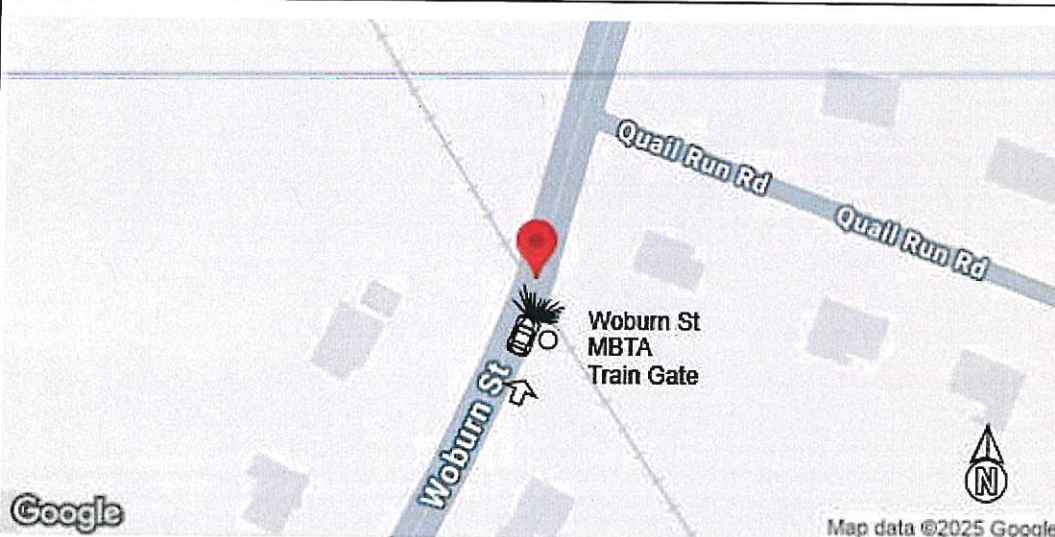


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/10/2025	Time of Crash 1157 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				485 WOBURN ST							
At			Feet N S E W of				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				WOBURN ST RR GATE							
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-222-AC		
License # S. DOB/Age			Reg # 1CWH57			Reg Type PC			Reg State MA					
Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL H Endorsement			Veh Year 1947			Veh Make Other-not listed			Veh Config. 1 21					
Operator BALLOU, CHARLES LAWRENCE JR			Owner BALLOU, CHARLES LAWRENCE JR											
Address 35 PARK ST			Address 35 PARK ST											
City WILMINGTON State MA Zip 01887-1510			City WILMINGTON State MA Zip 01887-1510											
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 2 27 3 27								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 97 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 20 25 3 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 7 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	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above				1	99	4	0	0	10	1		
Please Select One of the Following:														
☐ 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	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:

The operator was traveling North on Woburn St heading to his residence on Park St coming from a car show at Colonial Park. As the operator was approaching the railroad crossing at 485 Woburn St, he stated that a vehicle was following closely behind him and he was focused on this vehicle. He stated he glanced in his rear-view mirror checking to see how close the vehicle was. The operator stated that the gate was already coming down, but it was too late to stop. He proceeded by accelerating through the gate clearing damaging it to avoid getting hit by an oncoming train. The operator did not notify police after the incident. Vehicle was located shortly after at this residence.

MBTA and Keolis notified.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MBTA	10 PARK ST Apt. #3910 BOSTON MA 02		1	RAILROAD CROSSING GATE WOBURN ST

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

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

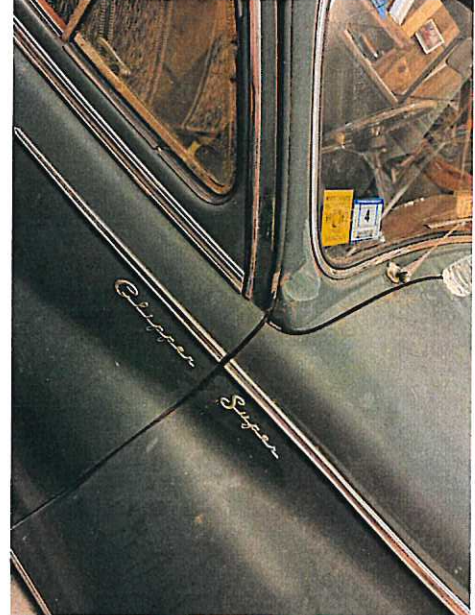
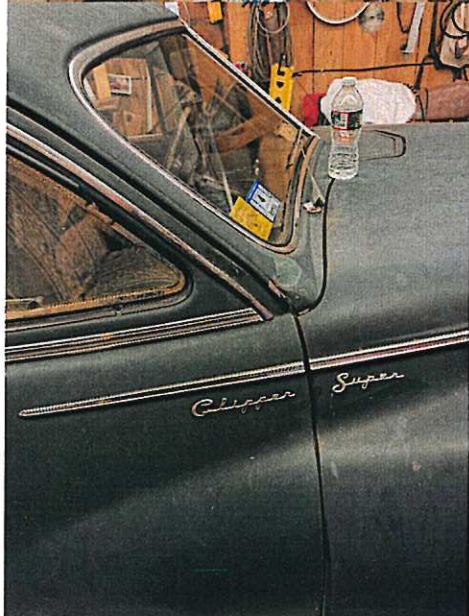
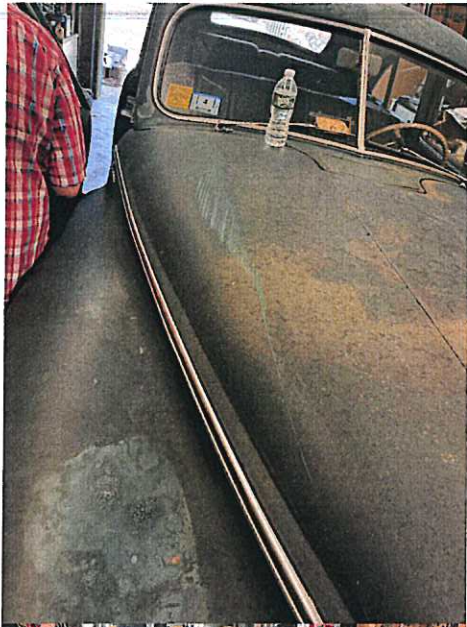
Department

