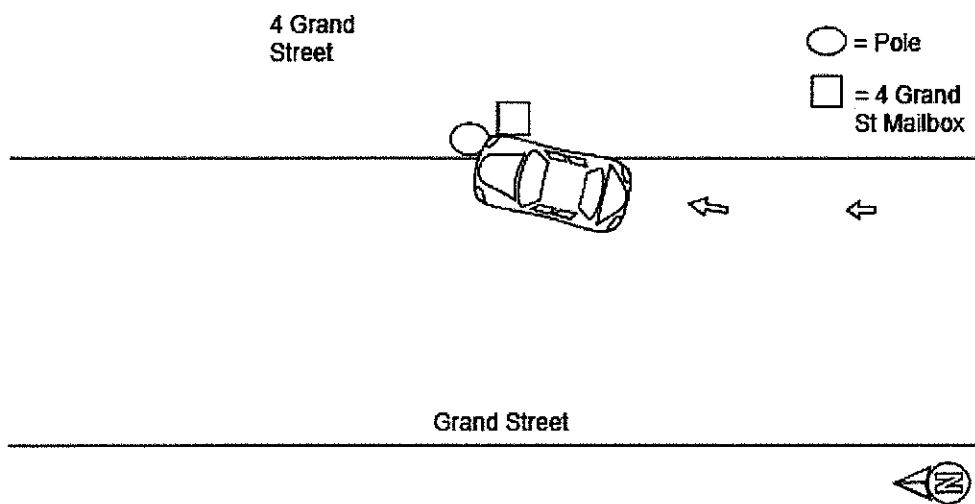


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/17/2025	Time of Crash 1546 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police ☐	Local Police ☒	MBTA Police ☐	Campus Police ☐	Other ☐
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street									
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# 25-232-AC									
License # St. DOB/Age						Reg # 6KB159 Reg Type PC Reg State MA									
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Veh Year 2015 Veh Make NISSAN Veh Config. 1 21									
Operator RODRIGUES DA SILVA, VALMIR R						Owner RODRIGUES DA SILVA, VALMIR R									
Address 11 BIRCH ST APT 3						Address 11 BIRCH ST APT 3									
City EVERETT State MA Zip 02149-5123						City EVERETT State MA Zip 02149-5123									
Insurance Company PILGRIM INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 1 27 27									
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2						Event Sequence 40 23 22 23 23 23 Test Status: 1 28									
Citation # (If Issued)						Most Harmful Event 22 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 9 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? 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 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						Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33									
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator/Occupants See Above						1									

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

Crash Diagram:



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 vehicle was traveling northbound on Grand Street. The vehicle operator stated that the resident at 6 Grand Street was out in the driveway and waved to him, and he looked over and waved back. The operator stated that when he looked away his vehicle veered to the right, left the roadway striking the mailbox of 4 Grand Street and Utility Pole #3. The mailbox and bracket were damaged. The wooden utility pole was snapped completely in half also tearing the wires from the house and damaging the side of the house. There was also damage to the landscaping of 4 Grand Street and the pavement. No airbags were deployed. The operator declined medical attention. The vehicle was towed by A&S Towing. Ring Video of crash attached.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	408 MAIN ST WILMINGTON MA 01887		4	WOODEN UTILITY POLE
GILLIS BRIAN JAMES	4 GRAND ST WILMINGTON MA 01887-261		97	METAL MAILBOX & LANDSCAPING

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

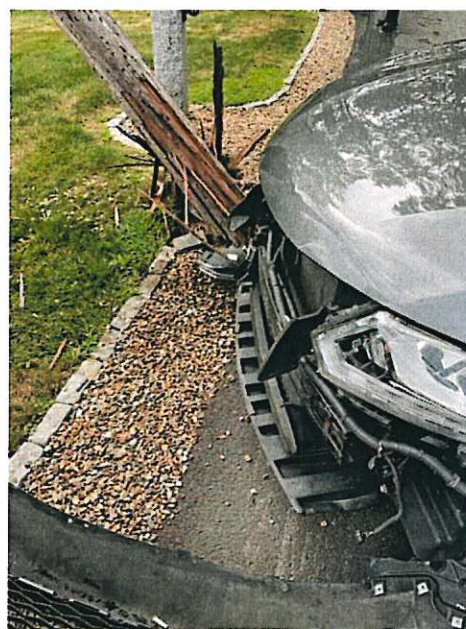
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

