

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/28/2025

Time of Crash
1657
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
3

Number
Injured
1

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 _____
At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____

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

Route# _____ Direction 260 MAIN ST
Address # _____ Name of Roadway/Street _____

_____ 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☐ MopedCrash Report ID# 25-275-AC

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

Operator LEVERONE, LORENA R
Last First Middle

Address 15 DORCHESTER ST

City WILMINGTON State MA Zip 01887-2278

Insurance Company PREFERRED MUTUAL INSURANC

Vehicle Travel Direction: ☒ 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 # 4PLE92 Reg Type PC Reg State MA

Veh Year 2004 Veh Make CHEVROLET Veh Config. 1 21

Owner LEVERONE, JOHN ANTHONY
Last First Middle

Address 15 DORCHESTER ST

City WILMINGTON State MA Zip 01887-2278

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 7 26 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 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
<u>Operator</u>	<u>See Above</u>	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

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

Operator SHAMBERGER, DANIELLE NICOLE
Last First Middle

Address 90 SHAWSHEEN RD

City BILLERICA State MA Zip 01821-5702

Insurance Company GARRISON PROPERTY & CASUA

Vehicle Travel Direction: ☒ 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 # 3DRL23 Reg Type PC Reg State MA

Veh Year 2023 Veh Make MITSUBISHI Veh Config. 1 21

Owner SHAMBERGER, DANIELLE NICOLE
Last First Middle

Address 90 SHAWSHEEN RD

City BILLERICA State MA Zip 01821-5702

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 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
<u>Operator/Occupants</u>	<u>See Above</u>	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>0</u>	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 09/28/2025 Time of Crash 1657 24HR City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 3 Number Injured 1 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
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
260 MAIN 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 3 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-275-AC

License # _____ St _____ DOB/Agc _____
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator WOODMAN, MORGAN T
Address 21 INDIAN RD
City TEWKSBURY State MA Zip 01876-4823
Insurance Company THE COMMERCE INSURANCE CO

Reg # 6ZS932 Reg Type PC Reg State MA
Veh Year 2012 Veh Make MITSUBISHI Veh Config 1 21
Owner WOODMAN, WANDA M
Address 21 INDIAN RD
City TEWKSBURY State MA Zip 01876-4823

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2

Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 5 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 1 33

Citation # (If Issued) _____

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

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

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Agc _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config 21
Owner _____
Address _____
City _____ State _____ Zip _____

Vehicle Travel Direction: ☐ N ☐ S ☐ E ☐ W Responding to Emergency? _____

Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 Susp. Drug: 32
Towed from scene? 33

Citation # (If Issued) _____

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

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

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Agc	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:

260 Main Street

Traffic



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 in the area of 260 Main Street. vehicles 2 and 3 were stopped in traffic due to a red light further up the road. The operator of vehicle 1 stated that they were not paying attention while they were driving and did not noticed the traffic in front of her. Vehicle did not even have time to apply the brakes before striking the read of vehicle 2. Vehicle was pushed foward from the crash and collided with the rear of Vehicle 3. Vehicles 1 and 2 suffered airbag deployment

All vehicles were towed from the scene by A&S.

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

222

Wilmington Police Department

09/28/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/29/2025

Time of Crash
1409
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

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

222 ANDOVER ST

Feet N S E W of 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# 25-276-AC

License # S. DOB/Age

Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator MARQUIS, SCOTT ARTHUR

Address 39 ERNEST AVE APT 104

City EXETER State NH Zip 03833

Insurance Company AMICA

Reg # 4623250 Reg Type PC Reg State NH

Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21

Owner MARQUIS, SCOTT ARTHUR

Address 39 ERNEST AVE APT 104

City EXETER State NH Zip 03833

Vehicle Travel Direction: N 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

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 3 27 0 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St. DOB/Age

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator PESCE, JOHN

Address 317 E FOSTER ST

City MELROSE State MA Zip 02176-4111

Insurance Company UNITED SERVICES AUTOMOBIL

Reg # VB4639 Reg Type PC Reg State MA

Veh Year 2005 Veh Make TOYOTA Veh Config. 1 21

Owner PESCE, JOHN

Address 317 E FOSTER ST

City MELROSE State MA Zip 02176-4111

Vehicle Travel Direction: N 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