Precinct/Barracks

08/10/2025

Date

Wilmington Police Department
Images Associated with 25-222-AC



Wilmington Police Department
Images Associated with 25-222-AC

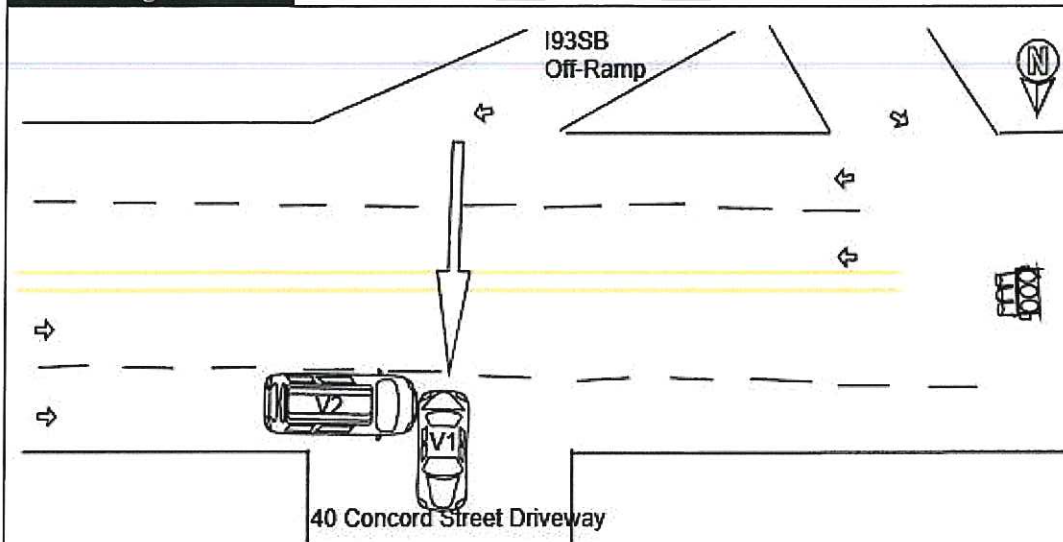


Police Use Only			Commonwealth of Massachusetts										RMV Document Number														
Date of Crash 08/11/2025		Time of Crash 0756 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report										Number Vehicles 2		Number Injured 0		Speed Limit 40		Latitude		Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >						NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						40 CONCORD 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						3									
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# 25-223-AC															
License # St DOB/Age						Reg # T54878						Reg Type CO						Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2022 Veh Make RAM						Veh Config. 1 21															
Operator WARD, STEVEN MICHAEL						Owner WARD, STEVEN MICHAEL																					
Address 40 CONCORD ST						Address 7 WALDEN ST																					
City WILMINGTON State MA Zip 01887-2126						City METHUEN State MA Zip 01844-2641																					
Insurance Company QUINCY MUTUAL FIRE						Vehicle Action Prior to Crash 6 22						Damaged Area Code: 3 27 27 27															
Vehicle Travel Direction: X S E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23						Test Status: 1 28															
Citation # (If Issued) 631055AD						Most Harmful Event 1 24						Type of Test: 0 29															
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 4 25 3 25						BAC Test Result: 1 30															
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Susp. Alcohol: 2 31 Susp. Drug: 2 32						Towed from scene? 2 33															
Please fill out for operator and all occupants involved																											
Name (Last First Middle)						Address						DOB/Age						Sex									
Operator						See Above						1 99						4 0 0 10 1									
Please Select One of the Following:						☒ Vehicle 24 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age						Reg # BD19666						Reg Type CO						Reg State MI									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2022 Veh Make FORD						Veh Config. 6 21															
Operator HODGES, TRENTYN ANTHONY						Owner AN3 BOSTON LLC																					
Address 464 CENTRAL ST APT R2						Address 125 DINO DR																					
City LOWELL State MA Zip 01852						City ANN ARBOR State MI Zip 48103																					
Insurance Company OLD REPUBLIC						Vehicle Action Prior to Crash 1 22						Damaged Area Code: 1 27 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 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						Susp. Alcohol: 2 31 Susp. Drug: 2 32						Towed from scene? 2 33															
Please fill out for operator and all occupants involved																											
Name (Last First Middle)						Address						DOB/Age						Sex									
Operator/Occupants						See Above						1 99						4 0 0 10 1									
RICHARD GORE						826 BORDER STREET APT# B E BOSTON, MA 02128-2474						M 3 99						4 0 0 10 1									
JOHN DRUMMEY						20 CALIFORNIA RD READING, MA 01867-3836						M 4 99						4 0 0 10 1									
JOSHUA TUMBARELLO						4 RAFFERTY RD STONEHAM, MA 02180-2419						M 6 99						4 0 0 10 1									

