

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/21/2025	Time of Crash 1043 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				
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			Landmark				
Route# Direction Name of Intersecting Roadway/Street							

Please Select One of the Following:	☒ Vehicle 12 #Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 25-267-AC
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License # St DOB/Age	Reg # 5MWE87	Reg Type PC	Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement	Veh Year 2011	Veh Make CHEVROLET	Veh Config. 1 21
Operator RIVERA, PAIGE THERESA CAMIC	Owner CAMIC, MICCAL T		
Address 501 CARDINAL CT	Address 501 CARDINAL CT		
City WILMINGTON State MA Zip 01887-6211	City WILMINGTON State MA Zip 01887-6211		
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 22	Damaged Area Code: 3 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 19 25 25	BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 0 26 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Towed from scene? 2 33	

Please fill out for operator and all occupants involved		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	
ERZEL SMITH		100 PARTUCKET ST LOWELL, MA 01854	F	3	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.
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License # S DOB/Age	Reg # Y141872	Reg Type CO	Reg State OR
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement	Veh Year 2021	Veh Make FORD	Veh Config. 2 21
Operator RENNELLA, DAVIS HENRY	Owner AMAZON LOGISTICS		
Address 158 JEROME ST APT 2	Address 15000 N LOMBARD ST		
City MEDFORD State MA Zip 02155-3581	City PORTLAND State OR Zip 97203		
Insurance Company OLD REPUBLIC	Vehicle Action Prior to Crash 1 22	Damaged Area Code: 8 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 19 25 25	BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Distracted by 0 26 26	Susp. Alcohol: 2 31 Susp. Drug: 2 32	
		Towed from scene? 2 33	

Please fill out for operator and all occupants involved		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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Aldrich Road

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 Sunday September 21, 2025 I was dispatched to the area of Aldrich Road and Apache Way for a two car motor vehicle crash. Upon arrival I observed V1 and V2 parked on the side of the road with all occupants standing outside. Op1 stated she was driving on Aldrich and saw V2 with a right directional on so she thought it was safe to pass him and he did not turn right and instead began to turn left while she was passing which is when the collision occurred. Op2 stated he was driving and had his left directional on and went to turn left and the vehicle behind him attempted to pass him and the collision occurred. V1 had right side damage and V2 had front left damage. Information was exchanged, no injuries were reported, and both vehicles were driveable. All units cleared.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer John A Fortes

228

Wilmington Police Department

09/21/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-267-AC

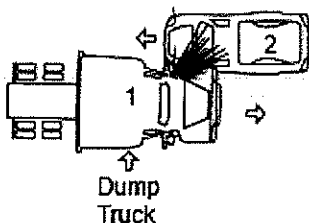


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/22/2025	Time of Crash 1644 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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# 25-268-AC	
License # St. DOB/Age			Reg # Y74465		Reg Type CO		Reg State MA			
Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006		Veh Make Mack Truck		Veh Config. 6			
Operator LAYHE FARNAM, JACOB MICHAEL			Owner ALLIANCE FUNDING GROUP INC							
Address 18 SHANE LN			Address 3745 W CHAPMAN AVE APT 200							
City BILLERICA State MA Zip 01821-3165			City ORANGE State CA Zip 92868-0000							
Insurance Company GREEN MOUNTAIN INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 0 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 3 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					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # X85190		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024		Veh Make GMC		Veh Config. 8			
Operator MCGARRY, PATRICK MICHAEL			Owner ROAD HOUSE CONSTRUCTION LLC							
Address 21 KEYES RD			Address 5 MIDDLESEX AVE APT 17							
City BILLERICA State MA Zip 01821-2116			City WILMINGTON State MA Zip 01887-2745							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 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										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			
AIDAN MCGARRY			21 KEYES RD BILLERICA, MA 01821		M		3			

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

Crash Diagram:

Cook Street



If Crash **Did Not** Occur
on a Public Way:

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

156 Aldrich Road



Indicate North by Arrow



Crash Narrative:

Vehicle 1 was traveling east on Cook Street driving into Aldrich Road. Vehicle 2 was traveling West on Aldrich Road heading into Billerica. In the area of 156 Aldrich Road, the operator of vehicle 2 stated he saw vehicle 1 in the opposite lane began to veer into his lane of travel. The operator of vehicle 2 stated that vehicle 1 sideswiped his vehicle as they passed him. The operator of vehicle 1 stated that he did not noticed he hit another vehicle but did not deny that the accident occurred. Vehicle 2 had damage to its left side mirror along with minor damage to its driver side door. Vehicle 1 did not show visible damage. No party was injured from the crash and neither vehicle had airbag deployment. Both vehicles were still in drivable condition.