Vehicle Action Prior to Crash 3 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 3 25 4 25

Driver Distracted by 99 26 26

Damaged Area Code: 8 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

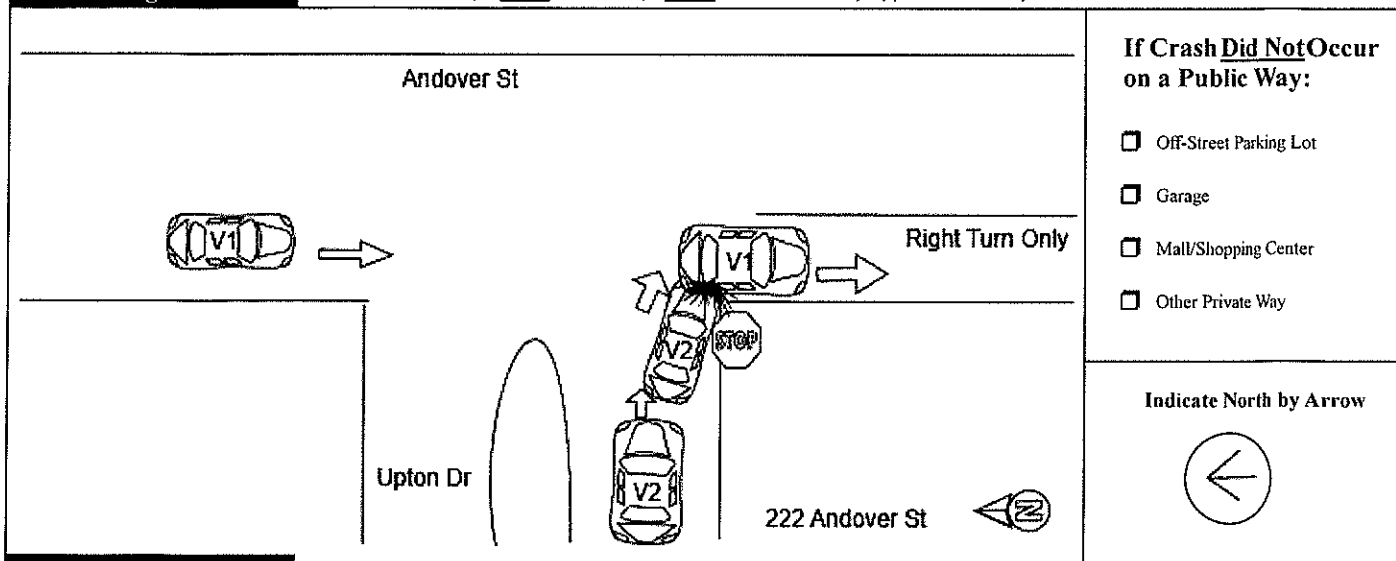
Please fill out for operator and all occupants involved

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 was traveling south on Andover St in the right turn only lane. V2 was turning right from Upton Dr onto Andover St. As V1 passed the intersection of Upton Dr V2 struck V1, and damaged the right rear door and rear right tire. V2 operator stated they came to a stop and when to turn right, and they believed they had enough room to go because V1 was in the left lane. V2 operator says V1 operator went around his vehicle to get into the right turn only lane and that is when the accident occurred. V2 sustained front left damage. V1 operator stated they were traveling straight ahead in the right turn only lane of Andover St when they were struck by V2. Medical attention was declined by both parties and both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

