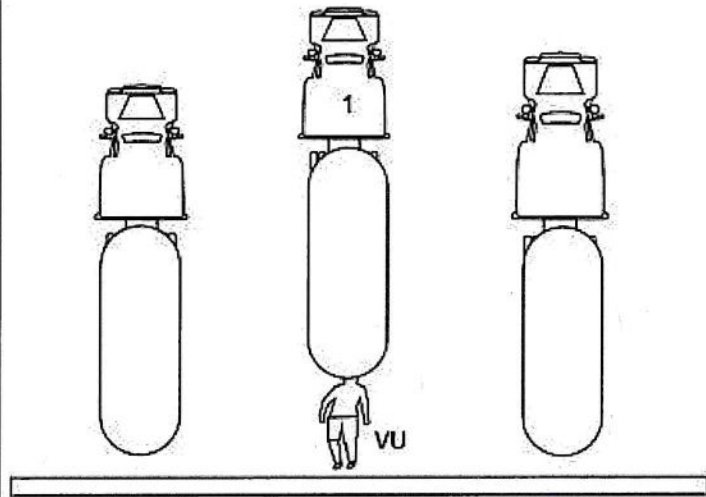


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/08/2025	Time of Crash 1601 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< 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 Exit Number							
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# 25-252-AC	
License # St. DOB/Age			Reg # 1AA47J		Reg Type AP		Reg State MA			
Sex M Lic. Class A M 19 19 Lic. Restrictions 1 20 CDL T Endorsement			Veh Year 2023		Veh Make International		Veh Config. 8 21			
Operator SEAMAN, JEREMY ROBERT			Owner RYDER TRUCK RENTAL LT							
Address 21 PROCTOR ST			Address 6000 WINDWARD PKWY							
City NATICK State MA Zip 01760-4258			City ALPHARETTA State GA Zip 30005-4181							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 10 22		Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 12 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 11 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 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					
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 # St. DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class A M 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			1 1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On September 8, 2025, I, Officer Parsons #236 responded to 24 Industrial Way for report of a tractor trailer backing into a person. Upon my arrival, Action Ambulance was providing medical aid to VU1. I was told that VU1 had been standing in the loading dock area, and did not notice a truck was backing into the bay. The truck backed up, and without seeing VU1, pinned him between the truck and the dock bumper. The accident was not witnessed by anyone, but staff quickly saw that VU1 was pinned, and had the truck move forward. Once the truck was moved, witnesses said VU1 collapsed, but was breathing. VU1 had a pulse, and was breathing, but could not speak after the incident. Wilmington Fire transported VU1 to Lahey in Burlington. For a more detailed report of the incident, see 25-1028-OF.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GORE JASON E SR	184 SCHOOL ST GROVELAND MA 01834-1729		

Property Damage:

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

Truck and Bus Information:

Registration # 1AA47J (From Vehicle Section)

Carrier Name Ryder Truck Rental LT

Bus Use 0 ⁴²

Address 6000 WINDWARD PKWY City ALPHARETTA St GA Zip 30005

US DOT #: 049207 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 1 ⁴³ Cargo Body Type Code 97 ⁴⁴ GVWR/GCWR 3 ⁴⁵

Trailer Reg #: SM31J9 Reg Type TL Reg State MA Reg Year _____ Trailer Length 4 ⁴⁶

Hazmat Information:

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

Patrol Officer Dale H Parsons

236

Wilmington Police Department

09/08/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date