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 # **Y74465** (From Vehicle Section)

Carrier Name **ALLIANCE FUNDING GROUP INC**

Bus Use **0** ⁴²

Address **3745 W CHAPMAN AVE #200**

City **ORANGE**

St **CA**

Zip **92868**

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

Interstate **0** ⁴³

Cargo Body Type Code **8** ⁴⁴

GVWR/GCWR **1** 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

222

Wilmington Police Department

09/22/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/23/2025

Time of Crash
0913
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 40
Latitude _____
Longitude _____

State Police
Local Police
MBTA Police
Campus Police
Other _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# _____ Direction _____ 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 # 226 Name of Roadway/Street LOWELL ST

_____ Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____

_____ 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 1 ☐ Hit/Run ☐ MopedCrash Report ID# **25-269-AC**

License # _____ St. _____ DOB/Age _____
Sex F Lic. Class D Lic. Restrictions _____ CDL _____
Operator ELLIS, JANICE ELAINE
Address 28 BURLINGTON AVE
City WILMINGTON State MA Zip 01887-3903
Insurance Company QUINCY MUTUAL FIRE INSURA
Vehicle Travel Direction: N S X W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 5137ZN Reg Type PC Reg State MA
Veh Year 2012 Veh Make MITSUBISHI Veh Config. 1
Owner ELLIS, JANICE ELAINE
Address 28 BURLINGTON AVE
City WILMINGTON State MA Zip 01887-3903
Vehicle Action Prior to Crash 1
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28 29
Type of Test: 1 30
BAC Test Result: 1
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	See Above			1	1	4	0	0	10	1	

Please Select One
of the Following:☒ Vehicle 2 #Occupants 2 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D Lic. Restrictions _____ CDL _____
Operator DOUCETTE, JEFFREY THOMPSON
Address 7 BARN RD
City DRACUT State MA Zip 01826-4292
Insurance Company _____
Vehicle Travel Direction: N S X W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 1VCA48 Reg Type PC Reg State MA
Veh Year 2023 Veh Make CHEVROLET Veh Config. 1
Owner MIDDLESEX SHERIFF
Address _____
City BILLERICA State MA Zip 01821
Vehicle Action Prior to Crash 2
Event Sequence 1 23 23 23 23
Most Harmful Event 1
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 5 27 27 27
Test Status: 1 28 29
Type of Test: 1 30
BAC Test Result: 1
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	
MAXWELL ESPIRITUSANTO CARPIO	269 BEACON ST LOWELL, MA 01850-2563		M	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

226 Lowell St		If Crash <u>Did Not</u> 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:

MV1 and MV2 were traveling EB on Lowell st. MV2 reported slowing down and stopping with traffic. MV1 then struck the rear of MV2 causing minor damage to the center rear of MV2 and minor damage to the center front of MV1. There was no airbag deployment in either vehicle and no injuries were reported.

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 Meghan Sousa	214	Wilmington Police Department	09/23/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/25/2025

Time of Crash
0950

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# 1 Direction CONCORD ST Name of Roadway/Street

At _____

Route# 2 Direction WOBURN ST Name of Intersecting Roadway/Street

Also at Intersection with _____

Route# 2 Direction _____ Name of Intersecting Roadway/Street

Route# _____ Direction _____ Address # _____ Name of Roadway/Street

_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number

_____ 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 1 ☐ Hit/Run ☐ MopedCrash Report ID# **25-270-AC**

License # _____ St. _____ DOB/Age _____

Sex F Lic. Class D Lic. Restrictions 1 CDL _____

Operator ZELLA, SHAUNA LAUREN

Reg # 5KWW44 Reg Type PC Reg State MA

Veh Year 2023 Veh Make CHEVROLET Veh Config. 1

Owner ZELLA, SHAUNA LAUREN

Address 2 BROAD ST

City WILMINGTON State MA Zip 01887-1945

Address 2 BROAD ST

City WILMINGTON State MA Zip 01887-1945

Insurance Company GOVERNMENT EMPLOYEES INSUVehicle Action Prior to Crash 1Vehicle Travel Direction: N S X W Responding to Emergency? 2Event Sequence 1 23 23 23 23