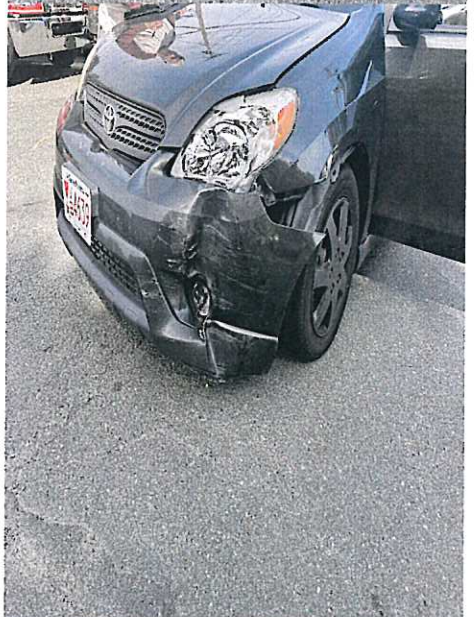
Department

Precinct/Barracks

09/29/2025

Date

Wilmington Police Department
Images Associated with 25-276-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/29/2025	Time of Crash 1454 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	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 At			Route# Direction Address # Name of Roadway/Street 175 MIDDLESEX AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet ☒ 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# 25-277-AC	
License # St DOB/Ag			Reg # 2YCS42		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make LINCOLN		Veh Config. 1			
Operator AYO, FRANCISCA			Owner AYO, FRANCISCA							
Address 6 SABRINA CT			Address 6 SABRINA CT							
City METHUEN State MA Zip 01844-2337			City METHUEN State MA Zip 01844-2337							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 12 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 12 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 7 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Ag		Sex		34 Seat Pos.		35 Safety System	
Operator			See Above		☒		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/Ag			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)			DOB/Ag		Sex		34 Seat Pos.		35 Safety System	
Operator/Occupants			See Above		☒		1			

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

Vulnerable User		Type 9 VU1		Action 1 VU2		Location 2 VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device 0 VU4 Origin/Destination 1 VU5 Contact Point: 03 VU6				Primary Injury Area: 4 VU7 Event Sequence 19 VU8 13 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	8	6	3	0	8	0

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							

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							

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

Crash Diagram:

Chruch St Bike 1 V1 Library exit Middlesex Ave N	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:

September 29, 2025, at approximately 2:54 PM, Vehicle 1 was attempting to exit the Wilmington Public Library. Due to congested traffic, V1 was inching forward. V1 was then waved out by one of the witnesses to help her exit the parking lot of the library. At this time Bike 1 was driving their electric bicycle on the sidewalk traveling eastbound and drove in front of the V1. Bike 1 then collided with V1's front left bumper and flipped forward. Bike 1 sustained minor injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SAROFEEEN JOSEPH JOHN	77 HAYSTACK RD READING MA 01867-3915		
SALAMONE CHRISTOPHER D	43 POMFRET RD TEWKSBURY MA 01876-2425		

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 239 Wilmington Police Department 09/29/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-277-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
09/30/2025

Time of Crash
1728
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:

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 # 496 Name of Roadway/Street MAIN 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# **25-278-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____

Operator WILLIAMS, JANET KISITU

Address 19 FAIRVIEW RD FRNT

City WOBURN State MA Zip 01801-2522

Insurance Company SAFETY INSURANCE COMPANY

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 _____

Reg # 3VNR74 Reg Type PC Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1 21

Owner WILLIAMS, JANET KISITU

Address 19 FAIRVIEW RD FRNT

City WOBURN State MA Zip 01801-2522

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 7 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ S: _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____

Operator SALMON, JOHN THOMAS

Address 21 STONE ST

City WILMINGTON State MA Zip 01887-2315

Insurance Company LIBERTY MUTUAL INSURANCE

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 _____

Reg # 734YWL Reg Type PC Reg State MA

Veh Year 2025 Veh Make NISSAN Veh Config. 1 21

Owner SALMON, JOHN THOMAS

Address 21 STONE ST

City WILMINGTON State MA Zip 01887-2315

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 3 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

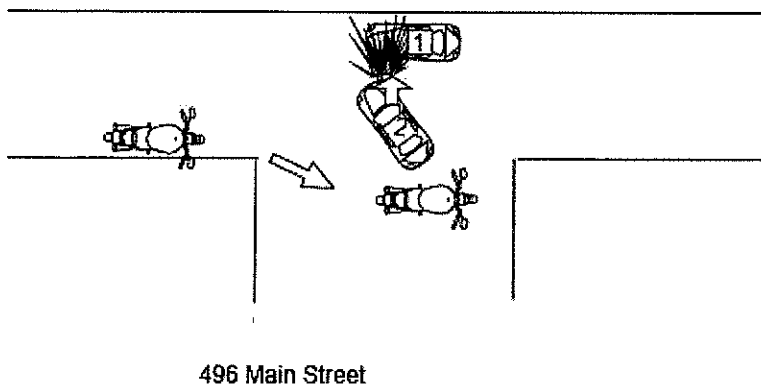
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/30/2025	Time of Crash 1728 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	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							
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 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-278-AC	
License # St DOB/Age			Reg # 3D9987		Reg Type MC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2005		Veh Make YAMAHA		Veh Config. 3			
Operator GHANNAM, TYLER JORDAN			Owner GHANNAM, TYLER JORDAN							
Address 310 BROWN ST			Address 310 BROWN ST							
City TEWKSBURY State MA Zip 01876-4145			City TEWKSBURY State MA Zip 01876-4145							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 3		Damaged Area Code: 97 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 51 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 51 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 2 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 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					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							