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 08/17/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

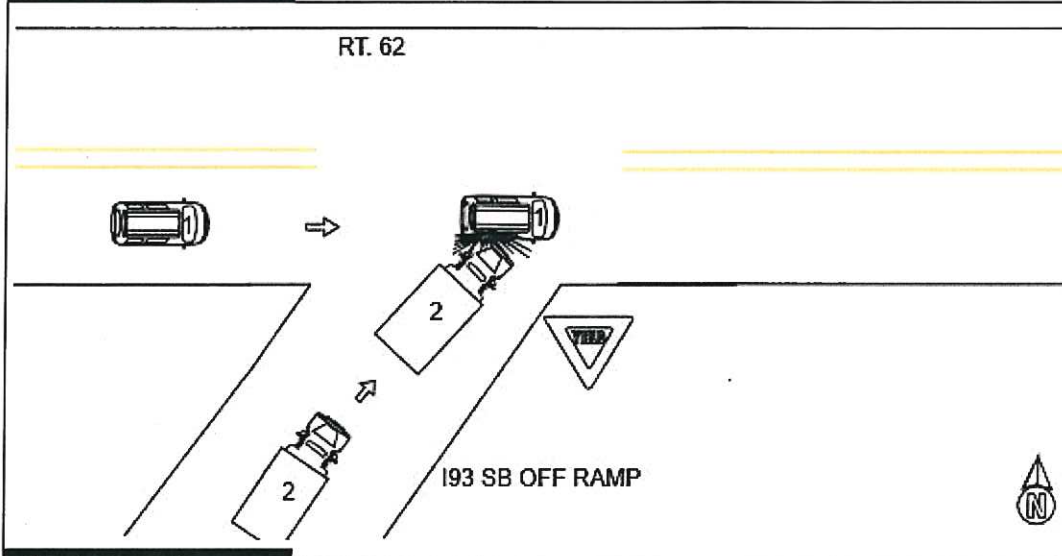
Wilmington Police Department
Images Associated with 25-232-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/18/2025	Time of Crash 0840 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					2 10		
At			Feet N S E W of or Mile Marker Exit Number					3 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 Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-233-AC	
License # 0 St. DOB/Age			Reg # 811XZ9		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make HONDA		Veh Config. 1		1 21	
Operator ATHALYE, PRAJAKTA P			Owner ATHALYE, PRASAD RAMESH							
Address 22 YORKSHIRE DR			Address 22 YORKSHIRE DR							
City TEWKSBURY State MA Zip 01876-4559			City TEWKSBURY State MA Zip 01876-4559							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 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				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 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 # 19 19 St. DOB/Age			Reg # 4298A		Reg Type AP		Reg State MA		1 14	
Sex M Lic. Class A M 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018		Veh Make International		Veh Config. 11		1 21	
Operator MCFADDEN, BRIAN M			Owner PC TRUCKING INC							
Address 20 WALNUT ST APT 6			Address 15 ELLINGTON RD							
City WOBURN State MA Zip 01801-4278			City TEWKSBURY State MA Zip 01876-1410							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 6		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: N S X 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 4 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 1 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 08/18/25 car 1 while travelling Eastbound on Rt. 62 was struck by truck 2. No injuries reported. Damage to car 1's rear right side and also damage to the front left side of truck 2.

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 # 4298A (From Vehicle Section)

Carrier Name PC Trucking Inc

Bus Use 0 ⁴²

Address 15 ELLINGTON RD City TEWKSBURY St MA Zip 01876

US DOT #: 930610 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

08/18/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

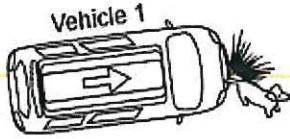
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/18/2025	Time of Crash 1714 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							
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# 25-234-AC	
License # St DOB/Age			Reg # 216I		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025		Veh Make HONDA		Veh Config. 1 21			
Operator SOLARI, MARYANN			Owner SOLARI, MARYANN							
Address 21R TOWPATH DR			Address 21R TOWPATH DR							
City WILMINGTON State MA Zip 01887-3917			City WILMINGTON State MA Zip 01887-3917							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 6 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 6 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										
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 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 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										

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

Crash Diagram:

Swain Rd	 Burlington Ave Driveway 250 Burlington Ave	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 Monday, August 18, 2025, at approximately 5:15PM, vehicle 1 was traveling east on Burlington Ave in the area of house number 250. At this time, a 4 month old Shih tzu, ran into the middle of the street. The operator of vehicle 1 attempted to swerve out of the way but, still collided with the dog.

