

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/15/2025	Time of Crash 0846 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	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 Exit Number					10 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# 25-258-AC	
License # St. DOB/Age.			Reg # 3489936 Reg Type PC Reg State NH		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21		1 13					
Operator SCHOENLY, JOSHUA EDWARD			Owner SCHOENLY, JOSHUA EDWARD							
Address 34 HIDEAWAY LN			Address 34 HIDEAWAY LN							
City HOLLIS State NH Zip 030496162			City HOLLIS State NH Zip 030496162							
Insurance Company			Vehicle Action Prior to Crash 4 22		Damaged Area Code 4 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 See Above			1 1 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age.			Reg # 5VKV49 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2013 Veh Make VOLKSWAGEN Veh Config. 1 21							
Operator WEIR, CHRISTOPHER JEAN			Owner WEIR, CHRISTOPHER JEAN							
Address 4 WINCHESTER AVE			Address 4 WINCHESTER AVE							
City METHUEN State MA Zip 01844-2234			City METHUEN State MA Zip 01844-2234							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 5 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 9 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 1							

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

Crash Diagram:

Ballardvale St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On September 15, 2025, Vehicle 1 and Vehicle 2 are traveling eastbound on Ballardvale St. V1 and V2 both stopped in the middle lane of the three travel lanes. This lane is a left turn only. V2 was trying to make a lane change into the right lane due to him realizing he was in the wrong lane and not knowing the area. V2 attempted to turn into the right lane, due to on coming vehicles, V2 hit the rear bumper of V1 causing damage to both vehicles.

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

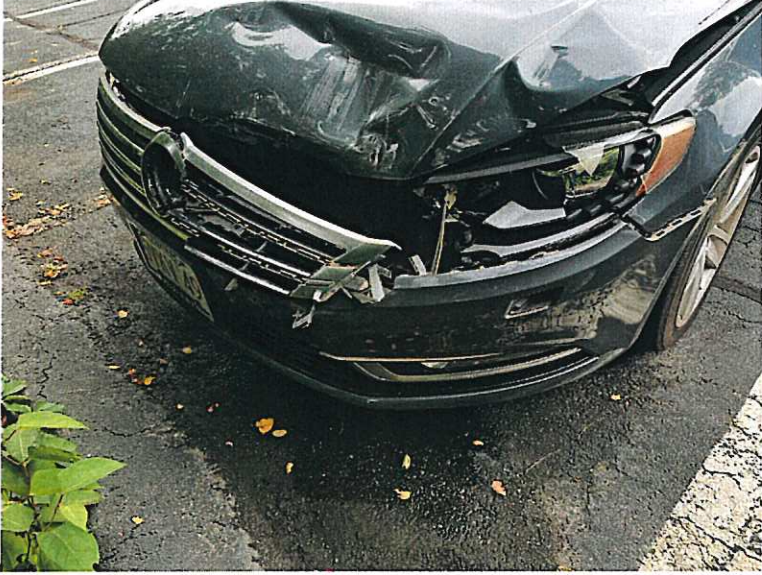
Department

Precinct/Barracks

09/15/2025

Date

Wilmington Police Department
Images Associated with 25-258-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/15/2025	Time of Crash 1822 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street					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					Feet N S E W of Route# Intersecting Roadway/Street					2 11			
Also at Intersection with					Feet N S E W of Landmark								
Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following:					Crash Report ID# 25-259-AC								
☒ Vehicle 1 #Occupants					☐ Hit/Run								
☐ Moped													
License #, S' DOB/Ag					Reg # 1GHR66 Reg Type PC Reg State MA					1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2014 Veh Make KIA Veh Config. 1 21								
Operator TRUDEAU, JAYDEN PAUL OUELLETTE					Owner TRUDEAU, STEPHEN A								
Address 1 CLAIRE ST					Address 1 CLAIRE ST								
City TEWKSBURY State MA Zip 01876-3911					City TEWKSBURY State MA Zip 01876-3911								
Insurance Company SAFETY INSURANCE COMPANY					Vehicle Action Prior to Crash 1 22					Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: X S E W Responding to Emergency? 2					Event Sequence 1 23 23 23 23					Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24					Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub					Driver Contributing Code 20 25 25					BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub					Driver Distracted by 1 26 26					Susp. Alcohol: 2 31 Susp. Drug: 2 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				1	1	4	0	0	10	1	
Please Select One of the Following:													
☒ Vehicle 2 1 #Occupants													
☐ Hit/Run													
☐ Moped													
☐ Vulnerable User Complete the Vulnerable User section.													
License #, St. DOB/Ag													
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement													
Operator WIDOMSKI, MICHELE GAIL													
Address 903 POULIOT PL													
City WILMINGTON State MA Zip 01887-4523													
Insurance Company AMICA MUTUAL INSURANCE CO													
Vehicle Travel Direction: X S E 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 # 3RDC22 Reg Type PC Reg State MA													
Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21													
Owner WIDOMSKI, MICHELE GAIL													
Address 903 POULIOT PL													
City WILMINGTON State MA Zip 01887-4523													
Vehicle Action Prior to Crash 2 22										Damaged Area Code: 5 27 27 27			
Event Sequence 1 23 23 23 23										Test Status: 1 28			
Most Harmful Event 1 24										Type of Test: 0 29			
Driver Contributing Code 1 25 25										BAC Test Result: 1 30			
Driver Distracted by 0 26 26										Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Towed from scene? 2 33													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				1	1	4	0	0	10	1	

