

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/19/2025	Time of Crash 2153 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 20	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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-304-AC	
License #			DOB/Age		Reg # 29DH58		Reg Type PC		Reg State MA	
Sex M Lic. Class D			Lic. Restrictions 1		Veh Year 2016		Veh Make Jeep		Veh Config. 2	
Operator OBRIEN, LIAM PATRICK					Owner OBRIEN, LIAM PATRICK					
Address 1037 MAIN ST APT 1					Address 1037 MAIN ST APT 1					
City WOBURN State MA Zip 01801-1313					City WOBURN State MA Zip 01801-1313					
Insurance Company MAIN STREET AMERICA PROTE					Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X 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			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 99 26 26		Susp. Alcohol: 1 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		99		Lahey Clinic	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License			DOB/Age		Reg # 5487306		Reg Type PC		Reg State NH	
Sex F Lic. Class D			Lic. Restrictions 20		Veh Year 2014		Veh Make FORD		Veh Config. 1	
Operator HEMEON, ZOXY FRANCES					Owner HEMEON, ZOXY FRANCES					
Address 49 WEBSTER AVE					Address 49 WEBSTER AVE					
City PELHAM State NH Zip 030762841					City PELHAM State NH Zip 030762841					
Insurance Company					Vehicle Action Prior to Crash 4		Damaged Area Code: 7 27 8 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: 2 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 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		99		Lahey Clinic	

→ = 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:

MV1 WAS TRAVELING SOUTH ON CHESTNUT ST. MV2 WAS TRAVELING EAST ON MILL RD, TURNING ON TO CHESTNUT ST, HEADING NORTH. THE FRONT OF MV1 COLLIDED WITH THE LEFT SIDE OF MV2. MV1 SUSTAINED DAMAGE TO THE FRONT END, AND WAS INOPERABLE. MV2 SUSTAINED DAMAGE TO THE LEFT SIDE, AND WAS INOPERABLE. AIRBAGS DEPLOYED IN BOTH VEHICLES. BOTH VEHICLES TOWED BY CAINS.

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

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/19/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/21/2025	Time of Crash 2057 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					2 10		
At			Feet N S E W of . or Mile Marker Exit Number					5 11		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-305-AC							
License #. St. DOB/Age. Reg # 1AF77X Reg Type AP Reg State MA			Veh Year 2025 Veh Make Wester Star Veh Config. 10 21					1 12		
Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL N Endorsement			Owner EPIC ENTERPRISES INC							
Operator PHILBRICK, JESSE O			Address 11 COPELAND DR							
Address 71 GIBBS AVE			City AYER State MA Zip 01432-1790							
City NEW IPSWICH State NH Zip 03071			Vehicle Action Prior to Crash 2 22					Damaged Area Code: 8 27 27 27		
Insurance Company NATIONAL UNION FIRE IN CO			Event Sequence 1 23 23 23 23					Test Status: 1 28		
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Most Harmful Event 1 24					Type of Test: 0 29		
Citation # (If Issued)			Driver Contributing Code 1 25 25					BAC Test Result: 1 30		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32					1 13		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26					Towed from scene? 2 33		
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☐ Vehicle 21 #Occupants ☒ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License #. St. DOB/Age. Reg # unknown Reg Type Reg State			Veh Year Veh Make Veh Config. 21							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Owner							
Operator unknown			Address							
Address			City State Zip					1 14		
City State Zip			Vehicle Action Prior to Crash 22					Damaged Area Code: 27 27 27		
Insurance Company			Event Sequence 23 23 23 23					Test Status: 28		
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24					Type of Test: 29		
Citation # (If Issued)			Driver Contributing Code 25 25					BAC Test Result: 30		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 31 Susp. Drug: 32							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26					Towed from scene? 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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	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:

On Tuesday, October 21, 2025, I, Officer Parsons #236, responded to the area of Eames St. at Woburn St. for report of a hit and run motor vehicle accident. I first spoke to the operator of MA 1AF77X. OP#1 told me that a dark colored pickup truck had taken an extremely wide turn onto Eames St. from Woburn St. OP#1 said that as he approached the stop sign, he could see that the truck was attempting to correct the turn, but was traveling at such a high rate of speed, that he felt it necessary to apply his breaks fully, and move as far right as he could. OP#1's passenger side tires were on the grass, off the road. OP#1 said that even with his emergency breaking, and moving over, the truck side swiped his vehicle, and never stopped after the accident. OP#1's vehicle had minor damage to the front driver's side but was operable. No injuries were reported. I and Ofc. Fitzgerald searched the area but were unable to locate and identify the other mv at this