→ = 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:

While traveling South on Main street, motor vehicle 1 was struck by motor vehicle 2, who was taking a left out of 496 Main Street in Wilmington (public way). Motor vehicle 1 had minor damage to the front left side and motor vehicle 2 had minor damage to the front right side (see images). Motor vehicle 1 and 2 had negative airbag deployment. To avoid the crash, motorcycle 1 was traveling north on Main street and slid off to the side of the road, causing minor damage to the peg stand (see images).

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 Zachary A Leighton 227 Wilmington Police Department 09/30/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-278-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/01/2025

Time of Crash
1007
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

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

62 E 112 BURLINGTON AVE

Route# Direction Address # Name of Roadway/Street

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 SAFFORD ST

Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-279-AC

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator WILSON, MARK DAVID

Address 23 BURLINGTON RD

City BEDFORD State MA Zip 01730-1307

Insurance Company THE HANOVER INSURANCE COM

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 # 8MC658 Reg Type PC Reg State MA

Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21

Owner WILSON, MARK DAVID

Address 23 BURLINGTON RD

City BEDFORD State MA Zip 01730-1307

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 8 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 9 25 25 BAC Test Result: 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	See Above	X	X	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

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator MILES, RICHARD WARREN

Address 9 CASTLE DR

City WILMINGTON State MA Zip 01887-3188

Insurance Company GREEN MOUNTAIN INSURANCE

Vehicle 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 # 5JVN98 Reg Type PC Reg State MA

Veh Year 2024 Veh Make HONDA Veh Config. 2 21

Owner MILES, RICHARD WARREN

Address 9 CASTLE DR

City WILMINGTON State MA Zip 01887-3188

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

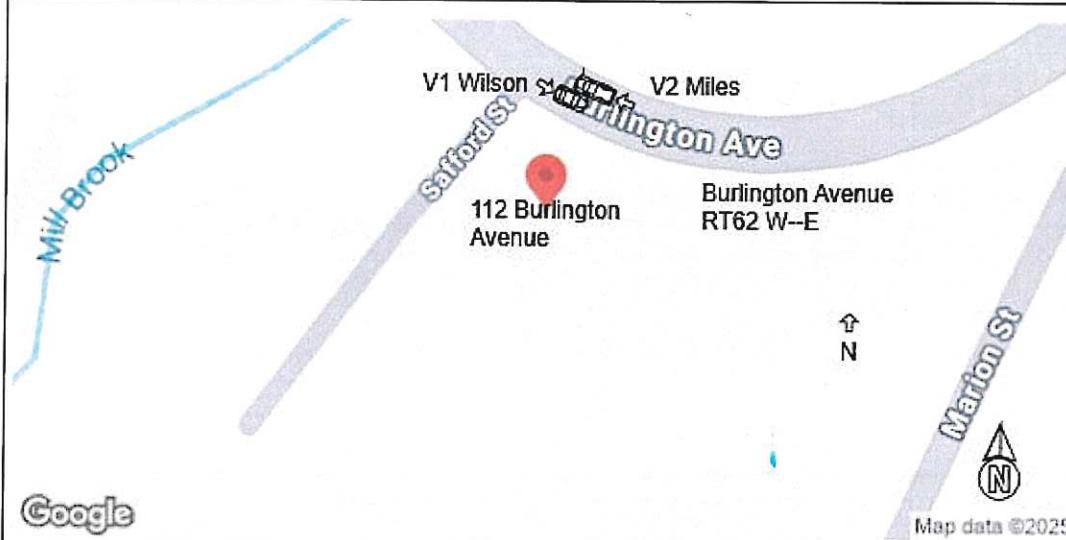
Please fill out for operator and all occupants involved

