

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/28/2025

Time of Crash
2059

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
1

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

106 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 12 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 25-313-AC

License #

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL P Endorsement

Operator RUSSO, DANIELLE MARIE

Address 120 ANDOVER ST

City WILMINGTON State MA Zip 01887-1241

Insurance Company SAFETY INSURANCE COMPANY

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 # F3251 Reg Type PC Reg State MA

Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21

Owner DEVINE, JOHN J

Address 605 MAIN ST

City WOBURN State MA Zip 01801-2942

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Event Sequence 21 23 23 23 23 Test Status: 1 28

Most Harmful Event 21 24 Type of Test: 0 29

Driver Contributing Code 10 25 1 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 1 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

See Above

				1	1	4	0	0	10	0	
			F	6	1	5	0	0	10	0	

Please Select One
of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License #

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub

Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub

Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23 Test Status: 28

Most Harmful Event 24 Type of Test: 29

Driver Contributing Code 25 25 BAC Test Result: 30

Driver Distracted by 26 26 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

				1							
--	--	--	--	---	--	--	--	--	--	--	--

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Andover St

Wooded Area

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

↑

Crash Narrative:

Units found the vehicle several feet into the woods with no occupants and locked. The operator was later identified in front of her home. The operator stated that she had been traveling down the street when she was hit from behind. The damage to the vehicle does not make the operator's story. It was clear the vehicle was traveling at high rates of speeds when it lost control. The reporting party stated that they had witnessed three individuals exited and ran from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ODIAN ANDREA LEE	94R ANDOVER ST WILMINGTON MA 01887-1203		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA			BRUSH AND TREES

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 Taylor Padulsky

238

Wilmington Police Department

10/28/2025

Police Officer Name (Please Print)

Signature

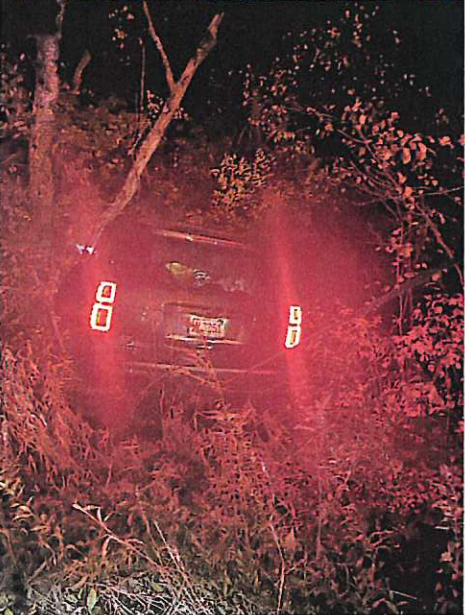
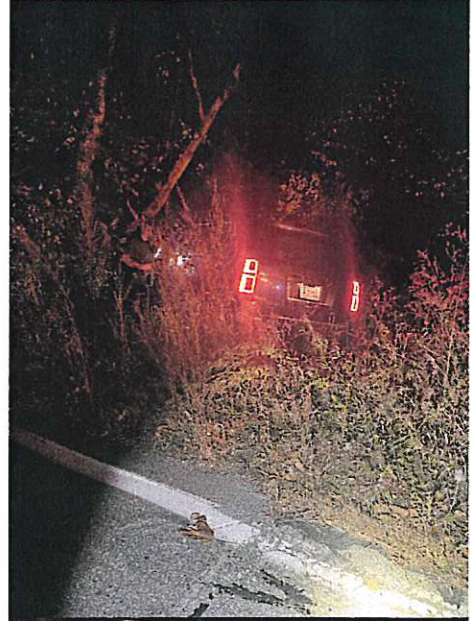
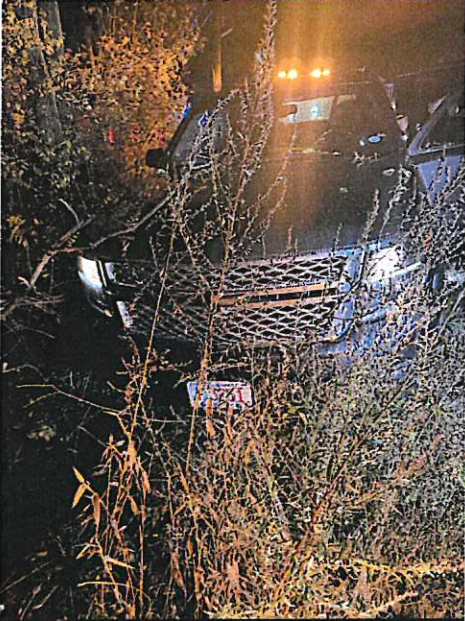
ID/Badge #

