

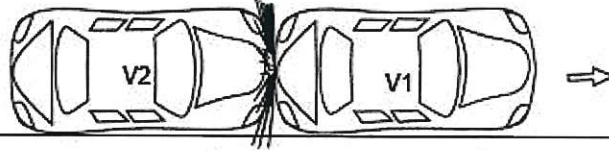
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/08/2025	Time of Crash 1700 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< 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				8 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:			Crash Report ID#				25-253-AC			
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
License # St DOB/Age			Reg # 3TAW75 Reg Type PC Reg State MA				1 12			
Sex F Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021 Veh Make MERCEDES-BENZ Veh Config. 1 21							
Operator DEGREGORIO, KRISTINE J			Owner DEGREGORIO, KRISTINE J							
Address 110 LOWELL RD APT 205			Address 110 LOWELL RD APT 205							
City NORTH READING State MA Zip 01864-1688			City NORTH READING State MA Zip 01864-1688							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 4 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 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				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 0							
Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 2 #Occupants			☐ Hit/Run				☐ Moped			
☐ Vulnerable User										
License # St DOB/Age			Reg # 5AJS78 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21							
Operator			Owner MURPHY, JENNIFER MARIE							
Address			Address 14 KNEELAND RD							
City State Zip			City TEWKSBURY State MA Zip 01876-3315				2 14			
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22				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 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			1 1 4 0 0 10 0							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Middlesex Avenue



434 Middlesex Avenue

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 and V2 were traveling southbound on Middlesex Avenue. V1 stated that a mail truck stopped on the side of the road abruptly and required her to brake. V2 attempted to break but made contact with their front end into V1's rear. V1 had minor damage to the right rear bumper of the vehicle. V2 had more significant damage to their front bumper and grille. Both operators refused medical transport and had no apparent 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 Justin T Crowley

240

Wilmington Police Department

09/08/2025

Police Officer Name (Please Print)

Signature

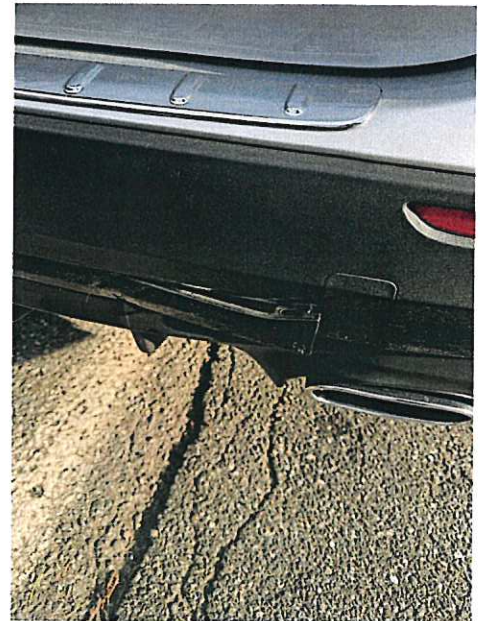
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-253-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 09/09/2025	Time of Crash 0907 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	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		190 MAIN ST																			
At			Feet NSEW of		Mile Marker Exit Number																			
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of		Route# Intersecting Roadway/Street																			
Also at Intersection with			Feet NSEW of		Landmark																			
Route# Direction Name of Intersecting Roadway/Street																								
Please Select One of the Following:			☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-254-AC															
License # St DOB/Age			Reg # 4760DJ		Reg Type PC		Reg State MA																	
Sex F Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make RAM		Veh Config. 2																	
Operator COTTO, EVELYN			Owner GRASSIA, RALPH																					
Address 136 CHESTNUT ST			Address 136 CHESTNUT ST																					
City WILMINGTON State MA Zip 01887-3355			City WILMINGTON State MA Zip 01887-3355																					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4		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: 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			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:

Benji Way Main St. (Rt. 38) Richmond St. (Rt. 129)	190 Main St. McDonalds Entrance Main St. (Rt. 38 & Rt. 129)	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 09/09/25 Car 1 was taking a left hand turn onto Main St. and crashed into car 2 while travelling SB on Main St. A school bus was stopped on Main St and was attempting to enter Benji Way. The bus operator witnessed the crash and stated Car 2 drove around their bus as they were letting out car 1. The bus operator stated they believed there was a camera in the bus and had footage of the crash, I will add the footage to this report (attachments) when it is forwarded to my email. A picture of the crash is in the images tab. No injuries, both cars drivable.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MALLOY LISA MARIE	44 LAKE ST WILMINGTON MA 01887-3708		2

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

09/09/2025

Date

Wilmington Police Department
Images Associated with 25-254-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																
Date of Crash 09/09/2025		Time of Crash 0809 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# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Route# _____ Direction _____ Address # <u>586</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <u>N S E W</u> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____																																																																	
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 25-255-AC																																																																	
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 _____ Endorsement _____ Operator <u>ORELUS, CARLINE M</u> Address <u>56 REVERE RD</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5356</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: ☒ S ☐ E ☐ W 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>175ZR5</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ORELUS, CARLINE M</u> Address <u>56 REVERE RD</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5356</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</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>																																																																	
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License # _____ St. _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____ Endorsement _____ Operator <u>KOSTER, KAYLA A</u> Address <u>8 KIERNAN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3207</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: ☐ N ☐ S ☒ E ☐ W 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>5DXV97</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KOSTER, KAYLA A</u> Address <u>8 KIERNAN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3207</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</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>																																																																	
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

