

|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
|-----------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------|------------------------|-------------------|-----------------------------------------------------------------------|
| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                                                                                                                                                            |  |  |  | RMV Document Number                  |                        |                   |                                                                       |
| Date of Crash<br>11/04/2025                                     | Time of Crash<br>1557<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                                                                                                     |  |  |  | Number<br>Vehicles<br>2              | Number<br>Injured<br>0 | Speed Limit<br>25 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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                                                                                                                                                               |  |  |  | 4 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:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                |  |  |  | Crash Report ID# 25-319-AC           |                        |                   |                                                                       |
| License # St DOB/Age                                            |                               |                         | Reg # 3ECN54 Reg Type PC Reg State MA                                                                                                                                                                    |  |  |  | 1 12                                 |                        |                   |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement |                               |                         | Veh Year 2018 Veh Make ACURA Veh Config. 1 21                                                                                                                                                            |  |  |  |                                      |                        |                   |                                                                       |
| Operator AURELI, ANNETTE G                                      |                               |                         | Owner AURELI, ANNETTE G                                                                                                                                                                                  |  |  |  |                                      |                        |                   |                                                                       |
| Address 1 LEWIS RD APT 2                                        |                               |                         | Address 1 LEWIS RD APT 2                                                                                                                                                                                 |  |  |  |                                      |                        |                   |                                                                       |
| City WINCHESTER State MA Zip 01890-2532                         |                               |                         | City WINCHESTER State MA Zip 01890-2532                                                                                                                                                                  |  |  |  |                                      |                        |                   |                                                                       |
| Insurance Company GEICO GENERAL INSURANCE C                     |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                                                                                                       |  |  |  | Damaged Area Code: 3 27 27 27        |                        |                   |                                                                       |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                                                                                                                                                                             |  |  |  | Test Status: 1 28                    |                        |                   |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                                                                                                                                                                  |  |  |  | Type of Test: 0 29                   |                        |                   |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 99 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         |                               |                         |                                                                                                                                                                                                          |  |  |  | 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 1 4 0 0 10 1                                                                                                                                                                                           |  |  |  |                                      |                        |                   |                                                                       |
| DANIEL AURELI 1 LEWIS RD WINCHESTER, MA 01890-2532              |                               |                         | M 3 1 4 0 0 10 1                                                                                                                                                                                         |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 21 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |  |                                      |                        |                   |                                                                       |
| License # St DOB/Age                                            |                               |                         | Reg # W50968 Reg Type CO Reg State MA                                                                                                                                                                    |  |  |  |                                      |                        |                   |                                                                       |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2015 Veh Make CHEVROLET Veh Config. 2 21                                                                                                                                                        |  |  |  |                                      |                        |                   |                                                                       |
| Operator HUTCHINSON, MICHAEL J II                               |                               |                         | Owner COMCAST CABLE COMMUNICATIONS LLC                                                                                                                                                                   |  |  |  |                                      |                        |                   |                                                                       |
| Address 176 ENDICOTT ST                                         |                               |                         | Address 1 COMCAST CTR FL APT 32ND                                                                                                                                                                        |  |  |  |                                      |                        |                   |                                                                       |
| City DRACUT State MA Zip 01826-5528                             |                               |                         | City PHILADELPHIA State PA Zip 19103-2833                                                                                                                                                                |  |  |  | 1 14                                 |                        |                   |                                                                       |
| Insurance Company ACE AMERICAN INSURANCE CO                     |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                                                                                                       |  |  |  | Damaged Area Code: 7 27 27 27        |                        |                   |                                                                       |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                                                                                                                                                                             |  |  |  | Test Status: 1 28                    |                        |                   |                                                                       |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                                                                                                                                                                  |  |  |  | Type of Test: 0 29                   |                        |                   |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                         |                               |                         | Driver Contributing Code 99 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         |                               |                         |                                                                                                                                                                                                          |  |  |  | 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/Occupants See Above                                    |                               |                         | 1 1 4 0 0 10 1                                                                                                                                                                                           |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |
|                                                                 |                               |                         |                                                                                                                                                                                                          |  |  |  |                                      |                        |                   |                                                                       |

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

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

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

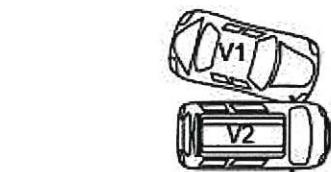
Indicate North by Arrow



Intersection  
of Lowell St  
and West St



316  
Lowell  
Street



### Crash Narrative:

Vehicle 1 was traveling westbound on Lowell Street adjacent to the center yellow line, and Vehicle 2 was also traveling westbound on Lowell Street adjacent to the white fog line. This roadway does open to two lanes in a short distance from the crash location but no defined lanes at this point in the roadway. V1 veered right and the two vehicles sideswiped. No airbags deployed and no injuries were reported. No tows required.