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was exiting Interstate 93 South Bound and was at the end of the off ramp. V1 exited the off-ramp entering the travel lanes of Concord Street, proceeding to perpendicularly cross all 4 lanes of Concord Street to enter his driveway at 40 Concord Street. Vehicle 2 (V2) was traveling in the right most westbound lane on Concord Street and the two vehicles collided in the westbound lanes of Concord Street. No airbags were deployed and all parties declined injuries. V1 sustained damage to the right side and V2 sustained damage to the center front. No tows were required.

It should be noted that V2 was equipped with a dash mounted camera and caught the entire crash. Company management was going to email video to me but as of this time I have not received the video.

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 # **BD19666** (From Vehicle Section)

Carrier Name **AN3 Boston LLC**

Bus Use **0** ⁴²

Address **125 DINO DR** City **ANN ARBOR** St **MI** Zip **48103**

US DOT #: **3367542** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **2** ⁴⁵

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

08/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

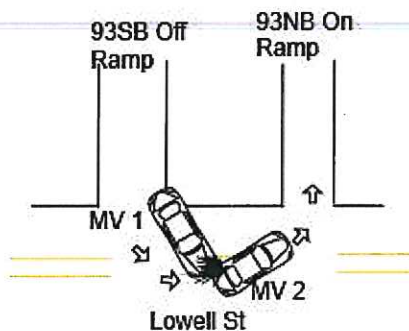
Wilmington Police Department
Images Associated with 25-223-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																				
Date of Crash 08/11/2025	Time of Crash 0919 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				331 LOWELL 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# 25-224-AC																																															
License # St. DOB/Age			Reg # 5TCJ24			Reg Type PC			Reg State MA																																																		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023			Veh Make MAZDA			Veh Config. 1 21																																																		
Operator AFSHAR, SURAJ SADEGHI			Owner AFSHAR, SURAJ SADEGHI																																																								
Address 2 ABBOT MILL LN APT 12-1			Address 2 ABBOT MILL LN APT 12-1																																																								
City WESTFORD State MA Zip 01886-1671			City WESTFORD State MA Zip 01886-1671																																																								
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 1 27 2 27 8 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 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? 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		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 # VTH982												Reg Type PC												Reg State MA																							
Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement												Veh Year 2016												Veh Make FORD												Veh Config. 1 21																							
Operator												Owner RADOCHIA, JAMES MICHAEL																																															
Address												Address 115 GLENWOOD RD																																															
City State Zip												City SOMERVILLE State MA Zip 02145-2605																																															
Insurance Company UNITED SERVICES AUTOMOBIL												Vehicle Action Prior to Crash 4 22												Damaged Area Code: 6 27 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 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		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																																							
						F		3		1		4		0		0		10		1																																							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

The operator of MV 1 stated after stopping at the stop sign on the I93SB off ramp, he attempted to make a left hand turn onto Lowell St. The operator of MV 1 stated he saw MV 2 traveling westbound on Lowell st and and crashed into the left rear quarter pannel. The operator of MV 1 stated that he thought MV 2 was going to continue straight on Lowell st but then it turned left onto the on ramp without a directional. MV 1 had front end damage, was not towed and the operator had no injuries. The operator of MV 2 stated they were traveling westbound on Lowell St, activated their left directional and began to turn left onto the I93SB on ramp. The operator stated that they almost completed the left hand turn when they were hit by MV 1. The vehicle sustained left rear quater pannel damage and was in operable condition. The operator and passenger were 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

08/11/2025

Police Officer Name (Please Print)

