

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/04/2025	Time of Crash 0812 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 MIDDLESEX AVE					2 10					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
2 1 MAIN ST					4 11					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street							
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-217-AC	
License # St DOB/Age			Reg # 2Z8175		Reg Type MC		Reg State MA			
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 1999 Veh Make HARLEY-DAVIDSON		Veh Config. 3				1 12	
Operator RIVERA, NATHEN A			Owner RIVERA, NATHEN A							
Address 63 BOWDOIN ST			Address 63 BOWDOIN ST							
City LAWRENCE State MA Zip 01843-2111			City LAWRENCE State MA Zip 01843-2111							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1		Damaged Area Code: 3		27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 7 25 9 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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. 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 0 4 0 0 10 0							
7 3 Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # W82332		Reg Type CO		Reg State MA			
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 2022 Veh Make FORD		Veh Config. 2				1 14	
Operator RAWSON, JOHN CHARLES			Owner LEASE PLAN USA LT							
Address 2580 MAIN ST APT 114			Address 1165 SANCTUARY PKWY							
City TEWKSBURY State MA Zip 01876-3268			City ALPHARETTA State GA Zip 30009-0000							
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 4		Damaged Area Code: 6		27 27 27			
Vehicle Travel Direction: N X 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			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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		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 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main Street

Middlesex Avenue

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:

MC 1 was traveling SB along Main St. behind Car 2. Car 2 was turning left onto Middlesex Ave while MC 1 crossed the double yellow lines to pass a TT Unit that was pulling out into the street. MC 1 "laid down" the bike to avoid crashing fully into the rear driver side of Car 2. Minor damage to Car 2's rear driver side. FD checked on motorcycle operator who refused medical transport. MC 1 had damage along the left side of the vehicle.

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 Justin T Crowley

Police Officer Name (Please Print)

Signature

240

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/04/2025

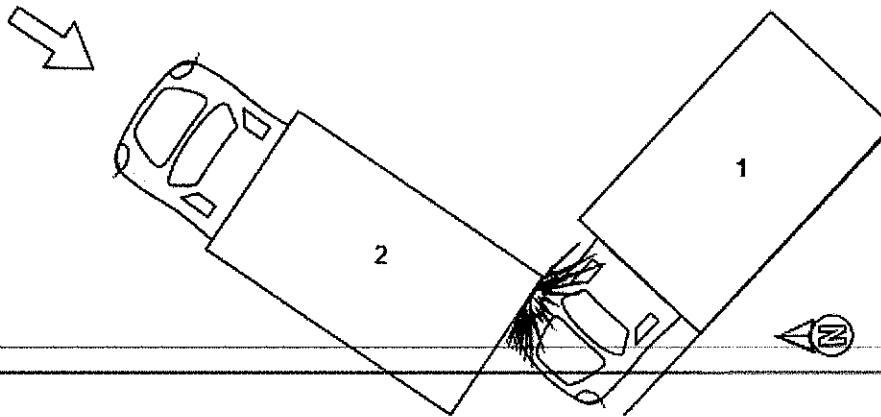
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/06/2025	Time of Crash 0755 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ 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 _____ Address # <u>613</u> Name of Roadway/Street <u>MAIN ST</u> ____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Landmark _____							
Please Select One of the Following: ☒ Vehicle <u>10</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-218-AC</u>							
License # _____ St _____ DOB/Age _____			Reg # <u>Y13630</u>		Reg Type <u>CO</u>		Reg State <u>MA</u>			
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2016</u> Veh Make <u>Other-not listed</u> Veh Config. <u>6</u>							
Operator <u>Driverless M.V.</u> Last First Middle			Owner <u>DE LEON MENDEZ, BERNARDO M</u> Last First Middle							
Address _____			Address <u>186 MOUNT VERNON ST</u>							
City _____ State _____ Zip _____			City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01843-3301</u>							
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>			Vehicle Action Prior to Crash <u>11</u> <u>22</u>		Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>					
Vehicle Travel Direction: ☒ <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>					
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>24</u>		Type of Test: <u>29</u>					
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>					
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u> <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>					
Please fill out for operator and all occupants involved					Towed from scene? <u>2</u> <u>33</u>					
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____		34 Seat Pos. <u>1</u> 35 Safety System <u>0</u> 36 Airbag Status <u>4</u> 37 Eject Code <u>0</u> 38 Trap Code <u>0</u> 39 Injury Status <u>10</u> 40 Transp. Code <u>1</u>		Medical Facility _____			
Operator _____			See Above							
Please Select One of the Following: ☒ Vehicle <u>21</u> #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____			Reg # <u>3263552</u>		Reg Type <u>AP</u>		Reg State <u>IN</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2023</u> Veh Make <u>Freightliner</u> Veh Config. <u>6</u>							
Operator <u>JIMENEZ QUEZADA, MARVIN R</u> Last First Middle			Owner <u>PENSKE TRUCKING LEASING CO</u> Last First Middle							
Address <u>21 NEW ST APT 1</u>			Address <u>2675 MORGANTOWN RD</u>							
City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830-4928</u>			City <u>READIN</u> State <u>PA</u> Zip <u>19607</u>							
Insurance Company _____			Vehicle Action Prior to Crash <u>10</u> <u>22</u>		Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u>					
Vehicle Travel Direction: ☒ <u>N</u> <u>E</u> <u>W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>					
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>24</u>		Type of Test: <u>29</u>					
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>					
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u> <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>					
Please fill out for operator and all occupants involved					Towed from scene? <u>2</u> <u>33</u>					
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____		34 Seat Pos. <u>1</u> 35 Safety System <u>99</u> 36 Airbag Status <u>4</u> 37 Eject Code <u>0</u> 38 Trap Code <u>0</u> 39 Injury Status <u>10</u> 40 Transp. Code <u>1</u>		Medical Facility _____			
Operator/Occupants _____			See Above							