### 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 Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

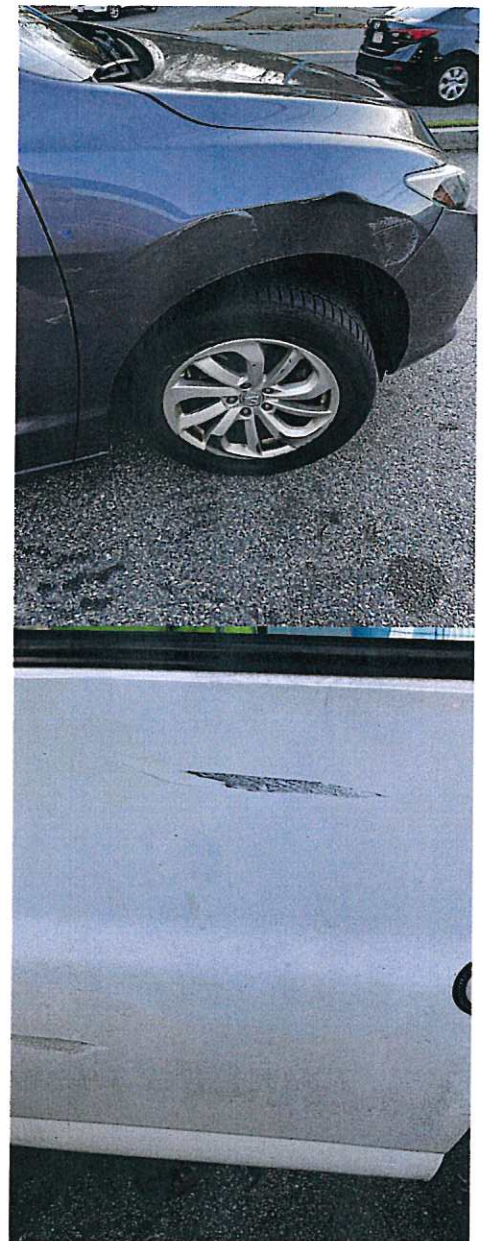
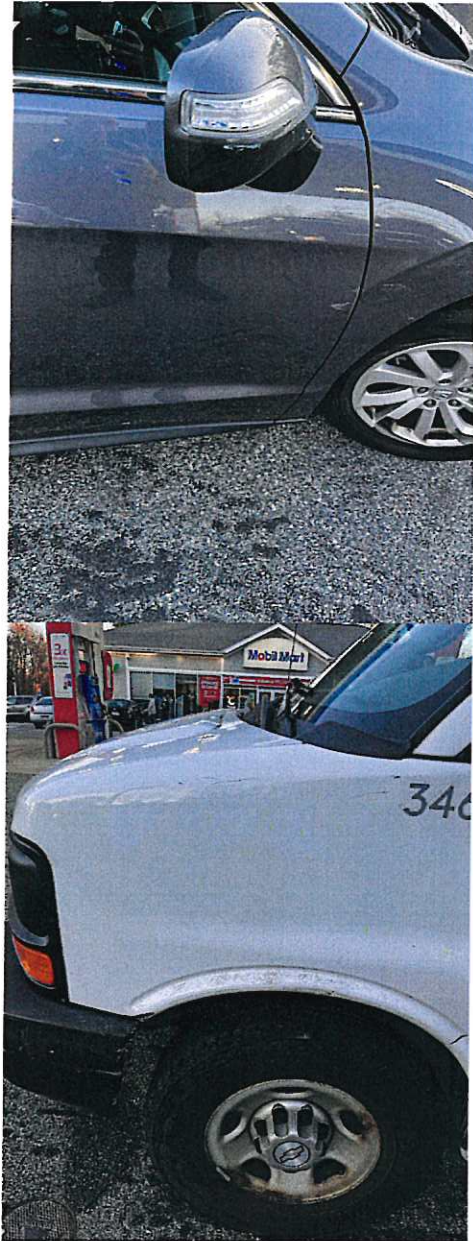
Department