Signature

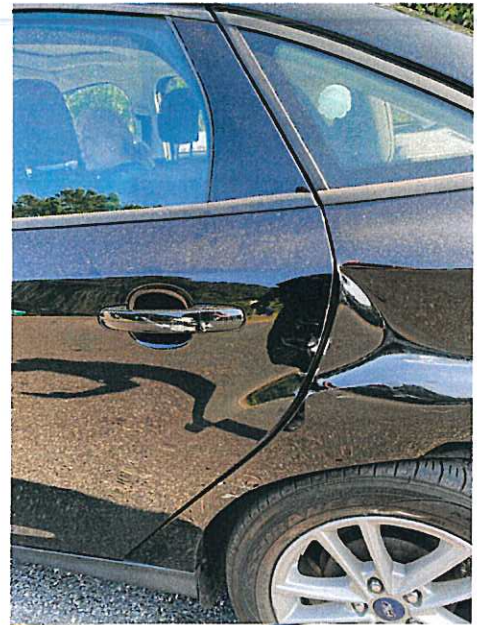
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-224-AC



Wilmington Police Department
Images Associated with 25-224-AC

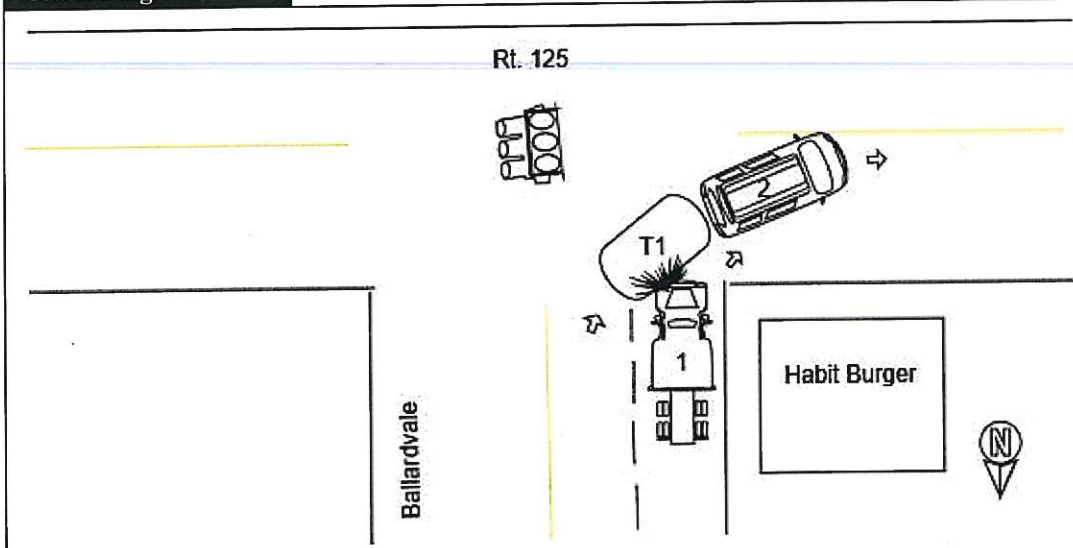


Police Use Only						Commonwealth of Massachusetts							RMV Document Number					
Date of Crash 08/12/2025	Time of Crash 0620	City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other:	
AT INTERSECTION:				<	LOCATION			>	NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street														
				Feet N S E W of . or Mile Marker Exit Number														
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street														
Route# Direction Name of Intersecting Roadway/Street				Landmark														
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 25-225-AC														
License # St. DOB/Age				Reg # 5855AP Reg Type CO Reg State NH														
Sex M Lic. Class B Restrictions 1 CDL Endorsement				Veh Year 2024 Veh Make Mack Truck Veh Config. 8														
Operator CARRION, DEREK GEORGE				Owner WIN WASTE INNOVATIONS OF NORTHERN NEW ENGL														
Address 77 N EASTGATE WAY				Address 209 NASHUA RD														
City MANCHESTER State NH Zip 03109				City LONDONDERRY State NH Zip 03053														
Insurance Company ZURICH AMERICAN				Vehicle Action Prior to Crash 3 Damaged Area Code: 8														
Vehicle Travel Direction: N S E X Responding to Emergency? 2				Event Sequence 1 Test Status: 1														
Citation # (If Issued)				Most Harmful Event 1 Type of Test: 0														
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 9 BAC Test Result: 1														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 Susp. Alcohol: 2 Susp. Drug: 2														
Towed from scene?				2														
Please fill out for operator and all occupants involved				Name (Last First Middle) Address DOB/Age Sex Seat Pos Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility														
Operator See Above				X X 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 # W46612 Reg Type CO Reg State MA														
Sex M Lic. Class A M Restrictions 20 CDL Endorsement				Veh Year 2021 Veh Make FORD Veh Config. 8														
Operator DECAREAU, WILLIAM STUART				Owner DW LEASING CORP														
Address 4 KARA LN				Address 100 BURTT RD ST APT G01														
City BILLERICA State MA Zip 01821-1409				City ANDOVER State MA Zip 01810-5920														
Insurance Company TRUMBULL INSURANCE COMPAN				Vehicle Action Prior to Crash 3 Damaged Area Code: 0														
Vehicle Travel Direction: N S E X Responding to Emergency? 2				Event Sequence 1 Test Status: 1														
Citation # (If Issued)				Most Harmful Event 1 Type of Test: 0														
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 BAC Test Result: 1														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 Susp. Alcohol: 2 Susp. Drug: 2														
Towed from scene?				2														
Please fill out for operator and all occupants involved				Name (Last First Middle) Address DOB/Age Sex Seat Pos Safety System Airbag Status Eject Code Trap Code Injury Status 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 → ○ → ○



