

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/02/2025	Time of Crash 1802 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 I93NBR31 RAMP			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					
At			Feet N S E W of . or			Feet N S E W of					
Route# Direction LOWELL ST			Name of Intersecting Roadway/Street			Mile Marker Exit Number					
Also at Intersection with			Route# Intersecting Roadway/Street			Landmark					
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 25-244-AC								
License # St DOB/Age			Reg # 4TVG76			Reg Type PC			Reg State MA		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013			Veh Make HONDA			Veh Config. 1 21		
Operator PERDOMO GARCIA, MAGNOLIA ALTAGRACIA			Owner POLANCO PERDOMO, ANDERSON JOSE								
Address 1 INWOOD DR APT 10012			Address 10012 INWOOD DR								
City WOBURN State MA Zip 01801			City WOBURN State MA Zip 01801-5180								
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 2 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			Driver Contributing Code 4 25 25			BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator			See Above			1			1		
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped		
			☐ Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # 4TWD70			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010			Veh Make NISSAN			Veh Config. 1 21		
Operator VALLIERE, JUSTIN ANDREW			Owner VALLIERE, JUSTIN ANDREW								
Address 92 LAWRENCE ST			Address 92 LAWRENCE ST								
City MEDFORD State MA Zip 02155-4136			City MEDFORD State MA Zip 02155-4136								
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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		
Operator/Occupants			See Above			1			1		

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

Crash Diagram:

Lowell Street (Route 129)

I-93 Northbound On-Ramp Exit 31

N

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

V1 was traveling eastbound and V2 was traveling westbound. V1 began turning left onto the I-93 Northbound On-Ramp Exit 31. V2 was traveling driving straight. V2 collided with V1 when V1 was turning onto the ramp. V2 stated that V1 was slowly turning onto the exit resulting in V2 slamming on the brakes and "slding" into V1. V1 had damage to the right front and side. V2 had damage to the front right bumper. V1 was towed from the scene by Forrest to the operator's residence. V2 was operable and driven from the scene. Both parties declined medical attention.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

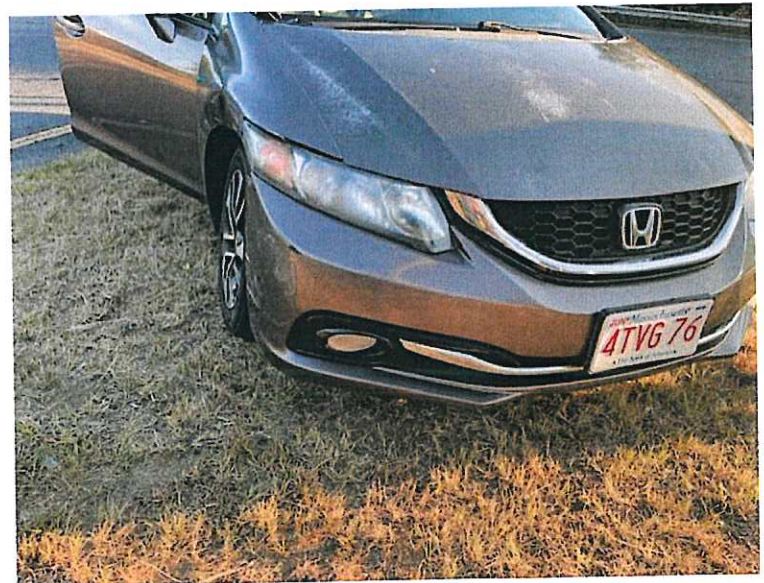
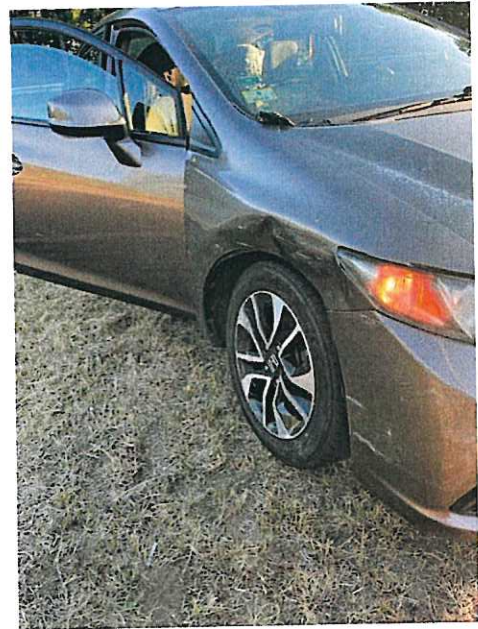
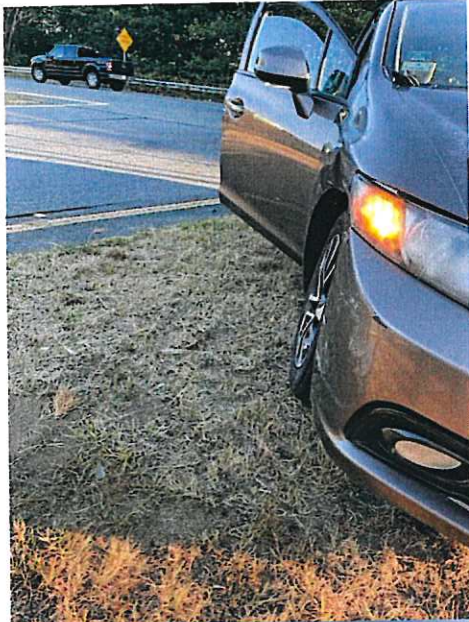
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Justin T Crowley 240 Wilmington Police Department 09/02/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-244-AC