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

Crash Diagram:

unknown vehicle



945 Main Street
Jimmy's garage



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

vehicle 1 was traveling north on Main Street. Vehicle 2 was traveling in the same direction just ahead of vehicle 1. The operator of vehicle 2 stated that she had to slow down and stop as a vehicle in front of her was waiting to turn left into the parking lot of 945 Main Street. The operator of vehicle 1 stated he was distracted by his phone and did not see that vehicle two had slowed down to a stop. Vehicle 1 attempted to brake at the last minute but ended up colliding with the rear of vehicle 2. Both vehicles suffered minor damage and neither had air bag deployment. Both operators declined medical assistance stating no injuries.

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 Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/15/2025

Date

Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 09/16/2025	Time of Crash 1152 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:				
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:							
												2			
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								3			
Also at Intersection with				Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street															
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 25-260-AC											
License # St DOB/Age				Reg # 3JNM71 Reg Type PC Reg State MA								1			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2020 Veh Make GMC Veh Config. 1 21								1			
Operator KERN, BENJAMIN DAVID				Owner KERN, BENJAMIN DAVID											
Address 39 CUNNINGHAM ST				Address 39 CUNNINGHAM ST											
City WILMINGTON State MA Zip 01887-1364				City WILMINGTON State MA Zip 01887-1364											
Insurance Company GEICO GENERAL INSURANCE C				Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2				Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued)				Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 25 25 BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32								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 1 1 4 3 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 # 77Y770 Reg Type PC Reg State MA								1			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement				Veh Year 2012 Veh Make CHEVROLET Veh Config. 1 21											
Operator GARSIDE, SHIRLEY A				Owner GARSIDE, SHIRLEY A											
Address 6 MANHATTAN DR				Address 6 MANHATTAN DR											
City BURLINGTON State MA Zip 01803-1905				City BURLINGTON State MA Zip 01803-1905								1			
Insurance Company QUINCY MUTUAL FIRE INSURA				Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27											
Vehicle Travel Direction: X S E W Responding to Emergency? 2				Event Sequence 1 23 23 23 23 Test Status: 1 28											
Citation # (If Issued) 706785AD				Most Harmful Event 1 24 Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub				Driver Contributing Code 20 25 25 BAC Test Result: 1 30											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 6 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32											
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 1 1 4 0 0 10 1											
JOAN ZINK 17 WOODCREST AVE BURLINGTON, MA 01803				F 3 1 4 0 0 10 1											

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

High St

Salem St.

Middlesex Ave

V1

V2

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 Tuesday, September 16, 2025, Vehicle 1 was traveling eastbound on Middlesex Ave. V1 had the green light and was attempting to turn onto Salem St. as another vehicle traveling from High St. was attempting to turn left. Vehicle 2 was traveling northbound with a passenger in the vehicle. V2 had a red light and failed to come to a complete stop. V2 drove through the red light avoiding the vehicle on High St. and drove in front of V1 as they were turning. V1 struck V2 on the driver's side. V1 sustained front end damage. Pictures of the accident will be attached to this report.