Precinct/Barracks

11/04/2025

Date

Wilmington Police Department  
Images Associated with 25-319-AC

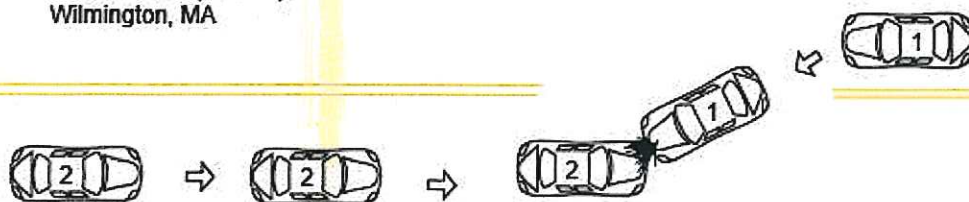


| Police Use Only                                                                                                                                                                                                                             |                               |                         | Commonwealth of Massachusetts                                                                                               |  |                      |                         | RMV Document Number    |                   |                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------|-------------------------|------------------------|-------------------|-----------------------------------------------------------------------|--|
| Date of Crash<br>11/06/2025                                                                                                                                                                                                                 | Time of Crash<br>1252<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |                      | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>25 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                |                               |                         | Crash Report ID# 25-320-AC                                                                                                  |  |                      |                         |                        |                   |                                                                       |  |
| License # St. DOB/Age                                                                                                                                                                                                                       |                               |                         | Reg # 4VNC72 Reg Type PC Reg State MA                                                                                       |  |                      |                         |                        |                   |                                                                       |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement                                                                                                                                                                             |                               |                         | Veh Year 2004 Veh Make HONDA Veh Config. 1 21                                                                               |  |                      |                         |                        |                   |                                                                       |  |
| Operator MORALES, PEDRO A                                                                                                                                                                                                                   |                               |                         | Owner RODRIGUEZ, NELSON E                                                                                                   |  |                      |                         |                        |                   |                                                                       |  |
| Address 111 FOSTER ST APT 320                                                                                                                                                                                                               |                               |                         | Address 40 MATTHIES ST                                                                                                      |  |                      |                         |                        |                   |                                                                       |  |
| City PEABODY State MA Zip 01960                                                                                                                                                                                                             |                               |                         | City BEVERLY State MA Zip 01915-2448                                                                                        |  |                      |                         |                        |                   |                                                                       |  |
| Insurance Company GOVERNMENT EMPLOYEES INSU                                                                                                                                                                                                 |                               |                         | Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 27 2 27                                                        |  |                      |                         |                        |                   |                                                                       |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2                                                                                                                                                                                |                               |                         | Event Sequence 1 23 23 23 23 Test Status: 1 28                                                                              |  |                      |                         |                        |                   |                                                                       |  |
| Citation # (If Issued)                                                                                                                                                                                                                      |                               |                         | Most Harmful Event 1 24 Type of Test: 0 29                                                                                  |  |                      |                         |                        |                   |                                                                       |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | Driver Contributing Code 4 25 25 BAC Test Result: 1 30                                                                      |  |                      |                         |                        |                   |                                                                       |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | 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 1 0 0 10 1                                                                                                              |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
| License # St. DOB/Age                                                                                                                                                                                                                       |                               |                         | Reg # 434NC2 Reg Type PC Reg State MA                                                                                       |  |                      |                         |                        |                   |                                                                       |  |
| Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL N Endorsement                                                                                                                                                                           |                               |                         | Veh Year 2011 Veh Make Jeep Veh Config. 1 21                                                                                |  |                      |                         |                        |                   |                                                                       |  |
| Operator CORA, ALBERT GEORGE                                                                                                                                                                                                                |                               |                         | Owner CORA, ALBERT GEORGE                                                                                                   |  |                      |                         |                        |                   |                                                                       |  |
| Address 33 PEABODY ST                                                                                                                                                                                                                       |                               |                         | Address 33 PEABODY ST                                                                                                       |  |                      |                         |                        |                   |                                                                       |  |
| City BRADFORD State MA Zip 01835-7613                                                                                                                                                                                                       |                               |                         | City BRADFORD State MA Zip 01835-7613                                                                                       |  |                      |                         |                        |                   |                                                                       |  |
| Insurance Company PLYMOUTH ROCK ASSURANCE C                                                                                                                                                                                                 |                               |                         | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 2 27                                                        |  |                      |                         |                        |                   |                                                                       |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2                                                                                                                                                                                |                               |                         | Event Sequence 1 23 23 23 23 Test Status: 1 28                                                                              |  |                      |                         |                        |                   |                                                                       |  |
| Citation # (If Issued)                                                                                                                                                                                                                      |                               |                         | Most Harmful Event 1 24 Type of Test: 0 29                                                                                  |  |                      |                         |                        |                   |                                                                       |  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | Driver Contributing Code 1 25 25 BAC Test Result: 1 30                                                                      |  |                      |                         |                        |                   |                                                                       |  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                     |                               |                         | 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/Occupants See Above                                                                                                                                                                                                                |                               |                         | 1 0 4 0 0 10 1                                                                                                              |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |
|                                                                                                                                                                                                                                             |                               |                         |                                                                                                                             |  |                      |                         |                        |                   |                                                                       |  |