Department

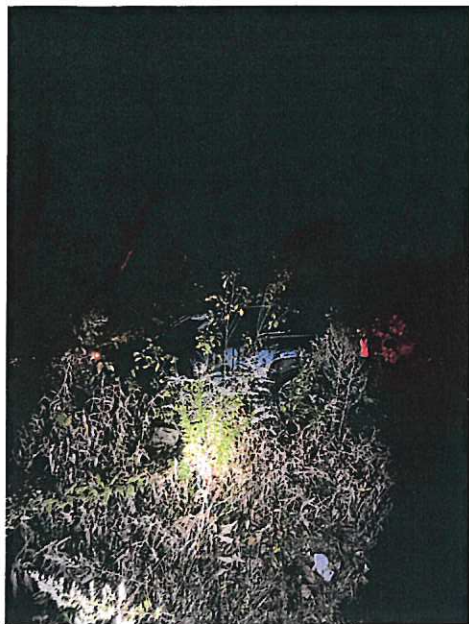
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-313-AC



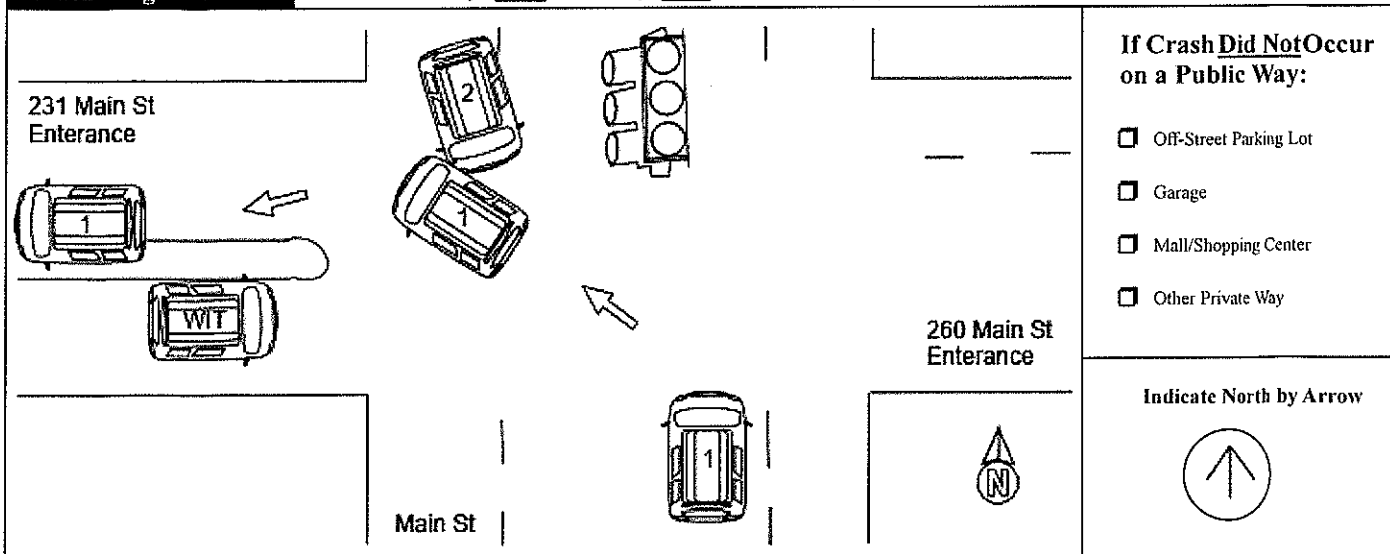
Wilmington Police Department
Images Associated with 25-313-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/30/2025	Time of Crash 1810 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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 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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-314-AC		
License # St. DOB/Age			Reg # MADDEN Reg Type PC Reg State MA			Veh Year 2016 Veh Make Jeep Veh Config 1 21			Owner MADDEN, ELLEN FRANCES					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make Jeep Veh Config 1 21			Owner MADDEN, ELLEN FRANCES			Address 8 SUSAN AVE					
Operator MADDEN, ETHAN JOHN			City BURLINGTON State MA Zip 01803-2612			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 2 27 27 27					
Address 8 SUSAN AVE			City BURLINGTON State MA Zip 01803-2612			Event Sequence 1 23 41 23 23 23			Test Status: 1 28 29 30					
Insurance Company ALLSTATE INSURANCE COMPAN			City BURLINGTON State MA Zip 01803-2612			Most Harmful Event 1 24			Type of Test: 30					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			City BURLINGTON State MA Zip 01803-2612			Driver Contributing Code 6 25 7 25			BAC Test Result: 30					
Citation # (If Issued)			City BURLINGTON State MA Zip 01803-2612			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			City BURLINGTON State MA Zip 01803-2612			Towed from scene? 1 33								
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/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		
CONNOR CUSTANCE		20 HAMPDEN AVE BURLINGTON, MA 01803-4325			M	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.					
License # St. DOB/Age			Reg # 9898NF Reg Type PC Reg State MA			Veh Year 2017 Veh Make FORD Veh Config 1 21			Owner RODRIGUES, ROY JR					
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make FORD Veh Config 1 21			Owner RODRIGUES, ROY JR			Address 18 BROOKDALE CIR					
Operator RODRIGUES, ROY JR			City BILLERICA State MA Zip 01821-3157			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27					
Address 18 BROOKDALE CIR			City BILLERICA State MA Zip 01821-3157			Event Sequence 1 23 23 23 23			Test Status: 1 28 29 30					
Insurance Company ARBELLA MUTUAL			City BILLERICA State MA Zip 01821-3157			Most Harmful Event 1 24			Type of Test: 30					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			City BILLERICA State MA Zip 01821-3157			Driver Contributing Code 1 25 25			BAC Test Result: 30					
Citation # (If Issued)			City BILLERICA State MA Zip 01821-3157			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			City BILLERICA State MA Zip 01821-3157			Towed from scene? 1 33								
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/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:



Crash Narrative:

10/30 1810hrs, dispatched 231 Main St 2-car MVC. FD also dispatched. Dark, streetlight lit, drizzle, wet roadway. OP2 stated, MV1 headed N-bound on Main St, turned L into 231 Main at speed greater than reasonable. MV2 headed S-bound on Main St. MV1 cut in front of MV2 to turn left. Front pass side of both MVs hit, heavy damage. WIT1 confirmed OP2 statement. Added, MV1 hopped onto median of driveway and 231 Main and almost stuck her. MV1 sat partially on median. PASS1 stated OP1 traveling too fast for turn.

No INJs reported, Cain's towed both MVs.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BOZEK CATHERINE J	90 FLORIDA RD TEWKSBURY MA 01876-4116		

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

10/30/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

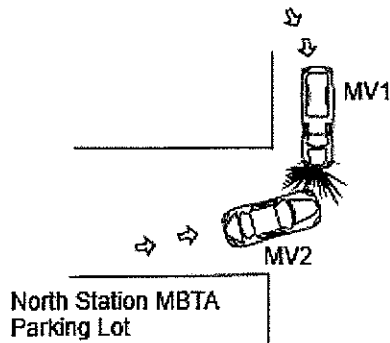
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 10/30/2025	Time of Crash 1919 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20	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														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
						Landmark								
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-315-AC		
License #			St. DOB/Age			Reg # 5YKA85			Reg Type PC			Reg State MA		
Sex M Lic. Class D			Lic. Restrictions 1			Veh Year 2025			Veh Make CHEVROLET			Veh Config. 1		
Operator FOTI, ANTHONY JOSEPH			Owner FOTI, ANTHONY JOSEPH											
Address 2 VICTORIA LN			Address 2 VICTORIA LN											
City STONEHAM			State MA			City STONEHAM			State MA			Zip 02180-2221		
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1			Damaged Area Code: 1 27 4 27 27								
Vehicle Travel Direction: N 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 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			See Above			1			1			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 # 5EZHZ2			Reg Type PC			Reg State MA		
Sex M Lic. Class D			Lic. Restrictions 1			Veh Year 2009			Veh Make TOYOTA			Veh Config. 1		
Operator KOTHAPALLI, SANJEEV			Owner DONDAPATI, NAGENDRA BABU											
Address 1215 RIVENDELL WAY			Address 44 ROYAL CREST DR APT 5											
City EDISON			State NJ			City NORTH ANDOVER			State MA			Zip 01845-6556		
Insurance Company ARBELLA MUTUAL INSURANCE			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 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			1			1			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:

