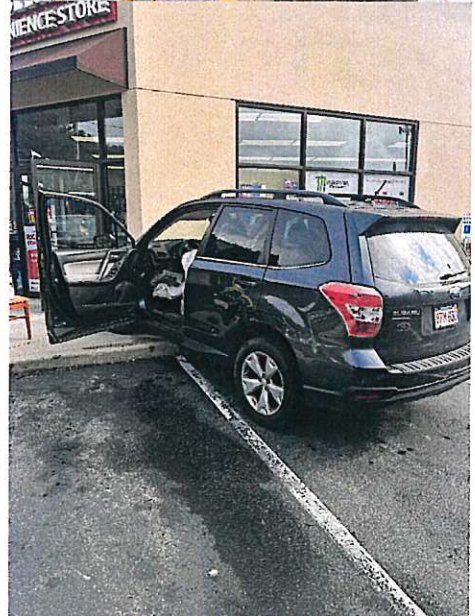
Wilmington Police Department

Department

08/01/2025

Date

Wilmington Police Department
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