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 # 1AF77X (From Vehicle Section)

Carrier Name Epic Enterprise Inc Bus Use 0 ⁴²

Address 11 COPELAND DR City AYER St MA Zip 01432

US DOT #: 00042910 State Number _____ Issuing State _____ MC/MX/ICC #: 246418

Interstate 1 ⁴³ Cargo Body Type Code 6 ⁴⁴ GVWR/GCWR 3 ⁴⁵

Trailer Reg #: 088187T Reg Type TL Reg State TN Reg Year 2021 Trailer Length 3 ⁴⁶

Hazmat Information:

Placard 2 ⁴⁷ Material 1 digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code 3 ⁴⁹

Patrol Officer Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/21/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/22/2025	Time of Crash 0824 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet ☒ S ☐ E ☐ W of Mile Marker Exit Number					8 11		
Route# Direction Name of Intersecting Roadway/Street			Feet ☐ N ☐ S ☐ E ☐ W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet ☐ N ☐ S ☐ E ☐ W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-306-AC	
License # St. DOB/Age			Reg # 514MF6		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2009		Veh Make HONDA		Veh Config. 1 21		1 13	
Operator LOCKHART, TONIKA D			Owner LOCKHART, TONIKA D							
Address 65 LIVINGSTONE AVE APT 2			Address 65 LIVINGSTONE AVE APT 2							
City BEVERLY State MA Zip 01915-4060			City BEVERLY State MA Zip 01915-4060							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 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: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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			See Above		1		1		4 0 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 # 8ZA596		Reg Type PC		Reg State MA		1 14	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012		Veh Make VOLKSWAGEN		Veh Config. 1 21			
Operator PELLETIER, MICHAEL JOSEPH			Owner PELLETIER, MICHAEL JOSEPH							
Address 522 SHAWSHEEN AVE			Address 522 SHAWSHEEN AVE							
City WILMINGTON State MA Zip 01887-1640			City WILMINGTON State MA Zip 01887-1640							
Insurance Company AMERICAN FAMILY CONNECT P			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: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 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/Occupants			See Above		1		1		4 0 0 10 0	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell St Parker 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
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Crash Narrative:

On October 22, 2025, I was dispatched to Lowell St and Parker St for a motor vehicle crash. Vehicle 1 was traveling west on Lowell St. Vehicle 2 was stopped on Parker St. at the stop sign. The operator of Vehicle 2 stated that Vehicle 1 had its blinker on, so he started to pull out onto Parker St. Vehicle 1 continued straight on Lowell St. Vehicle 2 failed to yield to oncoming traffic and hit Vehicle 1. Vehicle 1 sustained damage on the back-passenger side. Vehicle 2 sustained damage to its front bumper.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

239

Wilmington Police Department

10/22/2025

Police Officer Name (Please Print)