After speaking with both parties, MV1 was traveling down Jefferson Rd leaving the building of 200 Jefferson and pulled onto the main access way. As MV1 pulled onto Jefferson he stated that MV2 came out of the North Station MBTA parking lot. MV1 had no time to react to MV2 that was now in front of him. MV1 stated that he struck MV2 just as it was pulling out the lot trying to take a left hand turn. MV2 confirmed that he was trying to go left and stated that he was hit after he pulled out. MV2 believed that he had the right away. He was informed that he did not have the right away as he was turning onto the roadway and needed to yield to vehicles. MV2 was inoperable due to the damages caused in the accident and Cain's Towing took possession of the vehicle.

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 Taylor Padulsky

238

Wilmington Police Department

10/30/2025

Police Officer Name (Please Print)

Signature

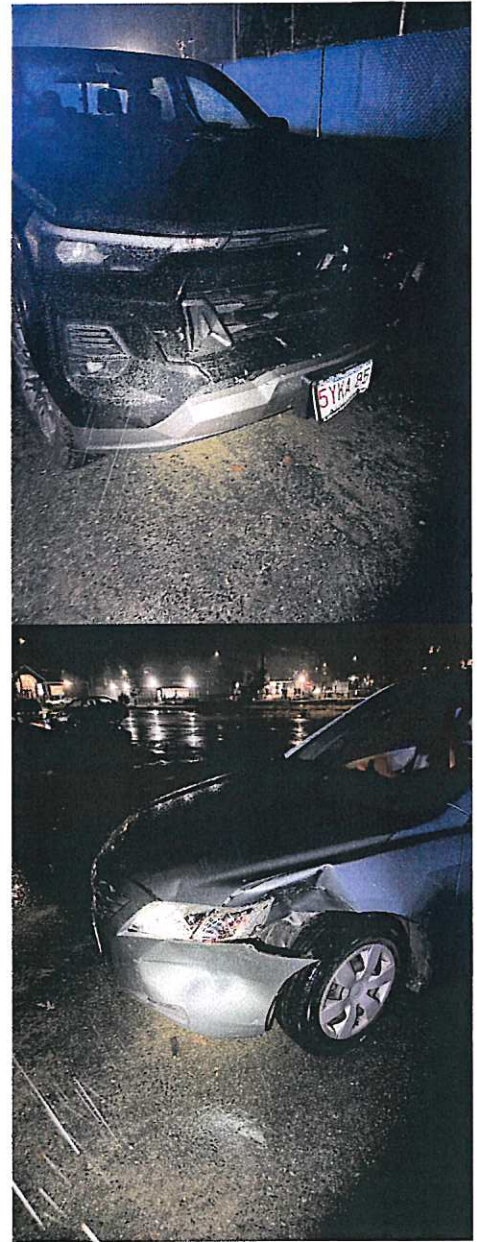
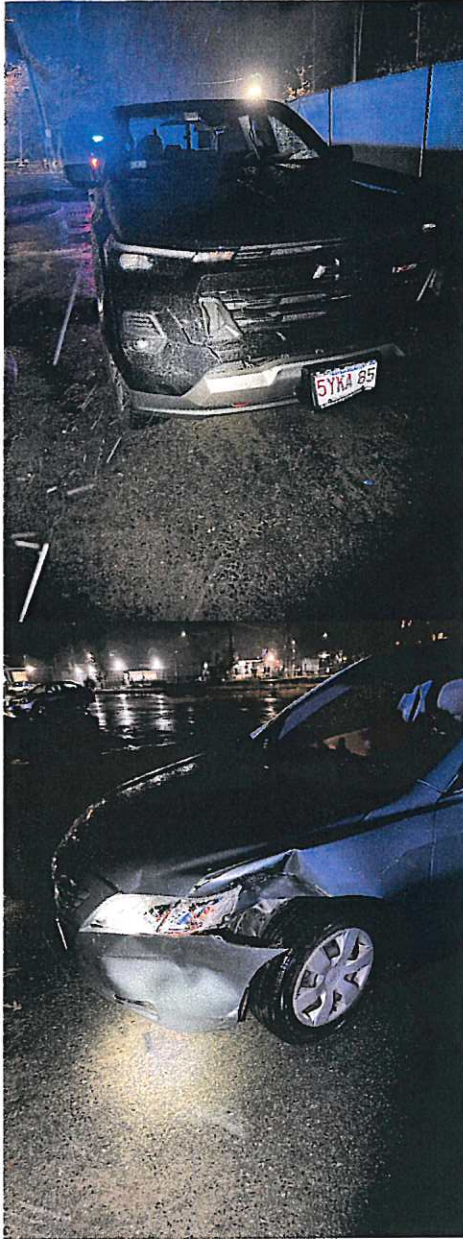
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-315-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/31/2025	Time of Crash 0657 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20	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 613 MAIN ST
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# 25-316-AC
-------------------------------------	---	----------------------------------	--------------------------------	----------------------------