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 2 was in the left travel lane on Ballardvale preparing to turn right onto Rt. 125. Truck 1 was in the right travel lane preparing to turn right onto Rt. 125. Truck 1 and 2 turned right at the same time due to this section of Ballardvale being a 2 lane travel lane. Truck 1 crashed into the side of Trailer 1 of Truck 2 during the turn. Truck 1 sustained minor front driver side damage to the bumper. Truck 2's trailer sustained minor damage to the center passenger side of the trailer. Both operators reported no injuries from the crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **5855AP** (From Vehicle Section)

Carrier Name **WIN WASTE INNOVATIONS**

Bus Use **0** ⁴²

Address **15 COBBLER DR** City **FITCHBURG** St **MA** Zip **01420**

US DOT #: **3446740** State Number _____ Issuing State **NH** MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **8** ⁴⁴ GVWR/GCWR **3** 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

08/12/2025

Date

Wilmington Police Department
Images Associated with 25-225-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 08/12/2025	Time of Crash 1240 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			196 BALLARDVALE ST																													
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# 25-226-AC																							
License # St DOB/Age			Reg # 1VNR27 Reg Type PC Reg State MA																																
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023 Veh Make CHEVROLET Veh Config. 1 21																																
Operator STAHLEY, CLAIRE M			Owner STAHLEY, WILLIAM H																																
Address 7 CODERRE WAY			Address 7 CODERRE WAY																																
City ANDOVER State MA Zip 01810-5042			City ANDOVER State MA Zip 01810-5042																																
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 2 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 5 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			See Above			X			X			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 # S DOB/Age			Reg # VE40JY Reg Type PC Reg State MA																																
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21																																
Operator PAN, XINGYU			Owner MENG, ZHAORONG																																
Address 32 AVERY LN			Address 32 AVERY LN																																
City ANDOVER State MA Zip 01810-6403			City ANDOVER State MA Zip 01810-6403																																
Insurance Company INTEGON NATIONAL INSURANC			Vehicle Action Prior to Crash 2 22			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					
ZHAORONG MENG			32 AVERY LN ANDOVER, MA 01810-6403						F			3			1			4			0			0			10			1					

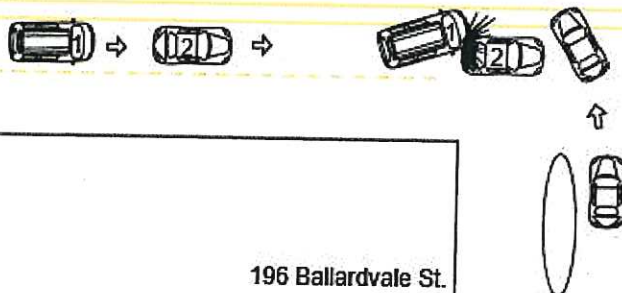
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 08/12/25 car 1 while travelling behind car 2 crashed into car 2's rear. Both operators explained there was a car that "abruptly and out of nowhere" exited out of Habit Burger at 196 Ballardvale St. The car crossed both lanes of traffic causing car 2 to have to slam their breaks. Car 2 had a video system that recorded the moments leading up to the crash. The car did abruptly enter Car 2's lane prior to being rear ended. I asked the operator of Car 1 how far she was from Car 2 and she said approximately 1 car length. I advised car 2 to email me the video and will include that to this report once sent.