Signature

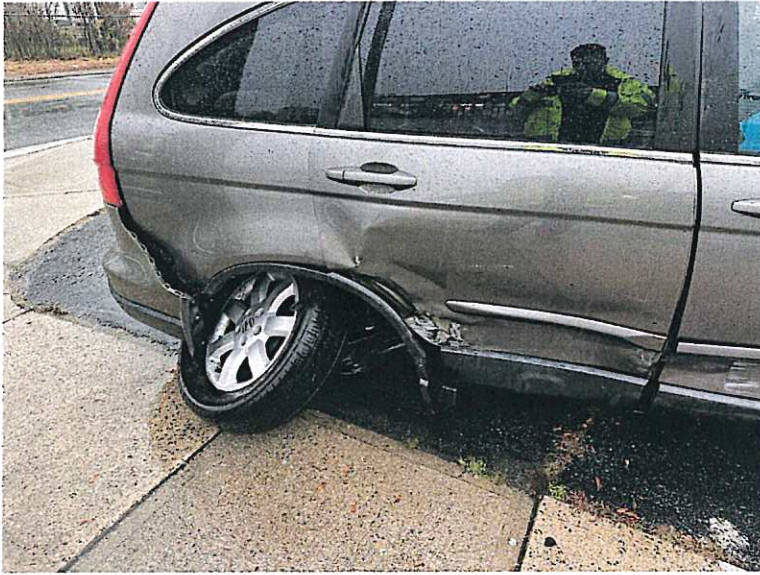
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-306-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/22/2025	Time of Crash 1509 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction LAKE ST At GROVE AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street ____ Feet N S E W of _____ or _____ Mile Marker Exit Number 3 ____ Feet N S E W of _____ Route# Intersecting Roadway/Street ____ Feet N S E W of _____ Landmark					10 11		
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-307-AC							
4 License # _____ St _____ DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator DOUCETTE, JANICE LYNNE Address 28 BURNAP ST City WILMINGTON State MA Zip 01887-3712 Insurance Company THE COMMERCE INSURANCE CO 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 _____			1 Reg # 4RPS32 Reg Type PC Reg State MA Veh Year 2020 Veh Make CHEVROLET Veh Config. 2 Owner DOUCETTE, JANICE LYNNE Address 28 BURNAP ST City WILMINGTON State MA Zip 01887-3712 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: 6 27 27 27 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33					12 13		
6 Please fill out for operator and all occupants involved										
Operator			See Above		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			
7 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
8 License # _____ S _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator VECCHIONE, JOSEPH ALLAN Address 52 BALDWIN RD City BILLERICA State MA Zip 01821-3162 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			1 Reg # 5EYZ43 Reg Type PC Reg State MA Veh Year 2015 Veh Make CHEVROLET Veh Config. 2 Owner VECCHIONE, JAMES ANTHONY Address 52 BALDWIN RD City BILLERICA State MA Zip 01821-3162 Vehicle Action Prior to Crash 3 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 19 25 6 25 Driver Distracted by 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 29 Type of Test: 1 30 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					14		
9 Please fill out for operator and all occupants involved										
Operator/Occupants			See Above		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			

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

Crash Diagram:

Towards Tewksbury

Lake St

Towards Billerica

Grove Ave

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 10/22/25, I responded to a two vehicle crash near Railroad Terrace. Upon arrival, I spoke with both involved. The crash had occurred at the intersection of Lake St and Grove Ave. It was reported that Veh 1 was stopped at the stop sign on Grove Ave. Veh 2 was traveling on Lake St from the direction of Shawsheen Ave and Billerica towards Tewksbury. Veh 2 attempted to turn right onto Grove Ave but when Veh 2 made the turn, it struck Veh 1. Veh 1 operator reported Veh 2 took the turn too fast. Veh 2 Operator did not disagree. It is clear Veh 2 took the turn too wide. There were no injuries or airbag deployment. Veh 1 suffered damage to rear drivers side door, rear quarter panel, rear drivers side tire. Veh 2 suffered damage to drivers side front quarter panel and front bumper. Veh 1 required tow by AAA due to tire damage.

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

Sergeant Daniel P Furbush 196 Wilmington Police Department 10/22/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-307-AC



Wilmington Police Department
Images Associated with 25-307-AC



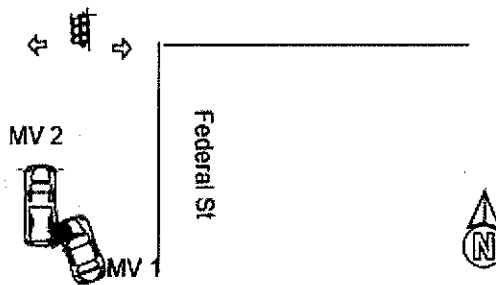
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/23/2025	Time of Crash 1050 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>1</u> Direction _____ Address # _____ Name of Roadway/Street <u>FEDERAL ST</u> _____ Feet <u>N S E W</u> of _____ • _____ or _____ _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-308-AC</u>							
License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>C</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>PUTNAM, BARBARA H</u> Last First Middle Address <u>112 ANNA ROBERT CIR</u> City <u>WELLS</u> State <u>ME</u> Zip <u>04090</u> Insurance Company <u>OXFORD INS COMPANY</u> Vehicle Travel Direction: ☒ <u>S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>313FDW</u> Reg Type <u>PC</u> Reg State <u>ME</u> Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>PUTNAM, BARBARA H</u> Last First Middle Address <u>112 ANNA ROBERT CIR</u> City <u>WELLS</u> State <u>ME</u> Zip <u>04090</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>6</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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										
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>GETTLER, EDWARD A</u> Last First Middle Address <u>17 TOWPATH DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3917</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: ☒ <u>S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>492G</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1997</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>CRYSTAL CAR CARE</u> Last First Middle Address <u>140 HIGH ST</u> City <u>WALTHAM</u> State <u>MA</u> Zip <u>02453-5902</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Middlesex Ave