License # St DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement	Reg # 3611702 Reg Type AP Reg State IN
Operator HAYES, JOE TOLAR Last First Middle	Veh Year 2026 Veh Make International Veh Config. 10 21
Address 10 PRINCESS CT City ROANOKE State IN Zip 46783	Owner JAT OF FORTE WAYNE Last First Middle
Insurance Company ARCH INSURANCE CO	Address 5031 INDUSTRIAL RD City FORT WAYNE State IN Zip 46825
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2	Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 9 27 27
Citation # (If Issued)	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 1 24 Type of Test: 0 29
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 26 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	0	

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 A 19 19 Lic. Restrictions 1 20 CDL Endorsement	Reg # P1307650 Reg Type AP Reg State IL
Operator MCLAURIN, ROBERT L Last First Middle	Veh Year 2025 Veh Make VOLVO Veh Config. 10 21
Address 2757 CENTRAL DR City GARY State IN Zip 46407	Owner EGO EXPRESS INC/ CARGO BEST INC Last First Middle
Insurance Company J&A LOGISTICS TRANSPO LLC	Address 240 BARRON ST City BENSENVILLE State IL Zip 60106
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27
Citation # (If Issued)	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 1 24 Type of Test: 0 29
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 26 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	0	

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

Crash Diagram:

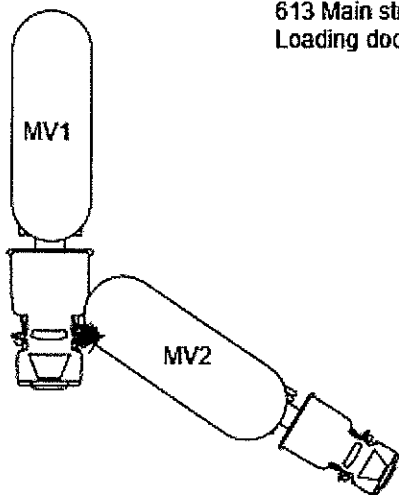
ie: →

1

2

→

→



613 Main street
Loading docks

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 10/31/2025 I was dispatched to 613 Main Street for an argument between two truck drivers. When I arrived, both MV1 and MV2 were located at the loading docks. MV1 stated they were parked sitting in their truck when MV2 pulled out of the loading dock quickly, causing the door on the trailer of MV2 to swing open. When the door of MV2's trailer swung open it struck MV1's driver side door causing a dent, it also broke the window on the door (see images). MV2 confirmed MV1's statement, MV2 stated there is normally a latch that secures the trailer doors but did not notice it was broken. MV2 did not have any apparent damage. Both vehicles were in driveable condition. Both operators refused medical treatment at this time.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
JAT OF FORT WAYNE INC	5031 INDUSTRIAL RD FORT WAYNE IN 4			DRIVER DOOR AND WINDOW

Truck and Bus Information:

Registration # 3611702 (From Vehicle Section)

Carrier Name JAT of Fort Wayne Inc Bus Use 0 ⁴²

Address 5031 INDUSTRIAL RD City FORT WAYNE St IN Zip 46825

US DOT #: 261423 State Number _____ Issuing State IN MC/MX/ICC #: _____

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

Trailer Reg #: P267200 Reg Type AO Reg State IN Reg Year 2020 Trailer Length 2 ⁴⁶

Hazmat Information:

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

Patrol Officer Joshua I DeBarros 234 Wilmington Police Department 10/31/2025
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-316-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 10/31/2025	Time of Crash 1614 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	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			18 NORTH 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# 25-317-AC											
License #			St. DOB/Age			Reg # 6ZRD19			Reg Type PC			Reg State MA											
Sex M Lic. Class D 19 19			Lic. Restrictions 20			Veh Year 2012			Veh Make SUBARU			Veh Config. 1 21											
Operator ZAMY, WILGAMS			CDL Endorsement			Owner MONTANNA RENTAL CAR CORPORATION			Last First Middle														
Address 107 TYLER ST			City METHUEN State MA Zip 01844			Address 878 MAIN ST APT B			City MILLIS State MA Zip 02054-1536														
Insurance Company ACCELERANT NATIONAL INSUR			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27			Test Status: 1 28														
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Type of Test: 0 29														
Citation # (If Issued)			Most Harmful Event 1 24			BAC Test Result: 1 30			Susp. Alcohol: 2 31			Susp. Drug: 2 32											
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			Towed from scene? 2 33														
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																							
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 20											
CDL Endorsement												Reg # 9177XY											
Reg Type PC												Reg State MA											
Veh Year 2016												Veh Make SUBARU											
Veh Config. 1 21												Owner HOGAN, BRADLEY J											
Last First Middle																							
Address 18 NORTH ST												Address 18 NORTH ST											
City WILMINGTON												State MA Zip 01887-2119											
Insurance Company THE COMMERCE INSURANCE CO												Vehicle Action Prior to Crash 10 22											
Vehicle Travel Direction: N S X W												Responding to Emergency? 2											
Event Sequence 1 23 23 23 23												Type of Test: 1 28											
Most Harmful Event 1 24												BAC Test Result: 0 29											
Driver Contributing Code 4 25 25												Susp. Alcohol: 2 31											
Susp. Drug: 2 32												Towed from scene? 2 33											
Driver Distracted by 99 26 26																							
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 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B

North Street	18 North St Driveway Vehicle 1 Vehicle 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 October 31, 2025 at approximately 4:15PM, Vehicle 1 was traveling south on North Street. At this time Vehicle 2 was backing out of the driveway of 18 North Street when it collided with the front of Vehicle 1. The impact caused damage to the front right side of Vehicle 1 and rear center damage to Vehicle 2.

Both operators refused medical attention.

Photos attached.

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 Christopher K Miccichi

232

Wilmington Police Department

10/31/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

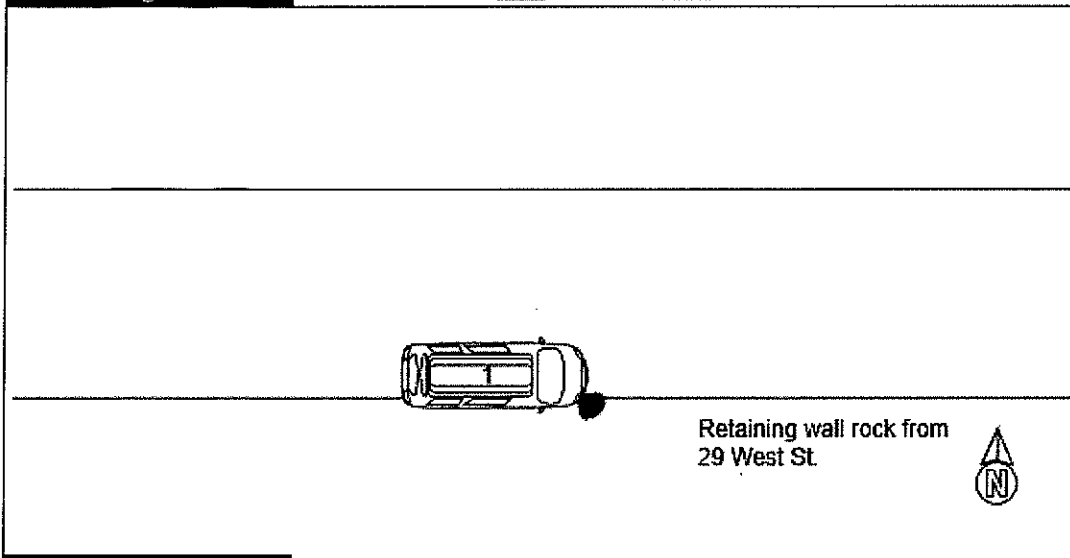
Wilmington Police Department
Images Associated with 25-317-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/01/2025	Time of Crash 0522 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	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			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# 25-318-AC
License # St DOB/Age			Reg # 1PKF26			Reg Type PC		Reg State MA		
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement			Veh Year 2023			Veh Make FORD		Veh Config. 1 21		
Operator WARD, JASON JOHN			Owner WARD, RENEE A							
Address 11 CHEROKEE LN			Address 11 CHEROKEE LN							
City WILMINGTON State MA Zip 01887-2574			City WILMINGTON State MA Zip 01887-0000							
Insurance Company MAPFRE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 10 27 27 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 35 23 23 23			Test Status: 1 28				
Citation # (If Issued)			Most Harmful Event 35 24			Type of Test: 0 29				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25			BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved						Towed from scene? 1 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 3 0 0 8 0							
Please Select One of the Following:			☐ Vehicle 2 Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.
License # St DOB/Age			Reg #			Reg Type		Reg State		
Sex Lic. Class D 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:

Operator of vehicle 1 states he does not know what happened, he just went off the road hit the rock, and his air bags deployed.

It should be noted on 11/01/25 there were high winds that could easily shift a motor vehicles direction of travel. operator 1 was on a section of West St. with a bend in the road and could have been pushed by the wind while turning into the curve in the road. The high winds also dropped plenty of debris over the roads in Wilmington.

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 Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

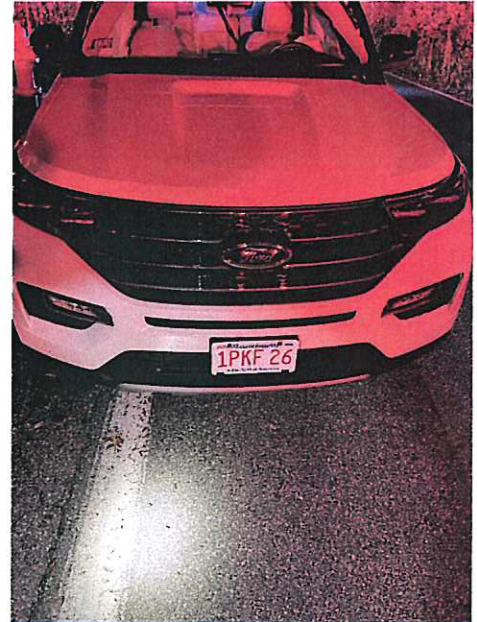
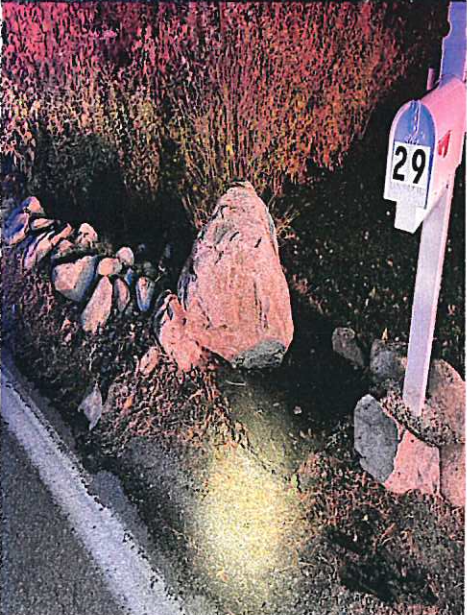
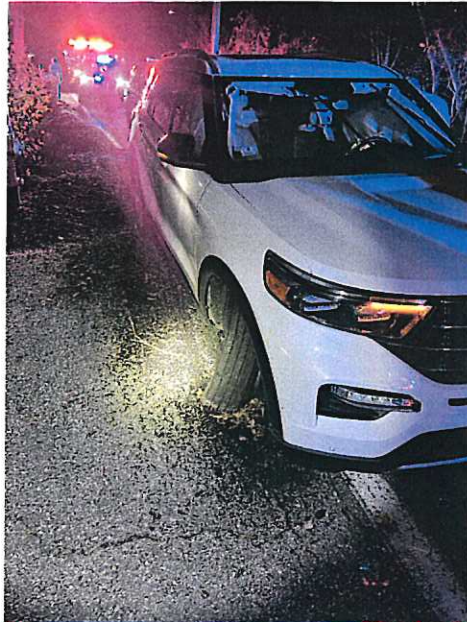
Department

Precinct/Barracks

11/01/2025

Date

Wilmington Police Department
Images Associated with 25-318-AC



Wilmington Police Department
Images Associated with 25-318-AC