Main St Shell Gas Station Parking Lot	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow
---	---

Crash Narrative:

On 9/9/25 V1 was traveling north bound on main street. V2 was attempting to exit the parking lot of the Shell Gas Station. V2 attempted to pull out into oncoming traffic and struck the front right side of V1 on main street. V1 had damage on the right passenger side to the passenger rear door. V2 had damage to the front bumper of their vehicle.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

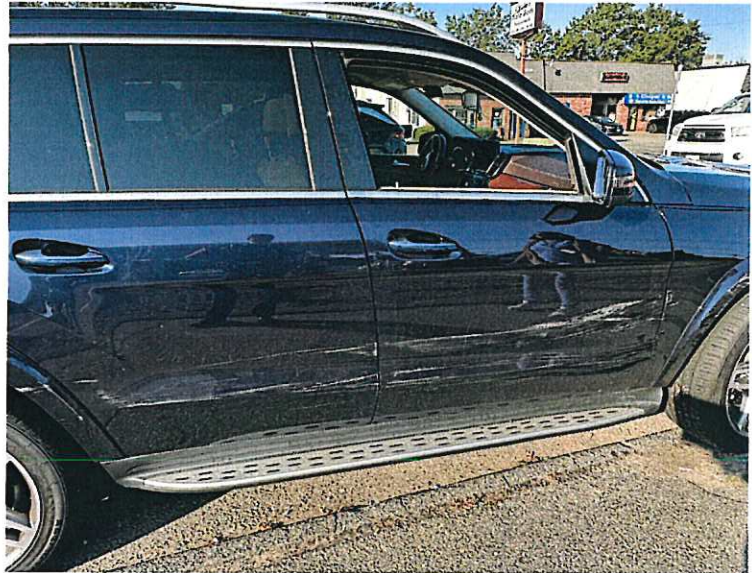
Department

Precinct/Barracks

09/10/2025

Date

Wilmington Police Department
Images Associated with 25-255-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/10/2025	Time of Crash 1643 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
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					
Route# Direction Name of Intersecting Roadway/Street					Route# Intersecting Roadway/Street					3 11
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# 25-256-AC					
License # St. DOB/Age. Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement					Reg # 782GN6 Reg Type PC Reg State MA					1 12
Operator HOLLOWAY, JOHN CLIFTON					Veh Year 2019 Veh Make RAM Veh Config. 1 21					
Address 2 WINSTON AVE					Owner HOLLOWAY, JOHN CLIFTON					
City WILMINGTON State MA Zip 01887-4310					Address 2 WINSTON AVE					
Insurance Company SAFETY INSURANCE COMPANY					City WILMINGTON State MA Zip 01887-4310					
Vehicle Travel Direction: N S E X Responding to Emergency? 2					Vehicle Action Prior to Crash 1 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					
					Driver Distracted by 0 26 26					
Please fill out for operator and all occupants involved					Damaged Area Code: 1 27 27 27					
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					Test Status: 1 28					
Operator See Above					Type of Test: 0 29					
					BAC Test Result: 1 30					
					Susp. Alcohol: 2 31 Susp. Drug: 2 32					
					Towed from scene? 2 33					
Please Select One of the Following: ☒ Vehicle 21 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										1 13
License # St. DOB/Age. Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement					Reg # 1DX466 Reg Type PC Reg State MA					
Operator BARRETT, SCOTT S					Veh Year 2020 Veh Make SUBARU Veh Config. 1 21					
Address 14 HERITAGE WAY					Owner BARRETT, SCOTT S					
City BURLINGTON State MA Zip 01803-4746					Address 14 HERITAGE WAY					
Insurance Company THE COMMERCE INSURANCE CO					City BURLINGTON State MA Zip 01803-4746					1 14
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 1 25 25					
					Driver Distracted by 0 26 26					
Please fill out for operator and all occupants involved					Damaged Area Code: 3 27 27 27					
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					Test Status: 1 28					
Operator/Occupants See Above					Type of Test: 0 29					
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					Susp. Alcohol: 2 31 Susp. Drug: 2 32					
					Towed from scene? 1 33					

→ = 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 motor vehicle 1, John C. Holloway Jr., stated that he was traveling west on Adams Street, MV2 had pulled in front of him, and they collided (See images). Op. of MV2, Scott, S. Barrett, stated that he was traveling east on Adams Street, attempted to turn left into the Wilmington High School parking lot, and collided with MV1 (See images). Both parties stated no injuries, were evaluated by WFD, and refused medical attention. MV2 was towed by A&S and a motor vehicle tow and inventory report was conducted