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

Crash Diagram:

613 Main Street Upper Parking 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:

Truck 1 was parked in the upper parking lot at 613 Main Street. Truck 2 backed into the front passenger side of truck 1 with the back right of truck 2. Truck 2 then pulled forward and parked.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
VARGAS MENDEZ ELIEZER STIWAR	7 LINTON AVE METHUEN MA 01844-3636		

Property Damage:

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

Truck and Bus Information:

Registration # Y13630 (From Vehicle Section)

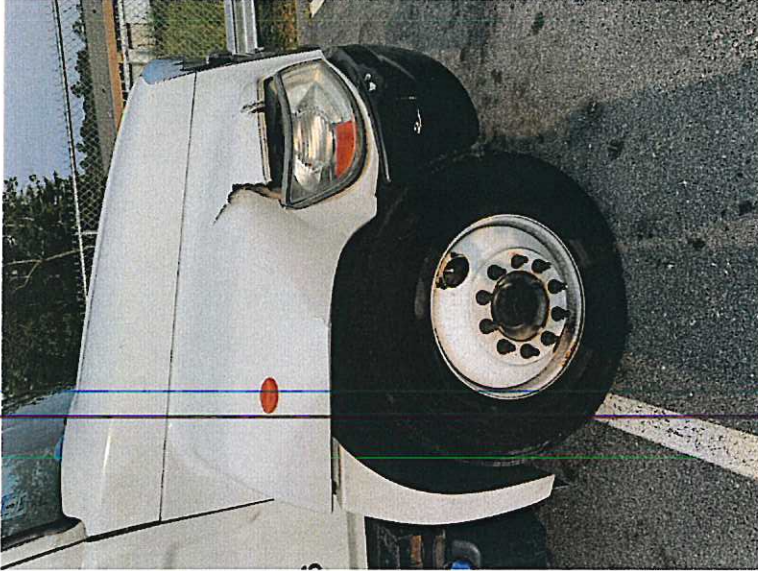
Carrier Name Crossover Express LLC Bus Use 0 ⁴²
 Address _____ City _____ St _____ Zip _____
 US DOT #: 30662004 State Number _____ Issuing State MA MC/MX/ICC #: 150504
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 2 ⁴⁵
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 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 08/06/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-218-AC



Wilmington Police Department
Images Associated with 25-218-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/06/2025	Time of Crash 2351 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of or Mile Marker Exit Number		1 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:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-219-AC	
License # St DOB/Age			Reg # 8SJ962		Reg Type PC		Reg State MA		1 12	
Sex Lic. Class 19 19 Lic. Restrictions 97 20 CDL Endorsement			Veh Year 2019 Veh Make HONDA		Veh Config. 2		21		1 12	
Operator Last First Middle			Owner BOYER, ERIC J Last First Middle							
Address			Address 15 LINDA RD							
City State Zip			City WILMINGTON State MA Zip 01887-1441							
Insurance Company UNITED SERVICES AUTOMOBIL			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 5 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 5 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 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		5 13			
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 # 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		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										
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 was traveling southbound on Middlesex Ave in the right lane past 436 Middlesex Ave when it struck a deer. The V1 operator stated the deer came from the left when they came into contact with it. No injuries were reported and the V1 was driven to their home prior to my arrival. The V1 operator returned to the scene to report the accident. I accompanied V1 operator and a relative to their home and observed front end damage on the V1. The Deer was able to get up and walk away.