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 Dillon Halliday

205

Wilmington Police Department

08/12/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

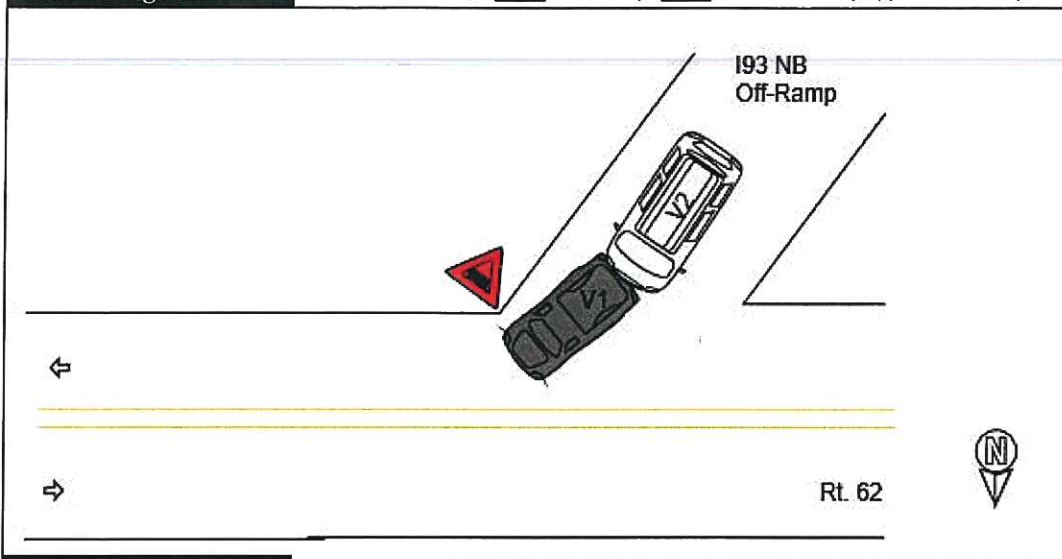
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/12/2025	Time of Crash 1531 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 I93NBRAMPS At RT. 62 HWY Also at Intersection with			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-227-AC							
License # S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MUTRIE, JEFFREY ROBERT Address 150 CENTRAL ST City NORTH READING State MA Zip 01864-1722 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 7EV928 Reg Type PC Reg State MA Veh Year 2014 Veh Make GMC Veh Config. 2 21 Owner MUTRIE, JEFFREY ROBERT Address 150 CENTRAL ST City NORTH READING State MA Zip 01864-1722 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 4 27 5 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 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										
Please Select One of the Following: ☒ Vehicle 23 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator ABREU SANCHEZ, STARLYN Address 11 LINCOLN ST City LYNN State MA Zip 01902-3609 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # LVA7995 Reg Type RV Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 21 Owner MAX RIDE INC Address 10 TOWER OFFICE PARK ST APT 301 City WOBURN State MA Zip 01801-2120 Vehicle Action Prior to Crash 2 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 5 25 25 Driver Distracted by 99 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										
BONNIE SPRINGMANN 9 MARBLEHEAD ST READING, MA 01867										
MEDGEEN CHEVALIER 26 BRUCE PL LYNN, MA 01902-2313										

→ = 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 at the yield sign at the end of the off-ramp for I93 NB and attempting to merge onto Rt.62 eastbound. Vehicle 2 (V2) was directly behind V1. V1 began to proceed forward and then stopped due to an oncoming vehicle traveling on Rt.62. V2 proceeded forward and rear ended V1. V1 sustained damage to the rear bumper and V2 sustained damage to the front bumper. No airbags were deployed and all parties declined injuries. Both vehicles were operable and driven from the scene.

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

217

Wilmington Police Department

08/12/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/15/2025	Time of Crash 1307 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 45	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction ROUTE 62 HWY Name of Roadway/Street At Route# Direction I93SBR34 RAMP Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-228-AC							
License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DESFORGE, DENNIS PAUL Address 467 SALEM ST City WILMINGTON State MA Zip 01887-1221 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # M13688 Reg Type CO Reg State MA Veh Year 2024 Veh Make CHEVROLET Veh Config. 2 21 Owner DESFORGE, DENNIS PAUL Address 467 SALEM ST City WILMINGTON State MA Zip 01887-1221 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 3 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 99 2 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License / St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LALIBERTY, CORIN M Address 35 7TH AVE City LOWELL State MA Zip 01854-2301 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) T3549658 Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 6ZC134 Reg Type PC Reg State MA Veh Year 2007 Veh Make CHEVROLET Veh Config. 1 21 Owner LALIBERTY, CORIN M Address 35 7TH AVE City LOWELL State MA Zip 01854-2301 Vehicle Action Prior to Crash 4 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 99 4 0 0 10 1							
ALANNA SANTOS 84 BILLERICA ST LOWELL, MA 01852-5408			F 3 99 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



Rt. 62

I93SB
Off-Ramp



I93SB
On-Ramp



Crash Narrative:

Vehicle 1 (V1) was traveling eastbound on Rt.62 in the area of the Interstate 93 South Bound on/off ramps. Vehicle 2 was stationary facing north on the off ramp waiting to turn left to travel west on Rt.62. V2 proceeded out into the eastbound travel lane of Rt.62 and collided with V1 in the travel lane. Due to the collision, V1 skid and collided with the front of Vehicle 3 (V3). V1's front left tow hook punctured V3's front bumper. V3 was stationary in the westbound travel lane of Rt.62 waiting to turn left onto I93. V1 sustained front and heavy right side damage, and had side airbag deployment. V2 sustained heavy front end damage and V3 sustained minor front end damage. All parties signed medical refusals with the Wilmington Fire Department. V1 was towed due to being inoperable and the other vehicles were able to be driven from the scene.