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 operator of MV 1 stated she was traveling Northbound on Federal St and realized she was going the wrong way and needed to turn around. While approaching the intersection of Federal St and Middlesex Ave, the operator attempted to turn left into a driveway on the other side of the road and was hit by a white work van who started to pass her on her left. It should be noted, that the lane splits on the Northbound side of the road into a left hand turn and right hand turn only. The operator of MV 1 was not injured and the vehicle was in drivable condition. The operator of MV 2 stated that there was a white Camry in front of him jerking the wheel from right to left. He stated that MV 1 was in the far-right lane and he began to pass in the left-hand lane. The operator of MV 2 stated that the white Camry failed to used its turn signal and struck his right rear hubcap as he passed MV 1. The operator of MV 2 was not injured and the vehicle was in operable

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 Robert M DeGregorio III

223

Wilmington Police Department

10/23/2025

Police Officer Name (Please Print)

Signature

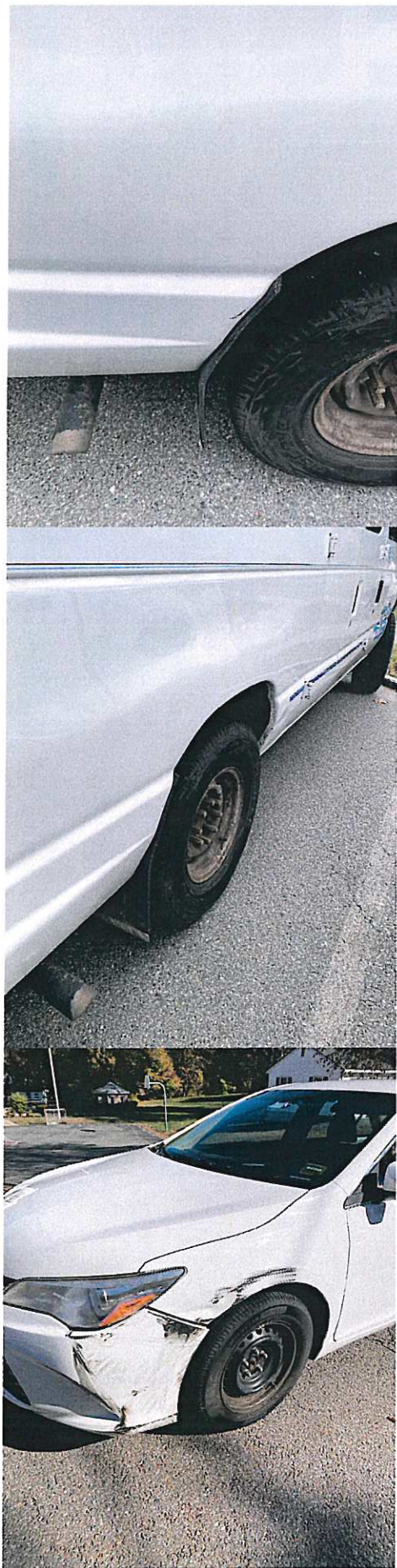
ID/Badge #

Department

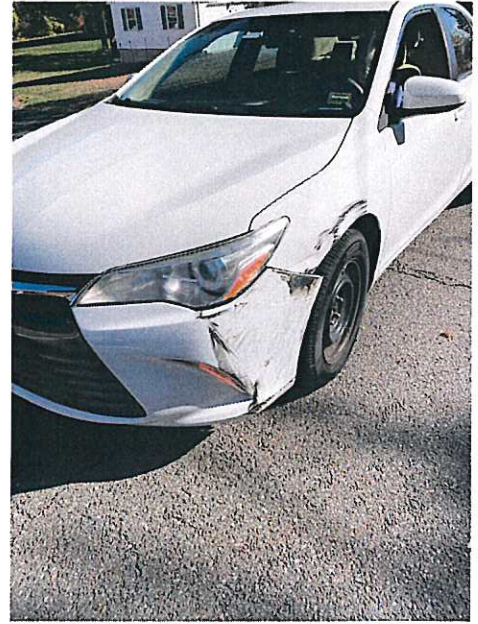
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-308-AC