Citation # (If Issued) _____

Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code 14 25 10 25

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by 99 26 26

Damaged Area Code: 1 27 27 27

Test Status: 2 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 1 31 Susp. Drug: 1 32

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	1	3	0	0	10	1	

Please Select One
of the Following:☒ Vehicle 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____

Sex F Lic. Class D Lic. Restrictions 1 CDL _____

Operator RYAN, ELANA ANNA

Reg # 121Z60 Reg Type PC Reg State MA

Veh Year 2020 Veh Make Infinity Veh Config. 1

Owner RYAN, ELANA ANNA

Address 17 STOCKTON RD

City PEABODY State MA Zip 01960-3450

Address 17 STOCKTON RD

City PEABODY State MA Zip 01960-3450

Insurance Company ARBELLA MUTUAL INSURANCEVehicle Action Prior to Crash 2Vehicle Travel Direction: N S X W Responding to Emergency? 2Event Sequence 1 23 23 23 23

Citation # (If Issued) _____

Most Harmful Event 1 24

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Driver Contributing Code 1 25 25

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

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/Occupants	See Above			1	1	4	0	0	10	1	

→ = 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

Crash Narrative:

On Thursday, September 25, 2025, I, Officer Parsons #236, responded to the intersection of Concord St. and Woburn St. for report of a two-car motor vehicle accident. Upon my arrival, I ensured there were no injuries then began collecting statements from both operators.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GALLAGHER KAYLEE ROSE	12207 INWOOD DR WOBURN MA 01801-5174		

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 Dale H Parsons

236

Wilmington Police Department

09/25/2025

Police Officer Name (Please Print)

Signature

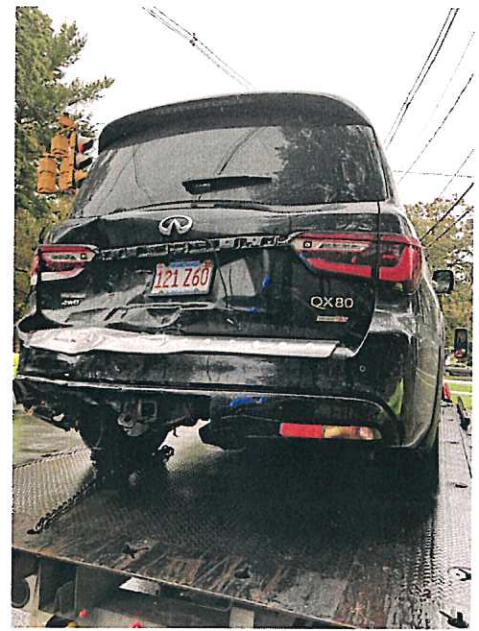
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-270-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/26/2025	Time of Crash 1216 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		261 BALLARDVALE ST					
At			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					
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# 25-272-AC	
License # St. DOB/Age			Reg # P294064		Reg Type AP		Reg State LA			
Sex M Lic. Class A M Lic. Restrictions 20 CDL Endorsement			Veh Year 2026		Veh Make VOLVO		Veh Config. 10			
Operator MURPHY, BURT ATTRIDGE			Owner SAIA MOTOR FREIGHT LINE, LLC							
Address 182 CENTRAL ST APT 6			Address 2 SAIA MOTOR FREIGHT LINE #							
City STONEHAM State MA Zip 02180-4107			City HOUMA State LA Zip 70363							
Insurance Company LIBERTY MUTUAL INS			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 4 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		Medical Facility	
Operator			See Above		1		1		4	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 4958955		Reg Type PC		Reg State NH			
Sex F Lic. Class D M Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make Jeep		Veh Config. 1			
Operator PROVENCAL, KIMBERLY ILENE			Owner PROVENCAL, RONALD DAVID							
Address 48 SANDY KNOLL DR			Address 48 SANDY KNOLL DR							
City AUBURN State NH Zip 03032			City AUBURN State NH Zip 030323805							
Insurance Company PLYMOUTH ROCK INS			Vehicle Action Prior to Crash 1		Damaged Area Code: 7		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? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		4	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Ballardvale St.