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

09/16/2025

Date

Wilmington Police Department
Images Associated with 25-260-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/17/2025	Time of Crash 0834 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 1			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		2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number 3 11 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark					
2 1			Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped		Crash Report ID# 25-261-AC					
3			License # St. DOB/Age. Reg # 2XG327 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator LEVY, RON ROBERT Address 21 LIBERTY ST City WILMINGTON State MA Zip 01887-2545 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) 708453AD Viol. 1: Ch/Sec/Sub 89 8 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		1 12 Veh Year 2017 Veh Make Jeep Veh Config. 1 21 Owner LEVY, RON ROBERT Address 21 LIBERTY ST City WILMINGTON State MA Zip 01887-2545 Vehicle Action Prior to Crash 3 22 Damaged Area Code: 7 27 8 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 35 24 Type of Test: 0 29 Driver Contributing Code 4 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					
4 2			Please fill out for operator and all occupants involved		1 13					
5 1			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							
6 1			Operator See Above							
7 2			Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
8 1			License # St. DOB/Age. Reg # 1HX798 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator WOODS, SEAN DAVID Address 25 FRYE RD City BOLTON State MA Zip 01740-1329 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N X E 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		1 14 Veh Year 2016 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner WOODS, SEAN DAVID Address 25 FRYE RD City BOLTON State MA Zip 01740-1329 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 0 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					
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							

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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

←

Crash Narrative:

Vehicle 1 (V1) was traveling eastbound on Federal St and stopped at the stop sign at the intersection with Woburn St. V1 stops at the stop sign and then proceeds to enter the southbound travel lane of Woburn Street to take a left turn. Vehicle 2 (V2) was traveling southbound on Woburn St. V1 and V2 collided in the roadway, after making slight contact V1's operator swerved to the right causing the vehicle leave the roadway. The vehicle then collided with a Crosswalk sign and then a rock wall. V1 sustained damage to the front left and left side. V2 sustained minor damage to the front right panel. The crosswalk sign and rock wall were both damaged. No reported injuries and no tow required. No airbags were deployed.

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 01887		3	METAL CROSSWALK SIGN
CAPPUCCIO FRANK NEFFO	522 WOBURN ST WILMINGTON MA 01887-		97	ROCK WALL