Wilmington Police Department
Images Associated with 25-308-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/25/2025	Time of Crash 1055 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5	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							
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 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-309-AC							
License # St DOB/Age			Reg # PPONY Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022 Veh Make FORD Veh Config. 1 21							
Operator BREADMORE, NANCY LOUISE			Owner BREADMORE, NANCY LOUISE							
Address 415 RIVERSIDE DR			Address 415 RIVERSIDE DR							
City LAWRENCE State MA Zip 01841-4930			City LAWRENCE State MA Zip 01841-4930							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11 22							
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 2 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			DOB/Age Sex							
Operator See Above			DOB/Age Sex							
			DOB/Age Sex							
			DOB/Age Sex							
			DOB/Age Sex							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age			Reg # 5KTB34 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2025 Veh Make TOYOTA Veh Config. 1 21							
Operator BERNABE, BARBARA ANN			Owner BERNABE, BARBARA ANN							
Address 235 REVERE ST APT 704			Address 235 REVERE ST APT 704							
City REVERE State MA Zip 02151-4664			City REVERE State MA Zip 02151-4664							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 11 22							
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2			Event Sequence 51 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 2 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							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			DOB/Age Sex							
Operator/Occupants See Above			DOB/Age Sex							
			DOB/Age Sex							
			DOB/Age Sex							
			DOB/Age Sex							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

99 Fordham Rd Parking Lot

If Crash Did Not Occur on a Public Way:

☒ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N
↓

Crash Narrative:

The operator of MV 1 stated that they parked there Ford Mustang in a spot behind MV 2.

When she pulled straight into the spot and parked, she forgot to engage her parking break.

Later, the operator of MV 1 stated she found her vehicle had rolled forward into a parked vehicle. MV 1 sustained right rear damage. MV 1 was in drivable condition.

There were no occupants in MV 1 or MV 2. MV 2 sustained left front damage. MV 2 was 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 # _____ (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

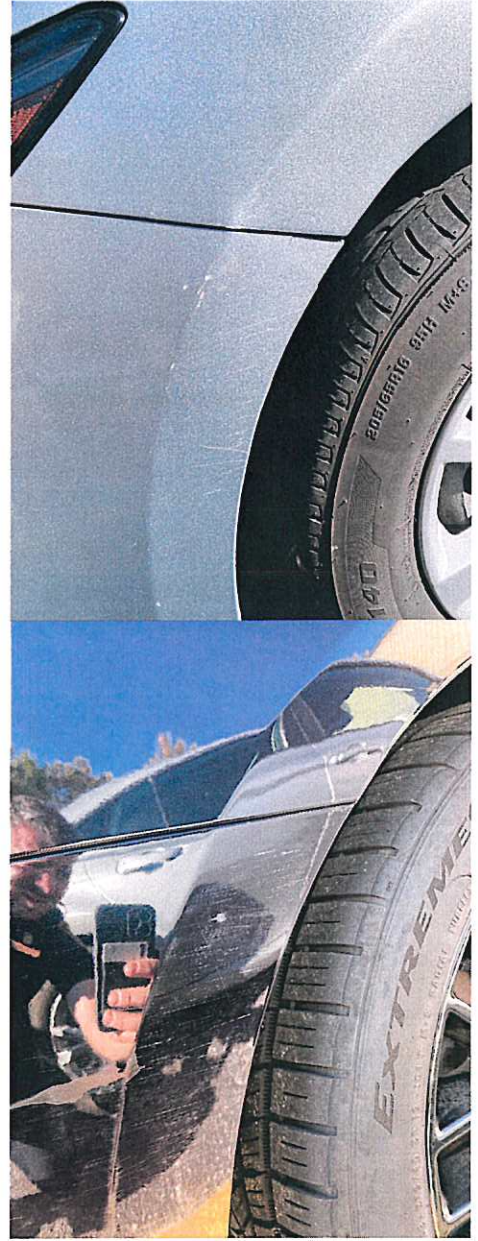
Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 10/25/2025