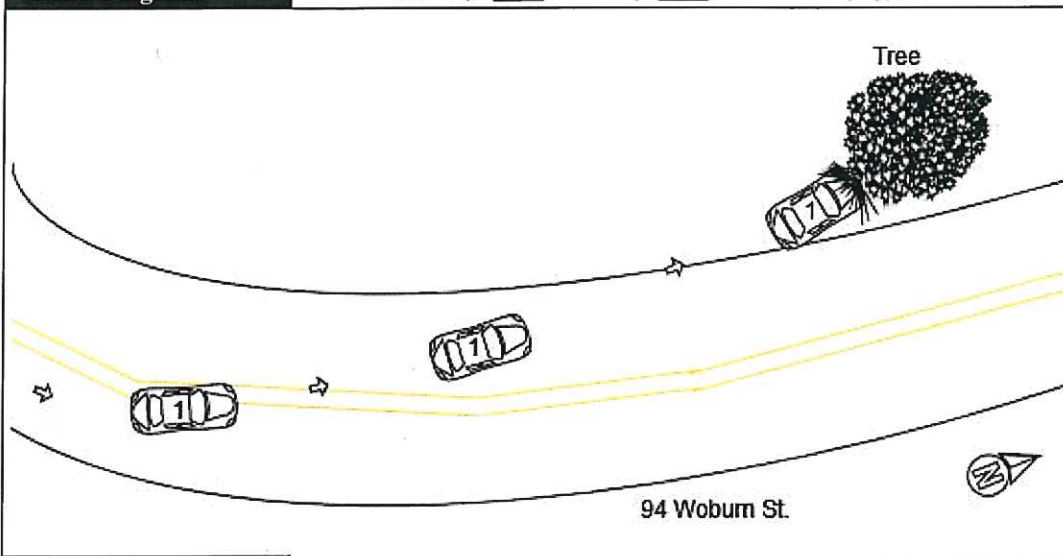
Wilmington Police Department
Images Associated with 25-244-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2025	Time of Crash 1144 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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# 25-245-AC	
License # St DOB/Age			Reg # 4EBY26		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2015		Veh Make HONDA		Veh Config. 1		21	
Operator LANDERS, JUDY ANN			Owner LANDERS, JUDY ANN							
Address 106 LOWELL RD APT 301			Address 106 LOWELL RD APT 301							
City NORTH READING State MA Zip 01864			City NORTH READING		State MA Zip 01864					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 11 27 1 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 21 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 21 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 22 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32				21 13	
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			X X		1 1 3 0 0 8 2		Lahey Clinic			
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg #		Reg Type		Reg State			
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			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:

Car 1 while travelling NB in the area of 94 Woburn St. went into the opposite lane and crashed into a tree.

Front and side airbags were deployed. Wilmington FD/EMS transported

Forest Towing towed the MV to their lot. Operator stated she heard loud screeching noises coming from her MV prior to the crash. She stated her brakes stopped working and she "ditched it" into the woods.