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

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

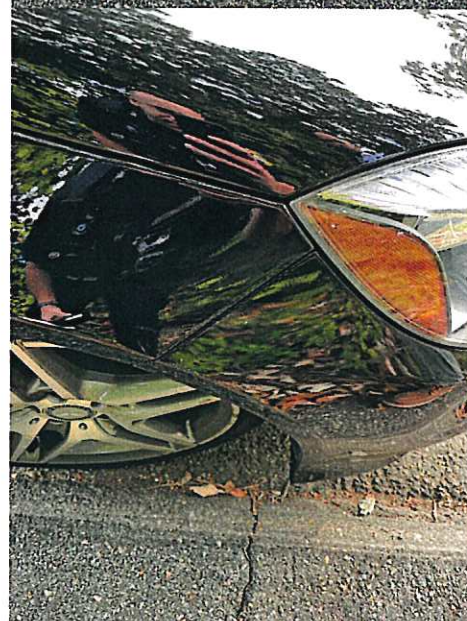
Department

Precinct/Barracks

09/17/2025

Date

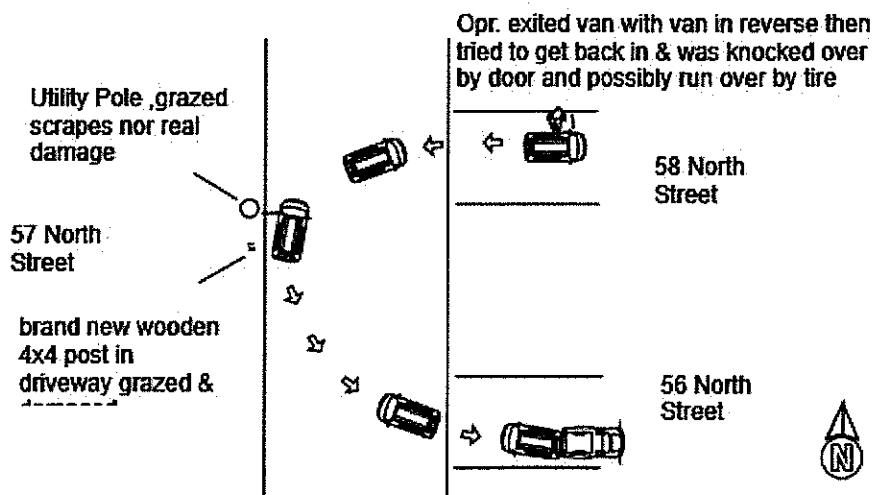
Wilmington Police Department
Images Associated with 25-261-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/18/2025	Time of Crash 1118 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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			58 NORTH 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											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of 57, 56 NORTH STREET				Landmark							
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-262-AC		
License # St DOB/Age			Reg # 2LGN98 Reg Type PC Reg State MA			Veh Year 2005 Veh Make FORD Veh Config. 2 21			7 12					
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Owner BEDARD, HELEN T			Address 58 NORTH ST								
Operator FLORES, CHRISTINE			City WILMINGTON State MA Zip 01887-1410			City WILMINGTON State MA Zip 01887-2137								
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 3 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 3 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 97 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 7 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			3 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					
Operator			See Above			1 0 4 0 0 7 2			Winchester Hospital					
HELEN BEDARD			58 NORTH ST WILMINGTON, MA 01887-2137			F 3 1 4 0 0 10 1								
Please Select One of the Following:			☒ Vehicle 20 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg # 492BB7 Reg Type PC Reg State MA			Veh Year 1984 Veh Make DODGE Veh Config. 2 21			1 14					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Owner BISHOP, GERALD JUDE			Address 56 NORTH ST								
Operator Driverless M.V.			City WILMINGTON State MA Zip 01887-2137			City WILMINGTON State MA Zip 01887-2137								
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 5 27 27 27								
Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency?			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 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32											
Viol. 3: Ch/Sec/Sub			Driver Distracted by 26 26			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								

→ = 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:

Refer Supplemental Narrative.-173

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BISHOP GERALD JUDE	56 NORTH ST WILMINGTON MA 01887-2137		2
ALVES ARTHUR T	57 NORTH ST WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ALVES ARTHUR T	57 NORTH ST WILMINGTON MA 01887		97	WOODEN 5X5 GATE POSTS, & SOLAR LIGHT CAP

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 Richard DiPerri 173 Wilmington Police Department 09/18/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 25-262-AC

Entered: 09/19/2025 @ 1544 Entry ID: 173
Modified: 09/25/2025 @ 1158 Modified ID: 173
Approved: 09/21/2025 @ 1532 Approval ID: 196

V1 Opr. Flores was getting into van with mother (Bedard, registered owner) who was already inside as front passenger. Opr. Flores then exited van after putting car in reverse. Van immediately moved backward down sloped driveway and Opr. Flores was knocked over by door, . Vehicle then went in reverse traveling in arc grazing utility pole (scrapes only) and grazed off brand new wooden 5x5 post from driveway chain at 57 North Street. Solar Post lights were also knocked off. Van continued out of control, entered driveway at 56 North Street where it hit a parked pick up truck and came to rest.

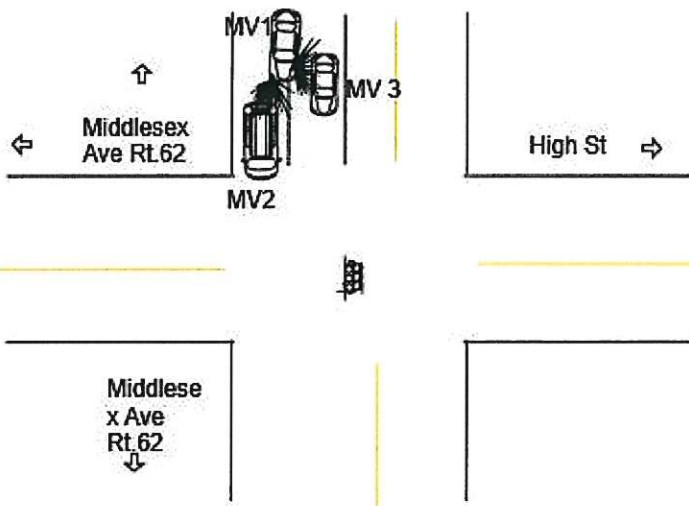
V1 was damaged on right front fender and door was bent/crumpled forward. V2 from 56 North street had rear bumper damage (bulge in metal). V1 was moved back into driveway at owner's residence. Residents of 57 and 56 North Street were advised a report would be filed. They were directed to get repair estimates for their respective damaged property.