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

Wilmington Police Department
Images Associated with 25-309-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/25/2025	Time of Crash 1454 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street 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# 25-310-AC							
License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator FERRANTI, LISA A Address 2 POWDERHOUSE CIR City WILMINGTON State MA Zip 01887-2741 Insurance Company THE HANOVER INSURANCE COM 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			Reg # 346PB5 Reg Type PC Reg State MA Veh Year 2015 Veh Make SUBARU Veh Config. 2 21 Owner FERRANTI, LISA A Address 2 POWDERHOUSE CIR City WILMINGTON State MA Zip 01887-2741 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: 8 27 7 27 27 Test Status: 1 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			Please fill out for operator and all occupants involved							
Operator			Operator							
See Above			See Above							
Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 1SFV33 Reg Type PC Reg State MA Veh Year 2017 Veh Make MAZDA Veh Config. 2 21 Owner BANKS, PATRICIA ANN Address 1 BANCROFT ST City WILMINGTON State MA Zip 01887-2507 Insurance Company ARBELLA MUTUAL INSURANCE 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							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Operator/Occupants			Operator/Occupants							
See Above			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:

MV1 (MA-346PB5) was attempting left hand turn from Drury Lane onto Glen Road. MV2 (MA-1SFV33) was traveling straight on Glen Road and approaching from the left. Collision occurred when MV1 attempted left turn in front of MV2. MV1 OPR was not injured. MV1 damaged on left front end & fender with flattened F.L. tire. MV2 OPR stated she did not have seat belt on pre-collision.

MV2 damaged on front center/left end. Both vehicles towed by Cain's Towing. MV1 attempting left turn/fail to grant ROW most probable cause of crash.

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

173

Wilmington Police Department

10/25/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/25/2025	Time of Crash 1618 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 945 MAIN ST					2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number					3 11		
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# 25-311-AC							
License # St. DOB/Age			Reg # 4BDL97 Reg Type PC Reg State MA					1 12		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020 Veh Make NISSAN Veh Config. 2 21							
Operator TERPKO, PAUL CHARLES Last First Middle			Owner TERPKO, BRIGID KATHLEEN Last First Middle							
Address 485 PROSPECT ST			Address 485 PROSPECT ST							
City METHUEN State MA Zip 01844-7511			City METHUEN State MA Zip 01844-7511							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 22					Damaged Area Code: 3 27 27 27		
Vehicle Travel Direction: ☒ 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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			Towed from scene? 2 33					1 13		
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 2ZFD76 Reg Type PC Reg State MA							
License # St. DOB/Age			Veh Year 2016 Veh Make TOYOTA Veh Config. 1 21							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Owner RODRIGUEZ-NOA, INIESKY RODRIGUE Last First Middle							
Operator MENA TRUJILLO, DANAY Last First Middle			Address 719 MAIN ST APT 1							
Address 719 MAIN APT 1			City WOBURN State MA Zip 01801-2309					1 14		
City WOBURN State MA Zip 01801			Vehicle Action Prior to Crash 1 22					Damaged Area Code: 2 27 1 27 27		
Insurance Company PROGRESSIVE DIRECT INSURA			Event Sequence 1 23 23 23 23					Test Status: 1 28		
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2			Most Harmful Event 1 24					Type of Test: 29		
Citation # (If Issued)			Driver Contributing Code 1 25 25					BAC Test Result: 30		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26					Susp. Alcohol: 2 31 Susp. Drug: 2 32		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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 99 3 0 0 8 2 Lahey Clinic							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Gas pump Gas pump

Jimmys Garage

945 Main St

Main St

1

2

1

2

North Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

North Arrow

Crash Narrative:

MV1 WAS TRAVELING NORTH ON MAIN ST/RT 38. MV2 WAS TRAVELING SOUTH ON MAIN ST/RT 38. MV1 TOOK A LEFT TURN INTO JIMMYS GARAGE PARKING LOT. THE FRONT OF MV1 STRUCK THE RIGHT SIDE OF MV2. AIRBAGS DEPLOYED IN MV2.

MV2 WAS TOWED BY CAINS TOWING. MV1 WAS NOT TOWED, AND DID NOT HAVE AIRBAGS DEPLOYED.