The dog was transported to a near by animal hospital by the owners.

There was no damage to vehicle 1.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (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 Christopher K Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/18/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/19/2025	Time of Crash 0724 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	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				2 10			
At			Feet N S E W of or Mile Marker Exit Number				3 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 2 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-235-AC	
License # St DOB/Age			Reg # 5YPS98		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021		Veh Make HONDA		Veh Config. 1 21		1 12	
Operator DE ANDRADE SILVA, GRACIONE APARECIDA			Owner DASILVA, SEBASTIAO							
Address 5 WHIPPLE RD			Address 5 WHIPPLE RD							
City BILLERICA State MA Zip 01821-2200			City BILLERICA State MA Zip 01821-2200							
Insurance Company GEICO GENERAL INSURANCE C			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: 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				1 13	
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Tramp. Code Medical Facility	
Operator			See Above		X		X		1 1 1 0 0 8 2 Lahey Clinic	
VILMA ALVES FERREIRA			35 MORTON ST LOWELL, MA 01852-4828		08/02/1983 F		3		1 1 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 # 6HNF99		Reg Type PC		Reg State MA		1 14	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make BUICKS		Veh Config. 1 21		1 14	
Operator GORE, RICHARD J			Owner GORE, RICHARD J							
Address 826 BORDER STREET APT# B			Address 826 BORDER STREET APT# B							
City E BOSTON State MA Zip 02128-2474			City E BOSTON State MA Zip 02128-2474							
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 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) 644519AD			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 90 23			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub 89 9			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub 90 23					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Tramp. Code Medical Facility	
Operator/Occupants			See Above		X		X		1 1 4 0 0 8 2 Lahey Clinic	

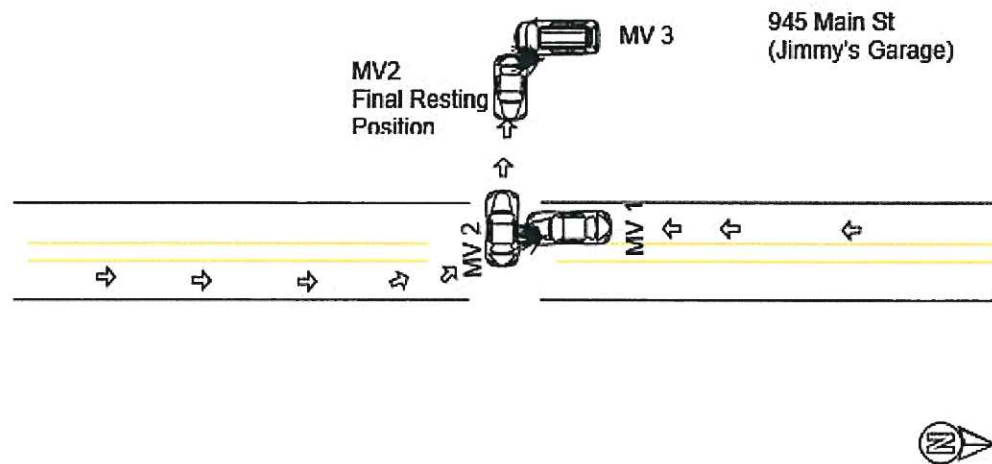
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

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 she was traveling SB on Main St in Wilmington when MV 2 turned left in front of her from the NB lane causing her to crash into the left side of his vehicle. MV 1 sustained heavy front end damage. MV 1 was towed and the operator was transported to the hospital with injuries.

The operator of MV 2 stated he was traveling NB on Main St and attempted to make a left hand turn into 945 Main St. The operator of MV 2 stated that MV 1 was speeding and crashed into him. MV 2 sustained left side damage. MV 2 was towed and the operator of MV 2 was transported to the hospital with injuries. MV 3 was parked in the parking lot with no occupants. MV 3 had front left damage that was caused by MV 2.