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/18/2025	Time of Crash 1652 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
62 W MIDDLESEX AVE 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							
HIGH ST Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-263-AC							
License # St DOB/Age			Reg # 7HE643 Reg Type PC Reg State MA							
Sex M Lic. Class D M Lic. Restrictions 1 CDL P Endorsement			Veh Year 2015 Veh Make NISSAN Veh Config. 1 21							
Operator MACHADO, LUIS F Last First Middle			Owner MACHADO, LUIS F Last First Middle							
Address 51 WASHINGTON AVE			Address 51 WASHINGTON AVE							
City WILMINGTON State MA Zip 01887-2306			City WILMINGTON State MA Zip 01887-2306							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 8 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 3 28							
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 2 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 2 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 20 25 25 Susp. Alcohol: 1 31 Susp. Drug: 1 32							
Driver Distracted by 5 26 26			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 # DLG34 Reg Type PC Reg State MA							
Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsement			Veh Year 2022 Veh Make CHRYSLER Veh Config. 1 21							
Operator CIALELLA, ALFRED PATRICK JR Last First Middle			Owner CIALELLA, ARLENE FRANCES Last First Middle							
Address 22 WINDSOR RD			Address 22 WINSOR RD							
City BILLERICA State MA Zip 01821-3716			City BILLERICA State MA Zip 01821-3716							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 3 22 Damaged Area Code: 6 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 1 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 1 4 0 0 10 1							
ARLENE CIALELLA 22 WINSOR RD BILLERICA, MA 01821-3716			F 3 1 4 0 0 10 1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 09/18/2025	Time of Crash 1652 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other														
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																			
1 62 W MIDDLESEX AVE Route# Direction Name of Roadway/Street			2 10 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			8 11 Feet N S E W of Route# Intersecting Roadway/Street																					
Also at Intersection with			Feet N S E W of Landmark																					
2 1 Route# Direction Name of Intersecting Roadway/Street																								
Please Select One of the Following:			☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-263-AC															
License # St DOB/Age			Reg # 9501AF		Reg Type PC		Reg State MA		1 12															
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018		Veh Make TOYOTA		Veh Config. 1 21		1 12															
Operator LIGOTTI, PAULA A Last First Middle			Owner LIGOTTI, JOSEPH ANGELO JR Last First Middle																					
4 3 Address 133 COUNTY RD			Address 133 COUNTY RD																					
City TEWKSBURY State MA Zip 01876-3104			City TEWKSBURY State MA Zip 01876-3104																					
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 27 27																			
5 2 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		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 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age			Reg #		Reg Type		Reg State																	
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21																	
Operator			Owner		Last First Middle		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			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		31 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:

It can be seen that all vehicles were traveling westbound on Route 62. MV2 was in the right lane waiting to make a left hand turn on Middlesex Ave and MV3 was in the middle lane attempting to continue traveling westbound on Middlesex Ave. MV1 was traveling west on Route 62 when it side swiped MV3 and rear ended MV2. After speaking with MV2 and MV3 they were at a complete stop waiting for the light to turn green. MV2 stated he was honking at the vehicle in front of him wanted it to take a right on red. When I arrived on scene an Andover Police Officer moved MV3 out of traffic and behind all vehicles. After speaking with MV1 one he stated that he was not paying attention and had taken his eyes off of the roadway just prior to the accident. A paper exchange was filled out and given to all involved parties.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/18/2025

Date

NARRATIVE FOR PATROL OFFICER TAYLOR PADULSKY

Ref: 25-263-AC

Entered: 09/18/2025 @ 2213 Entry ID: 238
Modified: 09/18/2025 @ 2233 Modified ID: 238

The following is a brief summary of facts.