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

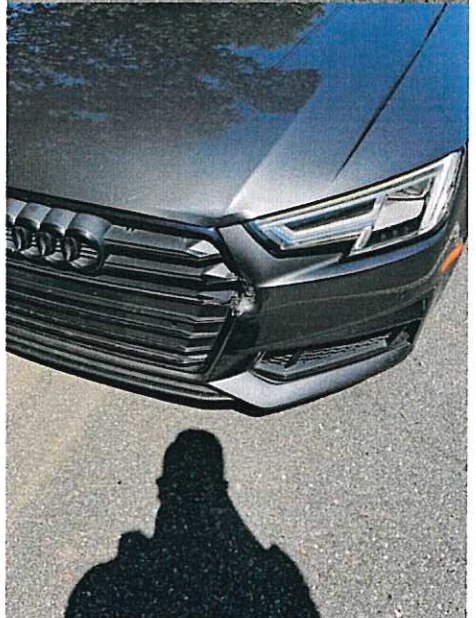
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 08/15/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-228-AC



Wilmington Police Department
Images Associated with 25-228-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/15/2025	Time of Crash 1325 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-229-AC							
License # St DOB/Age			Reg # 5ZEE49 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2025 Veh Make HONDA Veh Config. 1							
Operator AVERY, GAIL MARIE			Owner AULD, DONAVIN COUTURE							
Address 1 FEDERAL ST			Address 1 FEDERAL ST							
City WILMINGTON State MA Zip 01887-2508			City WILMINGTON State MA Zip 01887							
Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 10 22							
Vehicle Travel Direction: ☒ S ☐ 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 19 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 See Above			Operator See Above							
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 : St DOB/Age			Reg # 3892M Reg Type PC Reg State NH							
Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2015 Veh Make GMC Veh Config. 1							
Operator LEAK-MOORE, DSHELLIS DIAMOND			Owner CONEENY, KRISTINA LEIGH							
Address 50 DIAMOND DR			Address 50 DIAMOND DR							
City DANVILLE State NH Zip 038193153			City DANVILLE State NH Zip 038193153							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 10 22							
Vehicle Travel Direction: ☒ S ☐ 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 19 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							
ANGELL DESSOURCES			ANGELL DESSOURCES							

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

Crash Diagram:

Federal Street

8 Federal Street

V2

V1

1 Federal Street



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 8/15/25 at approximately 1:30pm I responded to a MVC at 1 Federal Street. Op1 stated she was backing out of her driveway at 1 Federal Street and saw a vehicle on the roadway wave her on to back out and at this time V2 backed out of Federal Street and they backed into each other. Op2 stated the same. No injuries were reported and both vehicles were drivable.

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/15/2025

Date

Wilmington Police Department
Images Associated with 25-229-AC

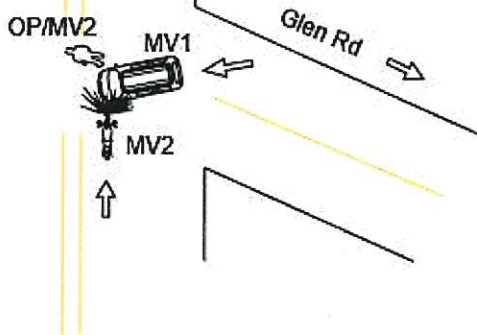


Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/15/2025	Time of Crash 1351 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
1 38 S MAIN ST Route# Direction Name of Roadway/Street				2 10 Route# Direction Address # Name of Roadway/Street					
At				Feet N S E W of _____ or _____					
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number				9 11	
Also at Intersection with				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# 25-230-AC					
License # _____ S _____ DOB/Age _____				Reg # 9764EL Reg Type PC Reg State MA				1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____				Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21				1 12	
Operator MEDUGNO, WILLIAM JOSEPH Last First Middle				Owner MEDUGNO, WILLIAM JOSEPH Last First Middle					
Address 18 PRINGLE ST				Address 18 PRINGLE ST					
City TEWKSBURY State MA Zip 01876-2427				City TEWKSBURY State MA Zip 01876-2427					
Insurance Company PLYMOUTH ROCK ASSURANCE C				Vehicle Action Prior to Crash 4 22				Damaged Area Code: 8 27 7 27 27	
Vehicle Travel Direction: N X E W Responding to Emergency? 2				Event Sequence 1 23 23 23 23				Test Status: 1 28	
Citation # (If Issued) T3634122				Most Harmful Event 1 24				Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 4 25 25				BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Please fill out for operator and all occupants involved				Towed from scene? 2 33				1 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 1 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 # _____ St. _____ DOB/Age _____				Reg # BX4425 Reg Type MC Reg State MA				1 14	
Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL _____				Veh Year 1998 Veh Make SUZUKI Veh Config. 3 21				1 14	
Operator HAWKES, GARY ALAN Last First Middle				Owner HAWKES, GARY ALAN Last First Middle					
Address 126 STATE ST				Address 126 STATE ST					
City TEWKSBURY State MA Zip 01876-4216				City TEWKSBURY State MA Zip 01876-4216					
Insurance Company SAFETY INSURANCE COMPANY				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: 1 28	
Citation # (If Issued) _____				Most Harmful Event 1 24				Type of Test: 0 29	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code 1 25 25				BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Please fill out for operator and all occupants involved				Towed from scene? 1 33					
Name (Last First Middle) Address DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator/Occupants See Above				1 5 5 1 0 8 2				Lahay Clinic	