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

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

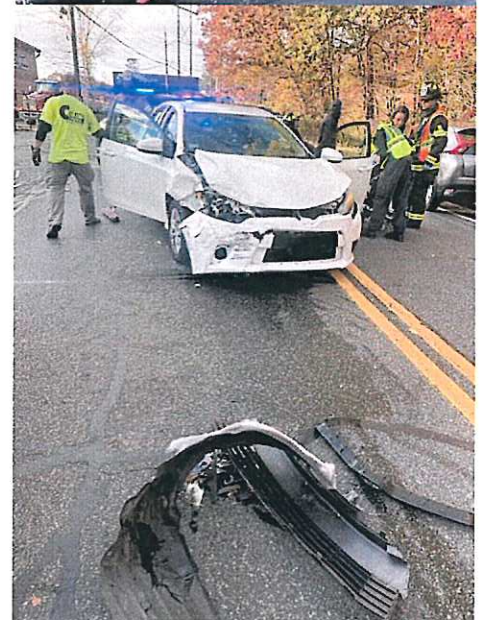
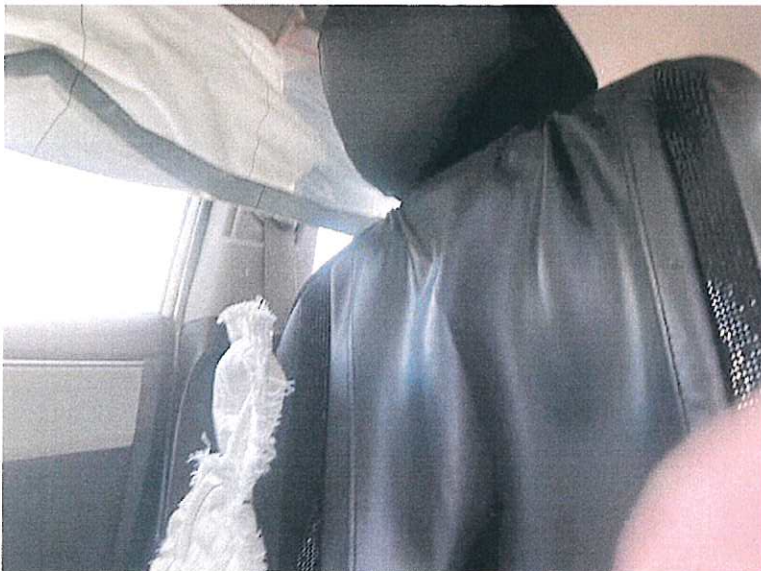
Department

Precinct/Barracks

10/25/2025

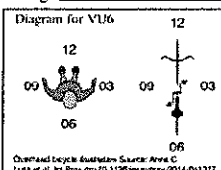
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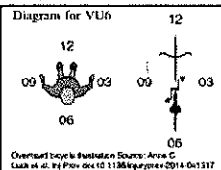
Wilmington Police Department
Images Associated with 25-311-AC