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	X	X	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:

V1 (Wilson) was traveling RT62E. V2 Traveling RT62W. V1 Opr Wilson admitted entering curve too sharply and encroaching into RT62 west bound lane near 122 Burlington Avenue & Safford Street. As a result V1 (Wilson) collided in an opposite sideswipe collision with V2 (Miles). No injuries observed or reported. V1 (Wilson) was damaged to left side wheel, fender, mirror, and along left side. V2 (Miles) was damaged all along left hand side as well with scratch(s), scuff(s) & dents. V1 opr Wilson's failure to stay within the marked east bound lane and encroachment to south bound lane most probable cause in crash. V1 (pulled off road) notified AAA for tow.

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 Richard DiPerri

Police Officer Name (Please Print)

Signature

173

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/01/2025

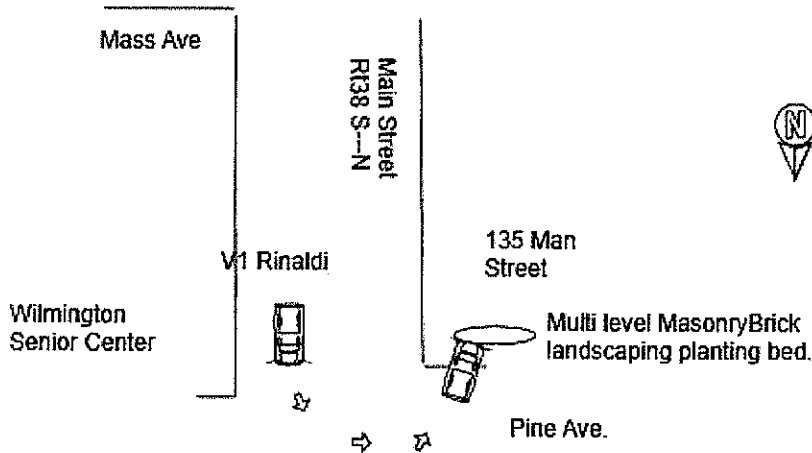
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/02/2025	Time of Crash 1535 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	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 At			Route# Direction Address # Name of Roadway/Street 38 S 135 MAIN ST							
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 PINE STREET Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-280-AC							
License # DOB/Age Sex M Lic. Class B M Lic. Restrictions M 20 CDL Endorsement			Reg # 4CHV19 Reg Type PC Reg State MA							
Operator RINALDI, ALEXANDER M Last First Middle			Veh Year 2015 Veh Make LINCOLN Veh Config. 2							
Address 50 PRESERVATION LN			Owner RINALDI, ALEXANDER M Last First Middle							
City TEWKSBURY State MA Zip 01876-4738			Address 50 PRESERVATION LN City TEWKSBURY State MA Zip 01876-4738							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 97 22							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 40 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 35 24							
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Contributing Code 10 25 25							
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Driver Distracted by 7 26 26							
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 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class B M Lic. Restrictions M 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							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub			Driver Distracted by 26 26							
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							

→ = 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:

Single Vehicle crash. V1 (Rinaldi) traveling RT38N. Opr. Rinaldi explained he was cut off by an elderly operator of vehicle exiting Mass Ave making a left turn on Main Street. No contact occurred. Opr. Rinaldi stated he was upset & wanted to get the offending vehicle's license plate. He then continued a short distance RT38N & attempted rapid U-Turn at the beginning of Pine Ave to locate this vehicle traveling RT38S. While attempting this risky maneuver, he over-rode the side lawn located at 135 Main Street (corner of Pine Ave) striking a multi-level masonry brick landscaping wall/planting bed. Several bricks were dislodged/knocked out & loam planting bed was pushed up. Tenant of 135 Main located license plate at wall & police were notified. V1 continued on to look for the vehicle that cut him off, & then returned to the scene prior to my arrival. Property Owner was also on scene, advised of report, and instructed to get estimate for the wall/bed repair.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MACKENZIE LISA M	6 POND ST WILMINGTON MA 01887-3753		97	BRICK LANDSCAPING WALL/PLANT BED

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 10/02/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date