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

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/03/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/03/2025		Time of Crash 1530 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 At				Route# Direction Address # Name of Roadway/Street 52 MAIN 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 2 #Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 25-246-AC									
License # St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Reg # 942ZWK Reg Type PC Reg State MA									
Operator HERRA, BEVERLY D Last First Middle				Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21									
Address 47 LAKE ST				Owner HERRA, BEVERLY D Last First Middle									
City WILMINGTON State MA Zip 01887-3728				Address 47 LAKE ST									
Insurance Company FARMERS PROPERTY & CASUAL				City WILMINGTON State MA Zip 01887-3728									
Vehicle Travel Direction: N S X W Responding to Emergency? 2				Vehicle Action Prior to Crash 3 22									
Citation # (If Issued)				Event Sequence 1 23 23 23 23									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Most Harmful Event 1 24									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Contributing Code 1 25 25									
Please fill out for operator and all occupants involved				Driver Distracted by 0 26 26									
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									
				6 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 Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Reg # 5EAW95 Reg Type PC Reg State MA									
Operator NGONYAMA, THABANI BAFANA Last First Middle				Veh Year 2023 Veh Make NISSAN Veh Config. 2 21									
Address 9 PUTNAM RD APT 6				Owner ARI FLEET LT Last First Middle									
City FOXBOROUGH State MA Zip 02035-2151				Address 4001 LEADENHALL RD									
Insurance Company ARBELLA PROTECTION INSURA				City MOUNT LAUREL State NJ Zip 08054-4611									
Vehicle Travel Direction: N S X W Responding to Emergency? 2				Vehicle Action Prior to Crash 4 22									
Citation # (If Issued)				Event Sequence 1 23 23 23 23									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Most Harmful Event 1 24									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Contributing Code 4 25 25									
Please fill out for operator and all occupants involved				Driver Distracted by 0 26 26									
Name (Last First Middle) Address				DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator/Occupants See Above				1 1 4 0 0 10 1									

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

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:

Car 1 while taking a right hand turn from lake St. onto Main St. (Rt. 38) was crashing into by car 2. Car two took a left hand turn from Oakwood Rd. onto Main St. (Rt. 38). Both MV's came to a complete stop. The operator of car 2 stated he was waved onto Main St. by a car/operator travelling SB on Main St. and did not see car 1. No reported injuries. Damage to car 1's left side and car 2's right front side.

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

09/03/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/03/2025	Time of Crash 1721 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:							
1 Route# Direction LOWELL ST At PARKER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			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		2 10 3 11							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-247-AC									
License # St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator SHEEHAN, MATTHEW JOHN Address 9 PICHOWICZ RD City BILLERICA State MA Zip 01821-2118 Insurance Company THE HANOVER INSURANCE COM 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 # RW4646 Reg Type PC Reg State MA Veh Year 2009 Veh Make FORD Veh Config. 1 21 Owner SHEEHAN, MATTHEW JOHN Address 9 PICHOWICZ RD City BILLERICA State MA Zip 01821-2118 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: 6 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 1 12 1 13							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator			See Above		1 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			License i St. DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator PREOTLE, ELANA LAUREN Address 31 CHESTER ST City WINCHESTER State MA Zip 01890-2016 Insurance Company THE STANDARD FIRE INSURAN 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 # 2CZK17 Reg Type PC Reg State MA Veh Year 2019 Veh Make MAZDA Veh Config. 1 21 Owner PREOTLE, ELANA LAUREN Address 31 CHESTER ST City WINCHESTER State MA Zip 01890-2016 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: 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 1 14					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants			See Above		1 1 4 0 0 10 1							

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

Crash Diagram:

Lowell Street (Rt. 129)

Parker Street

STOP

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:

V1 was traveling eastbound on Lowell Street. V2 was turning left onto Lowell Street from Parker Street. V2 collided with V1 while turning. V1 had damage to the left rear of the car. V2 had damage to the right front of the vehicle. There were no injuries and both parties refused medical. Both vehicles were operable and driven away 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 Justin T Crowley

Police Officer Name (Please Print)