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 Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

08/07/2025

Date

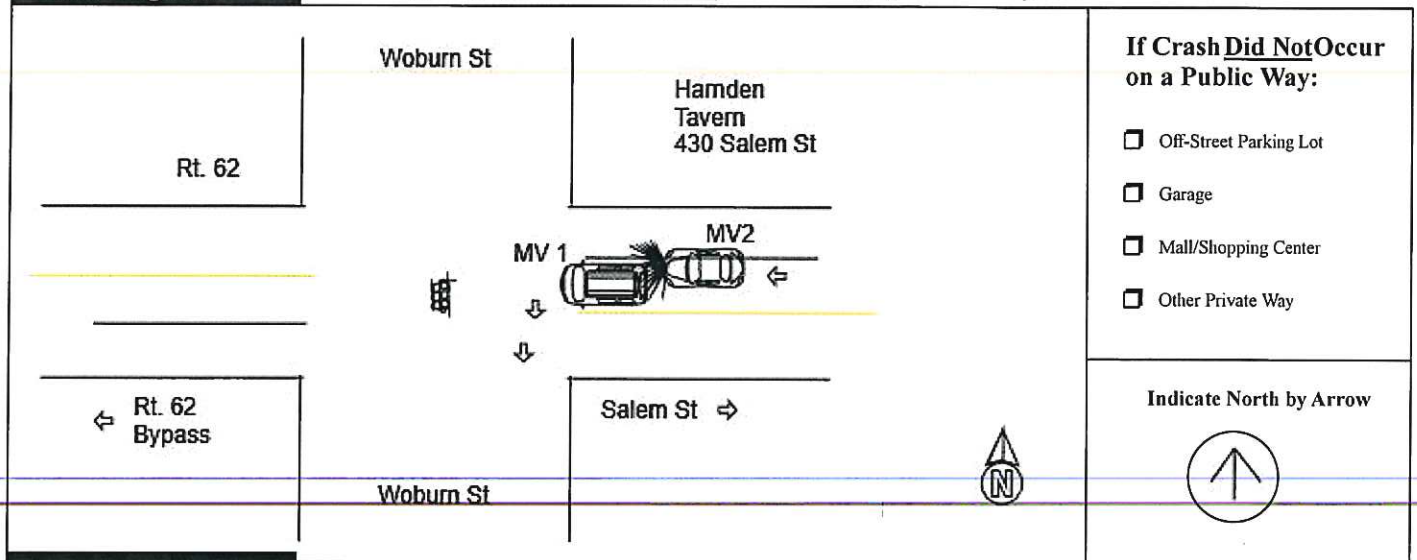
Wilmington Police Department
Images Associated with 25-219-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/08/2025	Time of Crash 1103 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 40	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							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-220-AC	
License # St DOB/Age			Reg # 4HYR74		Reg Type PC		Reg State MA			
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2023 Veh Make HONDA		Veh Config. 2					
Operator DIMATTIA, KAREN J			Owner DIMATTIA, KAREN J							
Address 9 SOUTHWICK RD			Address 9 SOUTHWICK RD							
City NORTH READING State MA Zip 01864-2112			City NORTH READING State MA Zip 01864-2112							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2		Damaged Area Code: 4 27 5 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: Cl/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Cl/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		X		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 # 6HJ193		Reg Type PC		Reg State MA			
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2011 Veh Make TOYOTA		Veh Config. 1					
Operator MOCCIA, ANTHONY J			Owner MOCCIA, ANTHONY J							
Address 50 MAURICE ST			Address 50 MAURICE ST							
City MEDFORD State MA Zip 02155-1159			City MEDFORD State MA Zip 02155-1159							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 2 27 0 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: Cl/Sec/Sub			Driver Contributing Code 5 25 25		BAC Test Result: 1 30					
Viol. 2: Cl/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		Medical Facility	
Operator/Occupants			See Above		X		1			

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

Crash Diagram:



Crash Narrative:

The vehicles were traveling on Salem St (West), while MV1 (MA REG: 4HYR74) was slowing or stopped at the intersection in an attempt to drive left onto Woburn St. MV2 (MA REG: 6HJ193) was coming from the same direction and rear ended MV1. The lanes on Salem St at the intersection turn from a single lane into double lanes. The left lane directing traffic left or straight and the right lane directing traffic right only. It could be discovered that from the damage on both vehicles that MV2 either never entered the proper lane to go straight through the intersection or that MV2 tried to avoid hitting MV1 at the last minute.