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 Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/10/2025

Date

Wilmington Police Department
Images Associated with 25-256-AC

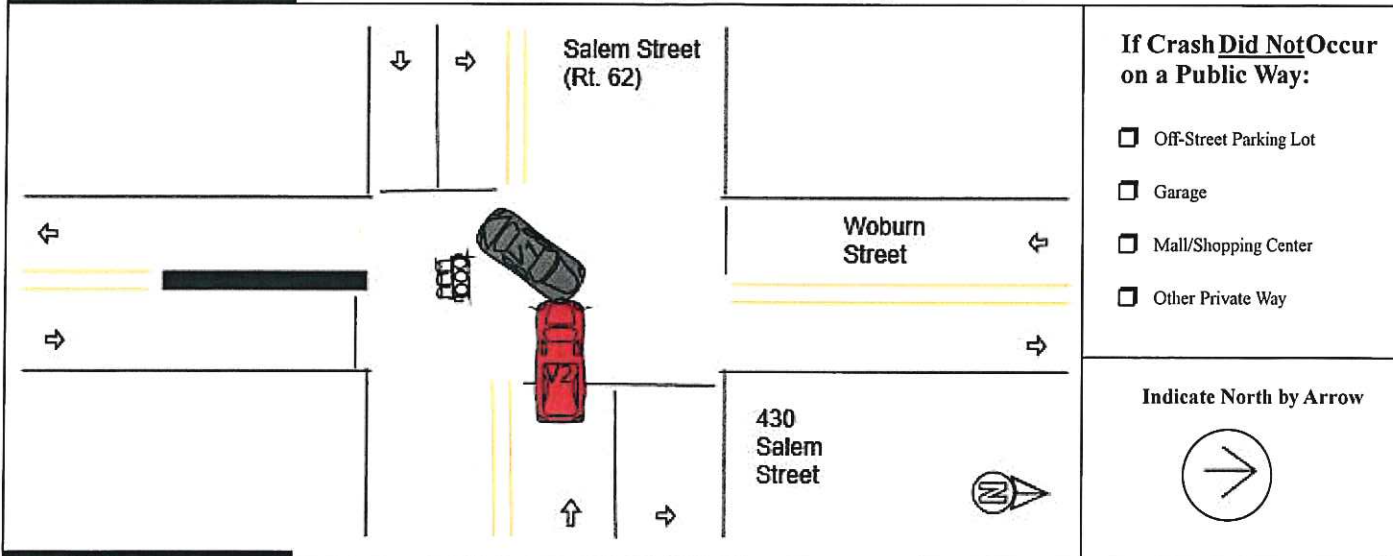


Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/11/2025	Time of Crash 1647 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:				
1 SALEM ST					2 10				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street						
At									
2 WOBURN ST					3 11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number						
Also at Intersection with									
2 1 Route# Direction Name of Intersecting Roadway/Street			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# 25-257-AC						
License # St. DOB/Age.			Reg # 5142845 Reg Type PC Reg State NH		1 12				
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022 Veh Make FORD Veh Config 1 21						
Operator LADDIS, BLYTHE ANNE			Owner LADDIS, STEPHEN JOHN						
Address 125 SHERWOOD DR			Address 302 VARNEY RD						
City NORTH ANDOVER State MA Zip 01845-3254			City CENTER BARNSTEAD State NH Zip 032253377						
Insurance Company			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 2 27 3 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) 696895AD			Most Harmful Event 1 24		Type of Test: 0 29				
Viol. 1: Ch/Sec/Sub 89 8 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				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 1 33		1 13				
Please fill out for operator and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex			34 Sent 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 3 0 0 8 2		Lahey HOSPITAL				
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		
			☐ Vulnerable User Complete the Vulnerable User section.						
License # St. DOB/Age.			Reg # 8EG584 Reg Type PC Reg State MA		1 14				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make FORD Veh Config. 2 21						
Operator VINING, BRITTANY SHEEHAN			Owner ROBERTO, CHRISTOPHER W						
Address 30 HIGH ST			Address 30 HIGH ST						
City STONEHAM State MA Zip 02180-1169			City STONEHAM State MA Zip 02180-1169						
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 3 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			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 1 33						
Please fill out for operator and all occupants involved									
Name (Last First Middle) Address DOB/Age Sex			34 Sent 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 1 0 0 8 2		Winchester Hospital				

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 (V1) was traveling eastbound on Rt.62 approaching the intersection with Woburn Street. V1 entered the intersection and proceeded to turn left to travel northbound on Woburn Street. V2 was traveling westbound on Salem Street (Rt.62) and proceeded into the intersection to continue westbound on Salem Street. V1 and V2 collided in the intersection and the collision caused damage to the front and right side of V1, and front damage to V2. Both vehicle operators stated that they had green lights, V1's operator stated that she believed she also had a green left arrow. Airbags deployed in both vehicles. The operator of V1 was transported _____ and V2's operator was taken ' _____ Both vehicles sustained heavy damage and were 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:

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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

09/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-257-AC