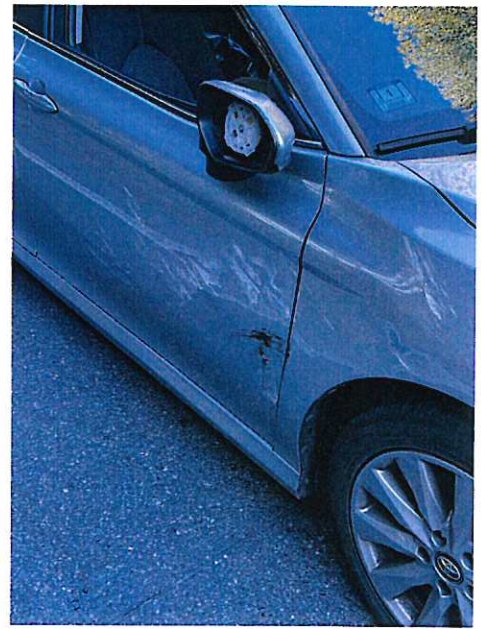
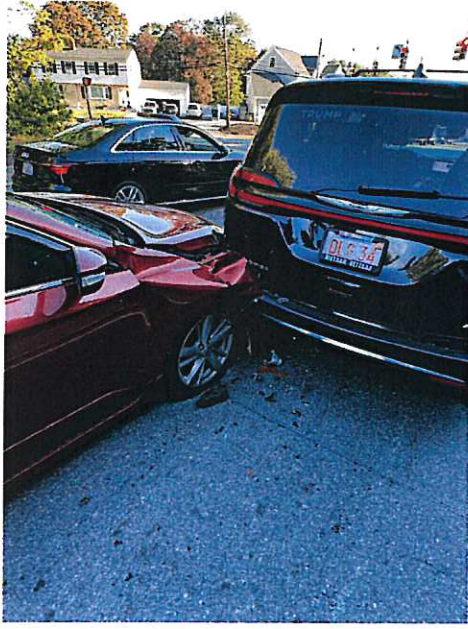
On Thursday, September 18, 2025, I, Officer Padulsky, was working my regular uniformed patrol shift from 1600 hours to 0000 hours in sector 2 cruiser 32. At approximately 1630 hours, I was dispatched to a motor vehicle accident on Route 62 at the intersection of Middlesex Ave and High St.

Upon arrival, I made contact with all parties and confirmed there were no injuries. I gathered all the operators informations and spoke with each party.

Respectfully Submitted,

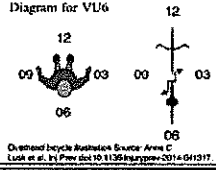
Officer Taylor Padulsky #238
Wilmington Police Department

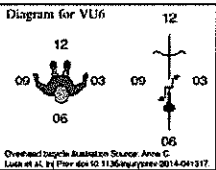
Wilmington Police Department
Images Associated with 25-263-AC

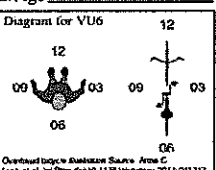


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/19/2025	Time of Crash 1655 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
1 38 N MAIN ST Route# Direction Name of Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street									
At			Feet N S E W of or Exit Number									
Route# Direction GROVE AVE Name of Intersecting Roadway/Street			1 11 Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with			Feet N S E W of Landmark									
2 1 Route# Direction Name of Intersecting Roadway/Street												
3 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-265-AC									
License # St. DOB/Age			Reg # 5HEF84 Reg Type PC Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21									
Operator DUNBAR, LISA SHERRY Last First Middle			Owner DUNBAR, LISA SHERRY Last First Middle									
4 3 Address 36 GROVE AVE			Address 36 GROVE AVE									
City WILMINGTON State MA Zip 01887-2015			City WILMINGTON State MA Zip 01887-2015									
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27									
5 2 Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 3 23 23 23 23 Test Status: 1 28									
Citation # (If Issued) 714172AD			Most Harmful Event 4 24 Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub 89 11 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 13 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									
6 1 Please fill out for operator and all occupants involved			11 13 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			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 1 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			Towed from scene? 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									

Please complete a section for each vulnerable user involved in the crash.