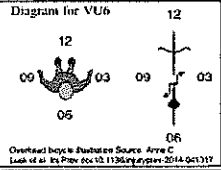


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 10/25/2025	Time of Crash 1812 24HR	City/Town WILMINGTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other											
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																				
At			Feet N S E W of Mile Marker Exit Number																				
Route# Direction Name of Intersecting Roadway/Street			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 13 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-312-AC											
License #			DOB/Age			Reg # 4YFR35			Reg Type PC			Reg State MA											
Sex F Lic. Class D 19 19			Lic. Restrictions 99 20			Veh Year 2021			Veh Make HONDA			Veh Config. 1 21											
Operator VO, PRISCILLA HONG-HANH			Owner VO, THOM THANH																				
Address 60 ROOSEVELT RD			Address 60 ROOSEVELT RD																				
City WILMINGTON State MA Zip 01887-4318			City WILMINGTON State MA Zip 01887-4318																				
Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 0 27 27 27																	
Vehicle Travel Direction: ☒ S ☐ E ☐ W			Responding to Emergency? 2			Event Sequence 4 23 23 23 23			Test Status: 1 28														
Citation # (If Issued)			Most Harmful Event 4 24			Type of Test: 29			BAC Test Result: 30														
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 18 25 25			Susp. Alcohol: 2 31			Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Towed from scene? 2 33														
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		10		1			
						F		4		1		4		0		0		10		1			
						F		3		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 #												Reg #											
Sex Lic. Class 19 19												Reg Type											
Lic. Restrictions 20												Reg State											
CDL Endorsement												Veh Year											
Operator												Veh Make											
Address												Veh Config. 21											
City												Owner											
State Zip												Address											
Insurance Company												City											
Vehicle Travel Direction: ☒ N ☐ S ☐ E ☐ W												State Zip											
Responding to Emergency? 2												Vehicle Action Prior to Crash 22											
Citation # (If Issued)												Damaged Area Code: 27 27 27											
Viol. 1: Ch/Sec/Sub												Event Sequence 23 23 23 23											
Viol. 2: Ch/Sec/Sub												Test Status: 28											
Viol. 3: Ch/Sec/Sub												Type of Test: 29											
Viol. 4: Ch/Sec/Sub												BAC Test Result: 30											
												Driver Contributing Code 25 25											
												Susp. Alcohol: 31											
												Susp. Drug: 32											
												Towed from scene? 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															

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

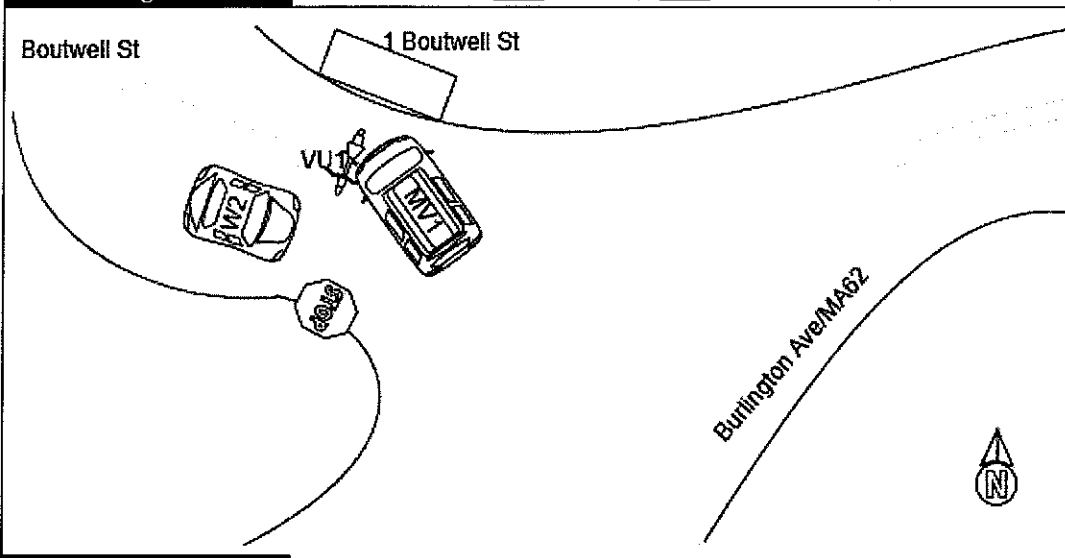
Vulnerable User		Type	Action		Location	
		9	1		2	
VU: _____ Last First Middle Address: _____ City: _____ State: _____ Zip: _____ License #: _____ St: _____ DOB/Age: _____		Primary Injury Area: 99		Test Status: 1 Type of Test: BAC Test Result: Susp. Alcohol: 2 Susp. Drug: 2		
Traffic Control Device: 0 Origin/Destination: 99 Contact Point: 09			Event Sequence: 19 Contributing Code: 14 Distracted by: 1	VU8 VU8 VU8 VU8 VU9 VU9 VU10 VU10		
Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code
M	8	10	1	0	8	2
Medical Facility						
Winchester Hospital						

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

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

10/25/25 1812 hrs: MV1 turn L onto Boutwell, VU1 cross Boutwell on electric bike. MV1 at slow speed strtruck VU1. MV1 no damage.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DAWSON ANTHONY K	213 BURLINGTON AVE WILMINGTON MA 01887-3158		
DEGREGORIO DONNA MARIE	8 CASTLE DR WILMINGTON MA 01887-3187		

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 Joseph A Fitzgerald

215

Wilmington Police Department

10/25/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date