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 # Y62765 (From Vehicle Section)

Carrier Name FN Transportation Inc Bus Use 42
 Address 53 CLIFF ST City MALDEN St MA Zip _____
 US DOT #: 3507703 State Number _____ Issuing State MA MC/MX/ICC #: 116001
 Interstate 43 Cargo Body Type Code 3 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

Police Officer Name (Please Print)

Signature

223

ID/Badge #

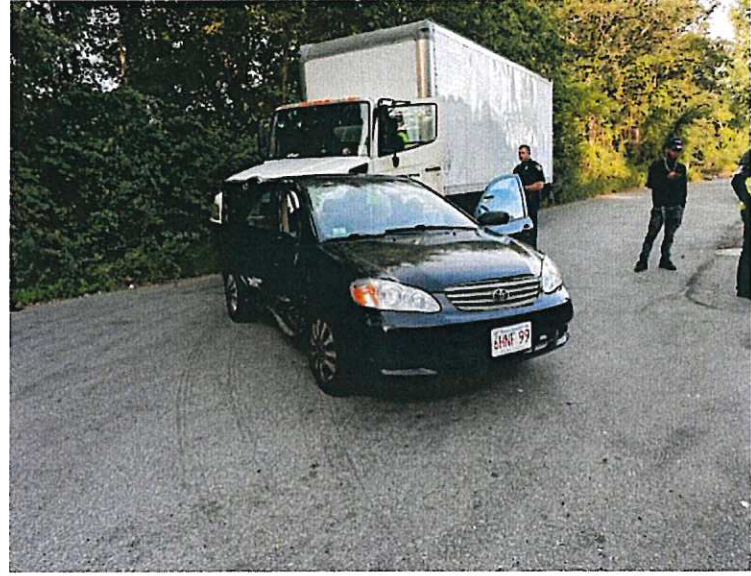
Wilmington Police Department

Department

08/19/2025

Date

Wilmington Police Department
Images Associated with 25-235-AC



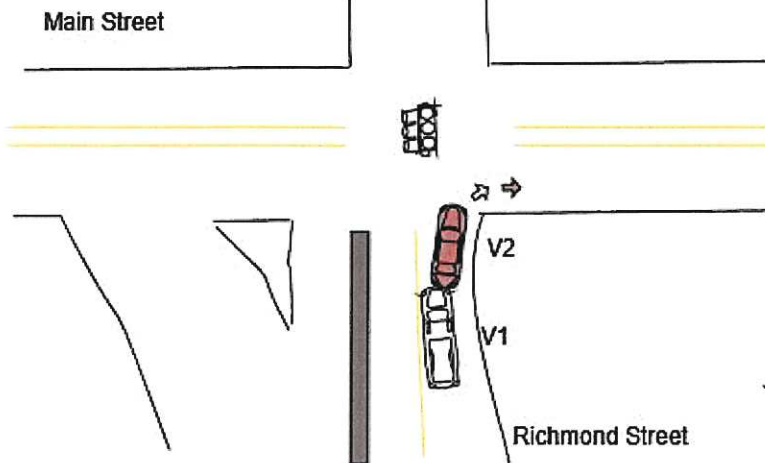
Wilmington Police Department
Images Associated with 25-235-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/21/2025	Time of Crash 1800 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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# <u>205</u> Direction <u>MAIN ST</u> Address # _____ Name of Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-236-AC</u>							
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>I</u> <u>20</u> CDL _____ Operator <u>DIGESSE, EDWARD WALTER</u> Address <u>37 LOIS LN</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3166</u> Insurance Company <u>THE STANDARD FIRE INSURAN</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>3KSN17</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u> Owner <u>DIGESSE, WALTER JOSEPH</u> Address <u>37 LOIS LN</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3166</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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 <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>WITKUS, DEBORAH L</u> Address <u>71 BLAKESLEY ST APT 2</u> City <u>BRATTLEBORO</u> State <u>VT</u> Zip <u>05301</u> Insurance Company <u>VERMONT MUTUAL</u> Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>HDR593</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WITKUS, DEBORAH L</u> Address <u>71 BLAKESLEY ST APT 2</u> City <u>BRATTLEBORO</u> State <u>VT</u> Zip <u>05301</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>							
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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 rear-ended V2 in the right turn lane Richmond Street at Main Street. Opr2 stated she was stopped when V1 crashed into her. Major damage to the rear center of V2. Minor damage to the front right of V1.