255-261 Ballardvale Entrance

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 09/26/25 car 2 while travelling straight SB on Ballardvale St. was crashed into by TT unit 1. TT unit 1 was taking a left hand turn from 261 Ballardvale St. onto SB lane of Ballardvale. Car 2 had left side damage and TT unit 1 had front right side damage. Car 2 arranged a private tow from a nearby parking lot. 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 # **P294064** (From Vehicle Section)

Carrier Name **SAIA MOTOR FREIGHT LINE LLC** Bus Use **0** ⁴²

Address **104 WOODLAWN RANCH RD** City **OUT OF STATE** St **LA** Zip **70363**

US DOT #: **29124** State Number _____ Issuing State **LA** MC/MX/ICC #: **29124**

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

Trailer Reg #: **L663432** Reg Type **TR** Reg State **LA** 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

09/26/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																												
Date of Crash 09/26/2025	Time of Crash 1441 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 1	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																																
At																																			
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 Landmark																																
Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-273-AC																							
License # St DOB/Ag			Reg # 1ZNX64 Reg Type PC Reg State MA																																
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21																																
Operator LOUINE, JESSICA			Owner LOUINE, JESSICA																																
Address 7 VIRGINIA RD APT 1			Address 7 VIRGINIA RD APT 1																																
City WILMINGTON State MA Zip 01887-4124			City WILMINGTON State MA Zip 01887-4124																																
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 4 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: 29																													
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																													
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33																													
Viol. 4: Ch/Sec/Sub																																			
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			DOB/Age			Sex			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			99			99			0			0			10			1					
Please Select One of the Following:			☒ Vehicle 22 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.																							
License # St DOB/Ag			Reg # 6C206 Reg Type MC Reg State NH																																
Sex M Lic. Class M 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make YAMAHA Veh Config. 3 21																																
Operator ROCHE, BOAZ NOMAR			Owner ROCHE, BOAZ NOMAR																																
Address 59 LONDON BRIDGE RD			Address 59 LONDON BRIDGE RD																																
City WINDHAM State NH Zip 030871785			City WINDHAM State NH Zip 030871785																																
Insurance Company			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 5 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: 29																													
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30																													
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																													
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33																													
Viol. 4: Ch/Sec/Sub																																			
Please fill out for operator and all occupants involved																																			
Name (Last First Middle)			Address			DOB/Age			Sex			34 Seat Pos.			35 Safety System			36 Airbag Status			37 Eject Code			38 Trap Code			39 Injury Status			40 Transp. Code			Medical Facility		
Operator/Occupants			See Above			X			X			1			5			5			0			0			10			2			Lahey Clinic		
MICHAELA MURPHY			59 LONDON BRIDGE RD WINDHAM, NH 03087			F			4			5			5			0			0			9			2			Lahey Clinic					

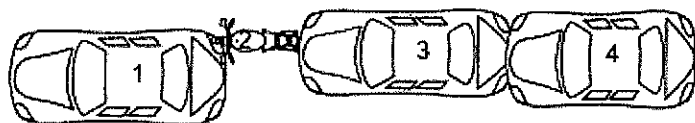
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/26/2025	Time of Crash 1441 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			129 W 232 LOWELL ST							
At			Route# Direction Address # Name of Roadway/Street							
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 Landmark							
Please Select One of the Following:			☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-273-AC	
License #			Reg # 5BBD12		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2009		Veh Make TOYOTA		Veh Config. 1 21			
Operator FERREIRA DA SILVA, PAULO			Owner FERREIRA DA SILVA, PAULO							
Address 58 MALDEN ST APT 1			Address 58 MALDEN ST APT 1							
City MALDEN State MA Zip 02148-6642			City MALDEN State MA Zip 02148-6642							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 5 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 2 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 2 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 41 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			Reg # 3VWV56		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make HONDA		Veh Config. 1 21			
Operator HOOSE, GUY READ			Owner HOOSE, GUY ERIC							
Address 88 ROGERS ST			Address 88 ROGERS ST							
City BILLERICA State MA Zip 01821			City NORTH BILLERICA State MA Zip 01862-1530							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 2 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 20 25 10 25		BAC Test Result: 2 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 1 26 0 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

232 Lowell St. (Driveway)



Lowell 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:

Motor Vehicle 1 (MV1) was stopped in traffic at a red light, traveling westbound on Lowell Street. Motor Vehicle 2 (a motorcycle) was stopped directly behind MV1, and Motor Vehicle 3 was stopped behind the motorcycle. While all three vehicles were stopped, Motor Vehicle 4 (MV4) was traveling westbound on Lowell Street and failed to notice the stopped traffic. MV4 struck MV3 from behind, causing MV3 to collide with the motorcycle (MV2). The impact caused the motorcycle to lose balance, tip onto its side, and slide forward into MV1.