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

Crash Diagram:

↑
RT. 38
(Main St)
↓



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 attempted to take a left hand turn onto Main St from Glen Rd with on coming traffic. MV1 operator stated that the lane heading south on Main St into Wilmington had come to a stop allowing him to turn. MV1 operator stated that MV2 was not close when he had first checked. MV1 drove into the oncoming traffic and stopped when he saw MV2 closely approaching. MV2 did not have enough time to safely stop colliding into MV1. MV2's operator was ejected over the handbars of the motorcycle and over the hood of MV1. MV2 operator stated that MV1 pulled out not allowing MV2 to react. There were no skid marks observed on the roadway prior to the collision location.

MV2 towed by Forrest 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

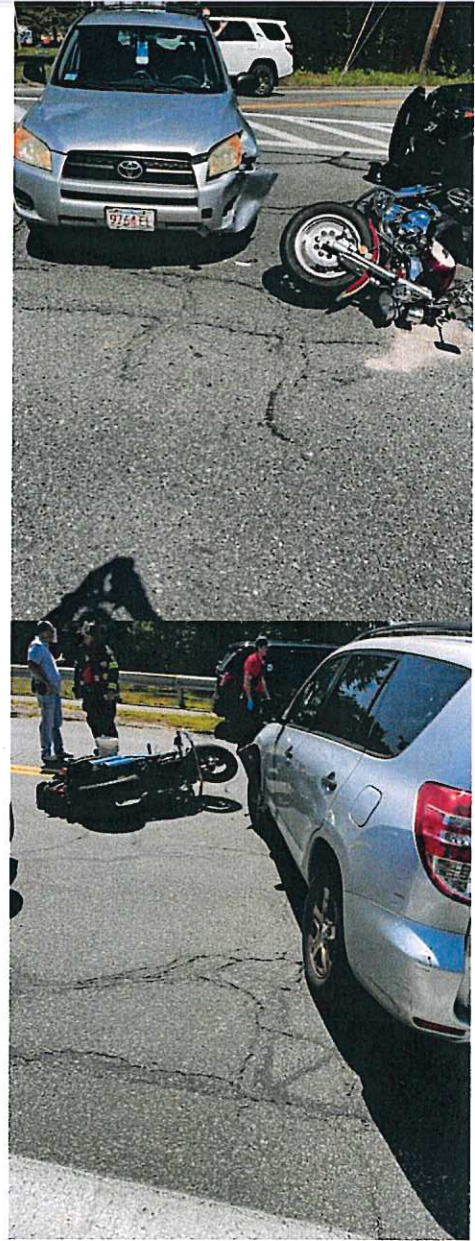
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Taylor Padulsky 238 Wilmington Police Department 08/15/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-230-AC



Police Use Only Commonwealth of Massachusetts Motor Vehicle Crash Police Report RMV Document Number

Date of Crash 08/16/2025 Time of Crash 1156 City/Town Wilmington Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 25-231-AC

License # St DOB/Age Reg # 3PZW49 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2021 Veh Make Jeep Veh Config. 1

Operator TIMM, SCARLETT LILLIAN Owner TIMM, BRIAN WILLIAM

Address 89 E WYOMING AVE Address 49 VINE ST

City MELROSE State MA Zip 02176-4742 City WINCHESTER State MA Zip 01890-1844

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 6 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: [X] Vehicle 2 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # S DOB/Age Reg # 1076 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2021 Veh Make HYUNDAI Veh Config. 1

Operator PROVITOLA, MADELINE Owner PROVITOLA, MADELINE

Address 712 WOBURN ST Address 712 WOBURN ST

City WILMINGTON State MA Zip 01887-3423 City WILMINGTON State MA Zip 01887-3423

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 Damaged Area Code: 4 27 5 27 6 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	
				4	6	99	4	0	0	10	1

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

Crash Diagram:

Main
Street

V1 V2

603 Main St



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Saturday August 16, 2025 I responded to a motor vehicle crash in front of Z&S Gas. Upon my arrival both vehicles pulled into the parking lot of Z&S gas. V1 stated she was driving down Main Street (Southbound) and was distracted by her dog in the vehicle and struck the vehicle in front of her in the rear. V2 stated she was stopped in traffic and was struck from the rear. V1 had minor damage to the front end and V2 had damage to the rear end and trunk area. Paperwork was exchanged and all parties cleared without incident.

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/16/2025

Date

Wilmington Police Department
Images Associated with 25-231-AC