No injuries observed or reported in both operators. Opr2 stated she felt "whiplash" after the impact but she declined medical attention.

V1 operable. V2 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 Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/21/2025

Date

Wilmington Police Department
Images Associated with 25-236-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/21/2025	Time of Crash 2131 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 21 ADAMS ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 2 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-237-AC							
License # S DOB/Age			Reg # VT72SL Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make HYUNDAI Veh Config. 1 21							
Operator LEE, PATRICK DONALD			Owner LEE, LISA M							
Address 5 FEDERAL ST			Address 5 FEDERAL ST							
City WILMINGTON State MA Zip 01887-2508			City WILMINGTON State MA Zip 01887-2508							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 20 23 21 23 22 23 23							
Citation # (If Issued) T3282218			Most Harmful Event 21 24							
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 13B			Driver Contributing Code 20 25 9 25							
Viol. 3: Ch/Sec/Sub 90 17 Viol. 4: Ch/Sec/Sub			Driver Distracted by 3 26 6 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 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 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							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants			See Above							

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

Crash Diagram:

Wilmington High School parking lot

Tree →

Utility pole → ○ number 36/5

MV1

21 Adams Street

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator of motor vehicle number 1, Patrick D. Lee, stated that he was traveling west on Adams Street towards Church Street. Mr. Lee stated that he lost control of his motor vehicle, ran over the curb, hit a tree, and side swiped a utility pole. Mr. Lee also admitted that he was utilizing his cell phone and might have been driving too fast. Both vehicle occupants stated no injuries and refused medical attention. Mr. Lee made arrangements with AAA to have his vehicle towed. See supplemental narrative for more details.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MATTUCHIO MICHAEL STEVEN	27 ADAMS ST WILMINGTON MA 01887-2452		1

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	TREE / LAWN
VERIZON	408 MAIN ST WILMINGTON MA 01887		4	UTILITY POLE

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 Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