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 Taylor Padulsky 238 Wilmington Police Department 08/08/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-220-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 08/08/2025	Time of Crash 1716 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other																								
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:																													
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																																
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Also at Intersection with																																			
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street																																
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-221-AC																							
License #			St			DOB/Age			Reg # V93270			Reg Type CO			Reg State MA																				
Sex M			Lic. Class D			Lic. Restrictions 1			CDL Endorsement			Veh Year 2020			Veh Make RAM			Veh Config. 2																	
Operator CASTILLO, KAMERON ELISEO			Owner AMAZON LOGISTICS INC																																
Address 13 BRADFORD ST APT 2			Address 410 TERRY N AVE																																
City LAWRENCE			City SEATTLE																																
State MA			State WA																																
Zip 01840-1218			Zip 98109-5210																																
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 10																																
Vehicle Travel Direction: N E W			Event Sequence 23 23 23 23																																
Responding to Emergency? 2			Most Harmful Event 23 24																																
Citation # (If Issued)			Driver Contributing Code 6 25 25																																
Viol. 1: Ch/Sec/Sub			Driver Distracted by 0 26 26																																
Viol. 2: Ch/Sec/Sub																																			
Viol. 3: Ch/Sec/Sub																																			
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			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			Reg #			Reg Type			Reg State																				
Sex			Lic. Class			Lic. Restrictions			CDL Endorsement			Veh Year			Veh Make			Veh Config.																	
Operator			Owner																																
Address			Address																																
City			City																																
State			State																																
Zip			Zip																																
Insurance Company			Vehicle Action Prior to Crash 22																																
Vehicle Travel Direction: N S E W			Event Sequence 23 23 23 23																																
Responding to Emergency?			Most Harmful Event 24																																
Citation # (If Issued)			Driver Contributing Code 25 25																																
Viol. 1: Ch/Sec/Sub			Driver Distracted by 26 26																																
Viol. 2: Ch/Sec/Sub																																			
Viol. 3: Ch/Sec/Sub																																			
Viol. 4: Ch/Sec/Sub																																			
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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: →

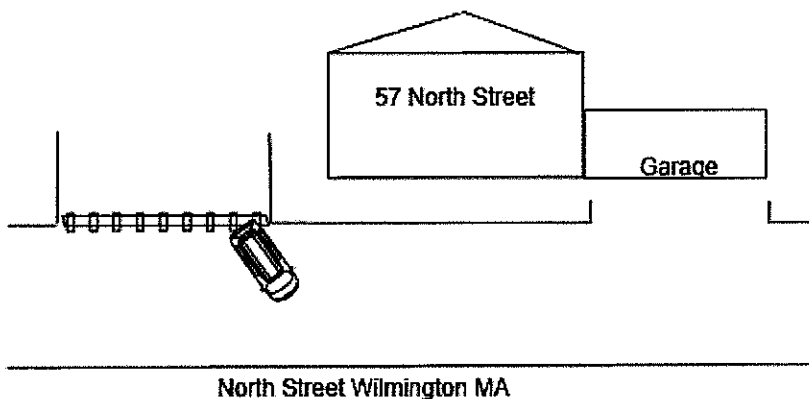
1

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:

Opr of Amazon van was traveling south on North Street and attempted to back into the driveway of 57 North Street to turn around. In the driveway, there were two posts with a chain connecting them to block off the driveway. Opr struck either the chain blocking the driveway or the chain's post and as a result of the crash, the post was relocated. The top portion of the light on both sides of the post were knocked off. No injuries observed or reported to the operator. Minimal damage to the left rear of the Amazon van. Homeowner was on scene and notified. Amazon to handle. See attached photos.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ALVES ARTHUR T	57 NORTH ST WILMINGTON MA 01887			WOODEN POST

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

08/08/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-221-AC