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 Brian Tavares

206

Wilmington Police Department

09/26/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/27/2025Time of Crash
0937
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed 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
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
344 SALEM ST
Feet N S E W of _____ or _____
Mile Marker Exit Number
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# 25-274-AC

License # _____ St _____ DOB/Age _____
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Operator SCANLON, ALYSE MEAGHANAddress 347 SALEM STCity WILMINGTON State MA Zip 01887-1234Insurance Company PLYMOUTH ROCK ASSURANCE CVehicle Travel Direction: N S E X 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 # 942HG4 Reg Type PC Reg State MAVeh Year 2022 Veh Make HONDA Veh Config. 1 21Owner SCANLON, ALYSE MEAGHANAddress 347 SALEM STCity WILMINGTON State MA Zip 01887-1234Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 27Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 1 25 25Driver Distracted by 0 26 26Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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
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Operator

See Above

Please Select One
of the Following:☒ Vehicle 2 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Operator RENZELLA, PAUL BARTHOLMEWAddress 110 WILSON RDCity NAHANT State MA Zip 01908-1038Insurance Company CENTRAL INSURANCE COMPANYVehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # 825PK7 Reg Type PC Reg State MAVeh Year 2026 Veh Make GMC Veh Config. 1 21Owner HILLSIDE MACHINE INCAddress 1302 EASTERN AVECity MALDEN State MA Zip 02148-6110Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 1 27 2 27Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 19 25 25Driver Distracted by 99 26 26Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 1 33

Please fill out for operator and all occupants involved

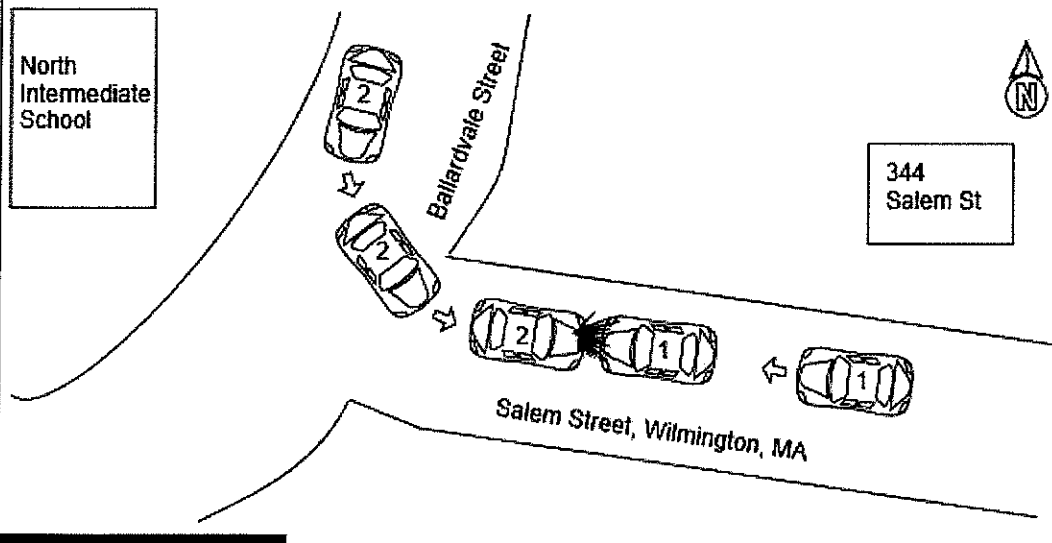
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
--------------------------	---------	---------	-----	--------------------	------------------------	------------------------	---------------------	--------------------	------------------------	-----------------------	------------------

Operator/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:

MV 1 operator stated that she was driving west on Salem Street in the area of :
 approaching the intersection of Salem Street and Ballardvale Street. MV 1 stated
 that MV 2 turned left from Ballardvale Street onto Salem Street and she could tell the
 operator couldn't see her so she started beeping. MV 1 stated MV 2 drove east on the
 westbound side of the road and struck her vehicle head on.
 MV 2 stated that he turned left from Ballardvale St onto Salem Street and did not see MV
 1. MV 2 stated that he hit MV 1 head on.

All involved stated no injuries. Both vehicles towed by
 Forrest Towing to Forrest 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 James R Hill

225

Wilmington Police Department

09/27/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-274-AC