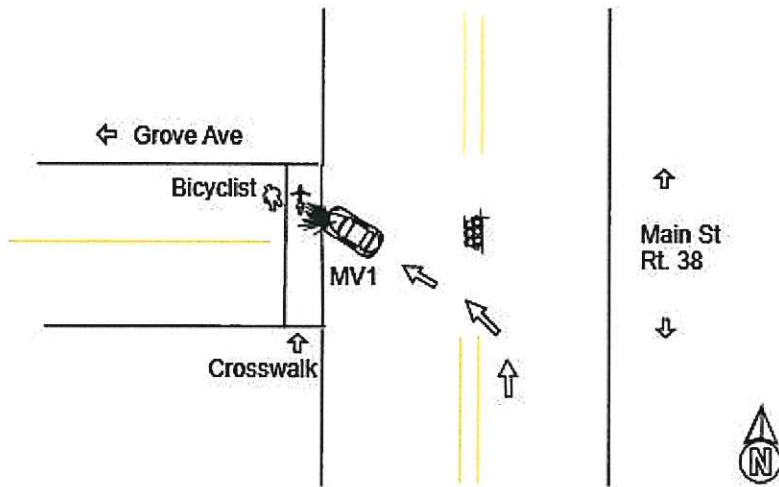
Vulnerable User		Type 2 VU1		Action 1 VU2		Location 1 VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device 0 VU4 Origin/Destination 97 VU5 Contact Point: 97 VU6 		Primary Injury Area: 4 VU7 Event Sequence 13 VU8 VU8 VU8 VU8 Contributing Code 16 VU9 VU9 Distracted by 1 VU10 VU10		Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User		M	97	6	1	0	8
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6 		Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6 		Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
Vulnerable User							
Medical Facility							

→ = 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:

As can be seen MV1 was traveling northbound on Main St (Rt. 38) attempting to take a left hand turn onto Grove Ave towards her residence. As MV1 was making the left hand turn, the bicyclist was crossing the crosswalk on his motorized bike. It was observed a strong glare from the sun in the direction that MV1 was heading. MV1 was unable to see the bicyclist crossing the street as the vehicle turned onto the street. MV1 had minor damage (scratches).

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HODGSON JOHN M	3 GROVE AVE WILMINGTON MA 01887-2007		1

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/19/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/20/2025	Time of Crash 0211 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	0800
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:					Crash Report ID# 25-266-AC						
☒ Vehicle 1 #Occupants					☐ Hit/Run ☐ Moped						
License #					Reg # 6SZ921 Reg Type PC Reg State MA						
Sex Lic. Class 19 19 Lic. Restrictions 97 20 CDL Endorsement					Veh Year 2015 Veh Make VOLVO Veh Config. 1 21						
Operator					Owner KOUZMINOV, DIMITRY B						
Address					Address 22 HASKELL ST						
City State Zip					City BEVERLY State MA Zip 01915-2129						
Insurance Company THE STANDARD FIRE INSURAN					Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27						
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2					Event Sequence 1 23 23 23 23 Test Status: 2 28						
Citation # (If Issued) 715185AD					Most Harmful Event 1 24 Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 89 9					Driver Contributing Code 14 25 4 25 BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub 90 10 Viol. 4: Ch/Sec/Sub					Driver Distracted by 99 26 26 Susp. Alcohol: 1 31 Susp. Drug: 99 32						
Please fill out for operator and all occupants involved					Towed from scene? 1 33						
Name (Last First Middle) Address					DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility						
Operator					See Above						
Please Select One of the Following:					Complete the Vulnerable User section.						
☒ Vehicle 1 #Occupants					☐ Hit/Run ☐ Moped ☐ Vulnerable User						
License #					Reg # 4459709 Reg Type PC Reg State NH						
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year 2014 Veh Make BMW Veh Config. 1 21						
Operator ROSS, CASSIDY ANN					Owner KOSLOWSKY, KIMBERLY ANN						
Address 171 MIDDLESEX AVE					Address 7 DOVER AVE APT 1ST						
City WILMINGTON State MA Zip 03842					City HAMPTON State NH Zip 03842						
Insurance Company					Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27						
Vehicle Travel Direction: ☐ N ☐ S ☒ E Responding to Emergency? 2					Event Sequence 1 23 23 23 23 Test Status: 1 28						
Citation # (If Issued)					Most Harmful Event 1 24 Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					Driver Contributing Code 1 25 25 BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Please fill out for operator and all occupants involved					Towed from scene? 1 33						
Name (Last First Middle) Address					DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility						
Operator/Occupants					See Above						

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

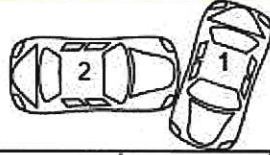
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



279 MAIN ST

Simard's



Crash Narrative:

operator 1 stated vehicle 1 was traveling too fast so so they could not complete their turn in time.

operator 2 stated vehicle 1 cut in from of them causing the collision.

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 Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

09/20/2025

Date