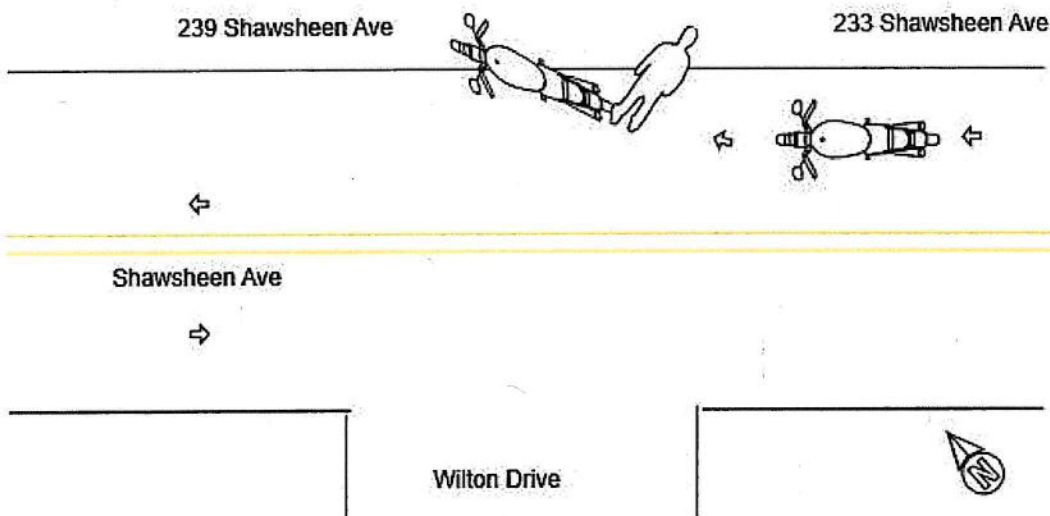


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/05/2025	Time of Crash 1707 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 239 SHAWSHOEN AVE								
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								
			Landmark								
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 25-250-AC								
License # St. DOB/Age			Reg # RX2493 Reg Type MC Reg State MA								
Sex M Lic. Class D M Lic. Restrictions 20 CDL Endorsement			Veh Year 2001 Veh Make KAWASAKI Veh Config. 3								
Operator RICHARDSON, ALAN JAMES			Owner RICHARDSON, ALAN JAMES								
Address 16 PINWOOD RD			Address 16 PINWOOD RD								
City TEWKSBURY State MA Zip 01876-2054			City TEWKSBURY State MA Zip 01876-2054								
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 1			Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 43 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 43 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility								
Operator See Above			1 5 5 2 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 D M Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21								
Operator Last First Middle			Owner Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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								

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

THE MOTORCYCLE WAS TRAVELING WEST ON SHAWSHEEN AVE. THE MOTORCYCLE HAD TO APPLY THE BRAKES ABRUPTLY. THE OPERATOR LOST CONTROL OF THE MOTORCYCLE WHEN BRAKING, CAUSING HIM TO SEPARATE FROM THE MOTORCYCLE, WHICH CAME TO REST JUST SLIGHTLY IN FRONT OF HIM ON THE PAVEMENT. THE MOTORCYCLE HAD MOSTLY RIGHT SIDE DAMAGE, THE RIGHT SIDE MIRROR WAS DETACHED DURING THE FALL. THE OPERATOR WAS TRANSPORTED TO LAHEY HOSPITAL BY THE FIRE DEPARTMENT WITH APPARENT MINOR INJURIES. THE MOTORCYCLE WAS OPERABLE AND WAS MOVED TO A NEARBY PRIVATE PROPERTY IN THE VICINITY OF THE CRASH, WITH PERMISSION OF THE HOMEOWNER.

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 Kayla M Hanson

230

Wilmington Police Department

09/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

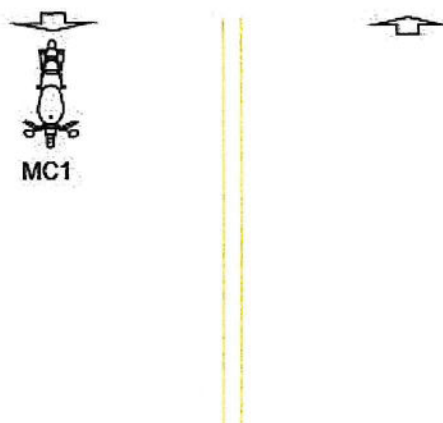
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/05/2025	Time of Crash 2134 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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							
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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-251-AC	
License # St. DOB/Age			Reg # 3B5411		Reg Type MC		Reg State MA			
Sex F Lic. Class D M Lic. Restrictions B 20 CDL Endorsement			Veh Year 2024		Veh Make KAWASAKI		Veh Config. 3		21	
Operator TYLER, ANTHONY LOGAN			Owner TYLER, ANTHONY LOGAN							
Address 46 BOESKE AVE			Address 46 BOESKE AVE							
City MAYNARD State MA Zip 01754-1956			City MAYNARD		State MA Zip 01754-1956					
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 10 27 99 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 99 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 97 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32				99 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 5 5 2 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					

Crash Diagram:

ie: → 1 → 2 → ○ → ○

40 Concord Street	 MC1	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow 
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Crash Narrative:

Operator of motorcycle 1, Anthony L. Tyler, was traveling west on Concord Street. He lost control and dumped his motorcycle. The motorcycle appeared to have sustained minor damage. Mr. Tyler also appeared to have sustained minor injuries.

His motorcycle was towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Julio J Quiles

197

Wilmington Police Department

09/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date