Signature

240

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/03/2025

Date

Wilmington Police Department
Images Associated with 25-247-AC



Wilmington Police Department
Images Associated with 25-247-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/04/2025		Time of Crash 1221 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						2 10			
At						Feet N S E W of or Mile Marker Exit Number						2 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 13 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-248-AC			
License # St DOB/Age						Reg # WMR0005		Reg Type PC		Reg State TX		1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2012		Veh Make HONDA		Veh Config. 1 21		1 12			
Operator PEREZ ROBLERO, FRIDAI						Owner PEREZ ROBLERO, FRIDAI									
Address 12528 MARKET ST RD						Address 12528 MARKET ST RD									
City HOUSTON State TX Zip 77015						City HOUSTON		State TX Zip 77015							
Insurance Company						Vehicle Action Prior to Crash 10 22		Damaged Area Code: 4 27 5 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24		Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 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 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32				1 13			
Please fill out for operator and all occupants involved								Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator See Above						X		1 99 4 0 0 10 1							
AUGUSTINE ROBLERO						M		99 99 4 0 0 10 1							
DANY MARTINEZ						M		99 99 4 0 0 10 1							
Please Select One of the Following:						☒ Vehicle 23 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License St DOB/Age						Reg # 6VZ831		Reg Type PC		Reg State MA		1 14			
Sex F Lic. Class D 19 19 Lic. Restrictions 99 CDL Endorsement						Veh Year 2025		Veh Make CHEVROLET		Veh Config. 1 21					
Operator CHAMBERLAND, TAMMY LYNN						Owner CHAMBERLAND, TAMMY LYNN									
Address 7 EUGLEY E PARK						Address 7 EUGLEY E PARK									
City NORTH READING State MA Zip 01864-1305						City NORTH READING		State MA Zip 01864-1305							
Insurance Company GEICO GENERAL INSURANCE C						Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued)						Most Harmful Event 1 24		Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub 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? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility															
Operator/Occupants See Above						X		1 99 4 0 0 10 1							
						U		4 4 4 0 0 10 1							
						U		6 4 4 0 0 10 1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X →

Ballardvale
Street

206 Ballardvale
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 Thursday September 4, 2025 at approximately 12:30 I responded to a two car motor vehicle crash. Op1 stated he was attempting to turn onto Ballardvale Street from the driveway of 206 Ballardvale Street and was in the road way and saw vehicles coming so he backed up back into the driveway of 206 Ballardvale and backed into the vehicle behind him. Op2 stated she was sitting at the stop sign and V1 backed up from the roadway into her vehicle. No injuries were reported, information was exchanged and both vehicles were driveable.