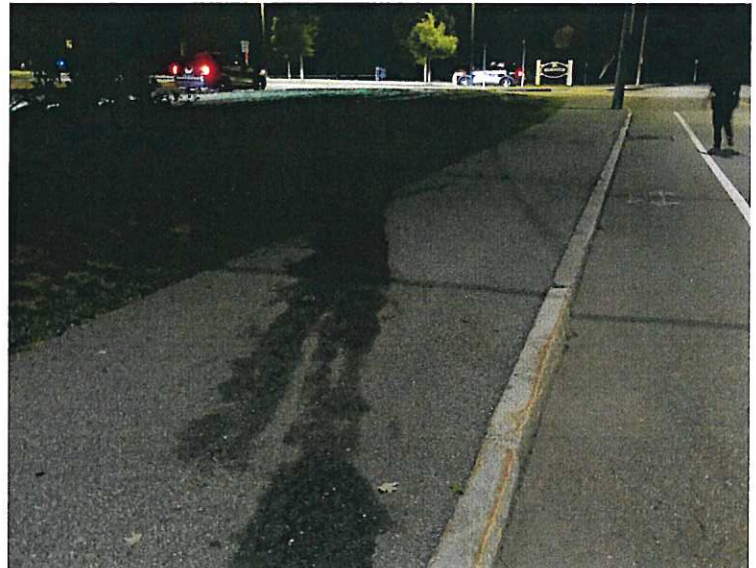
08/21/2025

Date

Wilmington Police Department
Images Associated with 25-237-AC



Wilmington Police Department
Images Associated with 25-237-AC



Wilmington Police Department
Images Associated with 25-237-AC

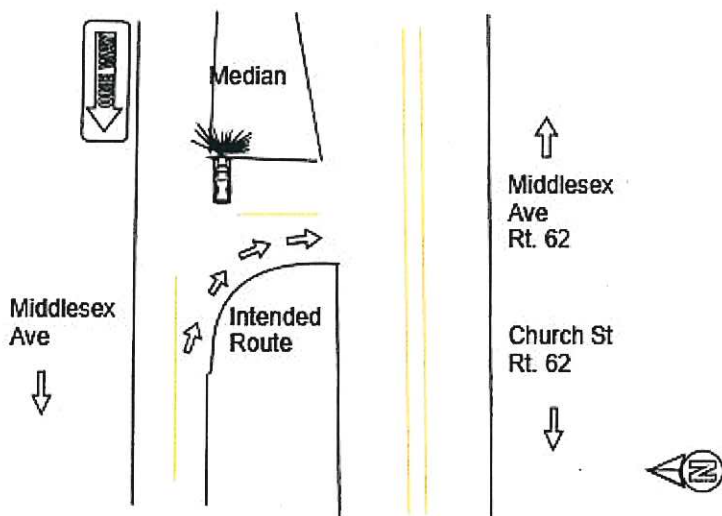


Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/22/2025	Time of Crash 1024 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other								
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:											
1 Route# Direction Name of Roadway/Street At			2 Route# Direction Address # Name of Roadway/Street 159 CHURCH ST													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number													
2 1 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of 62 MIDDLESEX AVE Route# Intersecting Roadway/Street													
			Landmark													
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-238-AC							
License # DOB/Age			Reg # 6DR311		Reg Type PC		Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL H Endorsement			Veh Year 2022		Veh Make TOYOTA		Veh Config. 1 21									
Operator GUARNACCIA, ROCCO Last First Middle			Owner GUARNACCIA, ROCCO PAUL Last First Middle													
4 1 Address 17 CRYSTAL RD			Address 17 CRYSTAL RD													
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3068													
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27											
5 2 Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 23 23 23 23		Test Status: 1 28											
Citation # (If Issued)			Most Harmful Event 23 24		Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 20 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				23 13							
6 1 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	
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 #		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													
8 4 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											
9 2 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							

→ = 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 the truck was traveling east on Middlesex Ave intending to turn left onto Rt. 62. The operator stated that he was distracted as he approached the intersection that would take him onto Rt. 62. He stated that did not realize until it was too late of where he was going. He was observed driving up on the median striking a turn right sign. He then continued to drive through the median, driving over the flower beds and coming off onto Rt 62. He stated that he stopped and gathered himself before driving off. He stated he did not call police because he was scared from his actions. He was advised to file a crash report. Wilmington Public Works was notified of the damages.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA			TRAFFIC SIGN / MULCH BEDS

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

08/22/2025

Date

Wilmington Police Department
Images Associated with 25-238-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/23/2025	Time of Crash 1453 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit	State Police	☐	
							Latitude	Local Police	☐	
							Longitude	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					3 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# 25-239-AC	
License # St. DOB/Age			Reg # 1017A Reg Type DL Reg State MA		7 12					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make FORD Veh Config. 1 21							
Operator DECONTO, DENISE A			Owner RICS AUTO SALES							
Address 12 ERIN LN			Address 77 ALEXANDER RD APT 4							
City BURLINGTON State MA Zip 01803-1546			City BILLERICA State MA Zip 01821-5065							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 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 19 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					
Please fill out for operator and all occupants involved					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										
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # S DOB/Age			Reg # 1FDJ81 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21							
Operator CERBONE, JEANNE F			Owner CERBONE, JEANNE F							
Address 11 BANCROFT ST			Address 11 BANCROFT ST							
City WILMINGTON State MA Zip 01887-0000			City WILMINGTON State MA Zip 01887-0000							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 1 27 2 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					
Please fill out for operator and all occupants involved					1 14					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of MV 1 stated that she was turning left from an aisle onto the driveway that runs through the parking lot of 262 Main Street when she struck MV 2. MV 1 stated that she did not see MV 2 coming. Operator of MV 2 stated that she was driving through the parking lot and saw MV 1 approaching the end of their aisle at a high rate of speed. MV 2 stated that MV 1 did not slow down and struck her vehicle. Both operators had exchanged information prior to my arrival. Both operators stated no injuries. MV 1 stated she could drive the vehicle to her repair facility down the street. MV 2 was towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

08/23/2025

Date

Wilmington Police Department
Images Associated with 25-239-AC