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

228

Wilmington Police Department

09/04/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

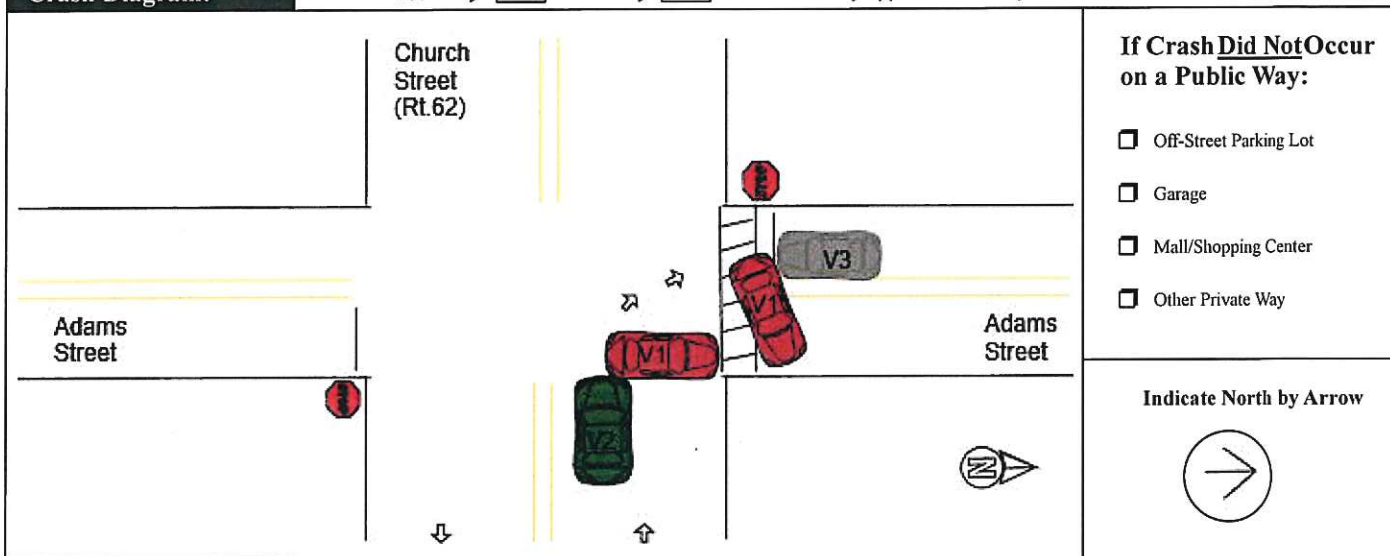
Date

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/04/2025	Time of Crash 1455 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction ADAMS ST			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 CHURCH ST			Route# Direction Address # Name of Roadway/Street		3 11					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street		3 11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark		3 11					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-249-AC	
License # St. DOB/Age			Reg # 6GTH84 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 CDL Endorsement			Veh Year 2024 Veh Make NISSAN Veh Config. 1		1 12					
Operator BURKE, RICHARD SCOTT			Owner EAN HOLDINGS LLC		1 12					
Address 6 LOCKWOOD RD			Address 14002 EAST 21ST ST ST APT 1500		1 12					
City WILMINGTON State MA Zip 01887-1120			City TULSA State OK Zip 74134-0000		1 12					
Insurance Company SAFECO INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		1 12					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		1 12					
Citation # (If Issued) 679898AD			Most Harmful Event 1 24		1 12					
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25		1 13					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		1 13					
Please fill out for operator and all occupants involved			DOB/Age Sex		1 13					
Name (Last First Middle) Address			DOB/Age Sex		1 13					
Operator See Above			DOB/Age Sex		1 13					
Please Select One of the Following:			☒ Vehicle 23 #Occupants		☐ Hit/Run		☐ Moped		Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 9SN884 Reg Type PC Reg State MA		1 14					
Sex Lic. Class D 19 19 Lic. Restrictions I CDL Endorsement			Veh Year 2006 Veh Make TOYOTA Veh Config. 1		1 14					
Operator			Owner NAZZARO, JACQUELINE ANNE		1 14					
Address			Address 37 ROOSEVELT RD		1 14					
City State Zip			City WILMINGTON State MA Zip 01887-4301		1 14					
Insurance Company AMICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 1 22		1 14					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		1 14					
Citation # (If Issued)			Most Harmful Event 1 24		1 14					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		1 14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		1 14					
Please fill out for operator and all occupants involved			DOB/Age Sex		1 14					
Name (Last First Middle) Address			DOB/Age Sex		1 14					
Operator/Occupants See Above			DOB/Age Sex		1 14					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/04/2025	Time of Crash 1455 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
1 ADAMS ST			2		10						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
2 CHURCH ST			3		11						
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						
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Landmark						
3 Please Select One of the Following:			☒ Vehicle 3 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-249-AC		
License # St. DOB/Age.			Reg # 1ZWL71		Reg Type PC		Reg State MA		1 12		
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2008		Veh Make TOYOTA		Veh Config. 1		21		
Operator LAFAUCI, JUSTIN PAUL			Owner LAFAUCI, PAUL RICHARD								
4 Address 5 ALLEN PARK DR			Address 5 ALLEN PARK DR								
City WILMINGTON State MA Zip 01887-2901			City WILMINGTON State MA Zip 01887-2901								
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1		22		Damaged Area Code: 1 27 27 27				
5 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		
Viol. 3: Ch/Sec/Sub							Towed from scene? 2 33		1 13		
Viol. 4: Ch/Sec/Sub											
6 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 1 0 0 8 2		Lahey HOSPITAL
7 Please Select One of the Following:			☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.		
License # St. DOB/Age.			Reg #		Reg Type		Reg State		21		
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config.				
8 Operator			Owner								
Last First Middle			Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22		22		Damaged Area Code: 27 27 27				
9 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		X		X		1		

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

Crash Diagram:



Crash Narrative:

Vehicle 1 (V1) was traveling northbound on Adams Street as it approached the intersection with Church St (Rt.62). V1 proceeded through the stop sign, failing to yield to oncoming traffic on Church St. V2 was traveling westbound on Church St and collided with V1 in the westbound travel lane. V2's front right collided with the right rear of V1. This impact caused V1 to rotate clockwise onto the north portion of Adams St. V1's rear left then collided with V3's left front. V3 was traveling south bound on Adams St when the collision occurred. The operator of V3 was transported

All other involved parties signed medical refusals with the Wilmington Fire Department. All vehicles had airbag deployment and all three vehicles were towed by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CASTONGUAY DOUGLAS R	5 OREGON AVE NASHUA NH 03060		

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

09/04/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-249-AC