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

### Crash Diagram:

Lowell Street (Rt. 129)  
Wilmington, MA



Parking Lot of  
211 Lowell  
Street  
(McKinnon's)

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 MV 1 stated that he was turning left from Lowell Street into the parking lot of 211 Lowell Street (McKinnon's Supermarket). MV 1 stated that he believed he had plenty of time to turn, but believes MV 2 accelerated and struck his vehicle. Operator of MV 2 stated that he was driving East on Lowell St (Rt. 129), when MV 1 turned in front of him. MV 2 stated that he did not have time to stop and collided with MV 1. MV 2 stated that he was traveling 30-35 MPH.

Both vehicles towed to Cain's Towing by Cain's Towing

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Patrol Officer James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

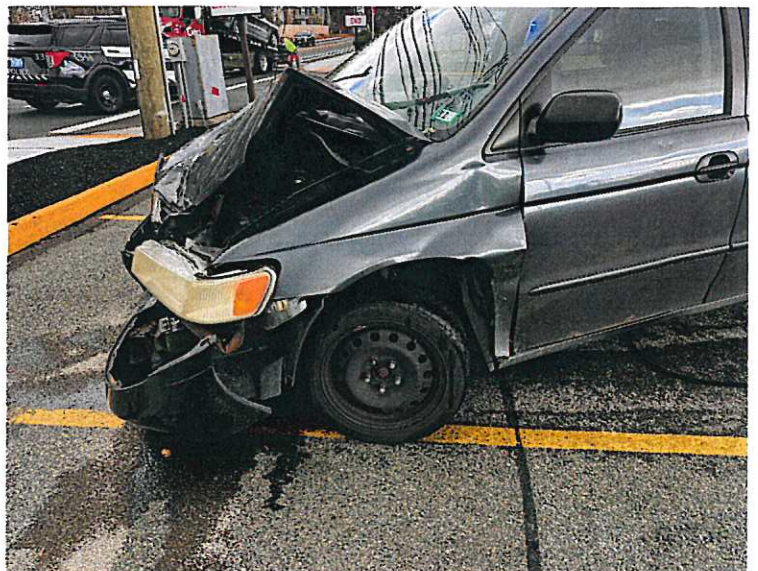
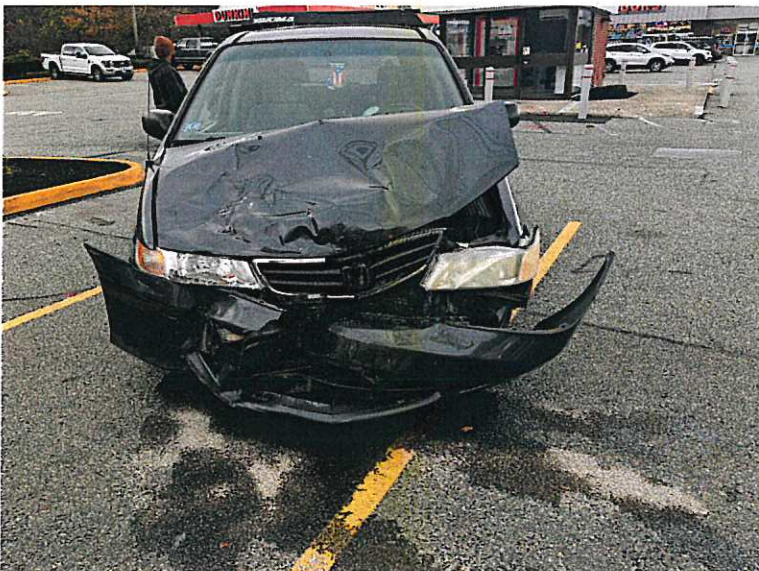
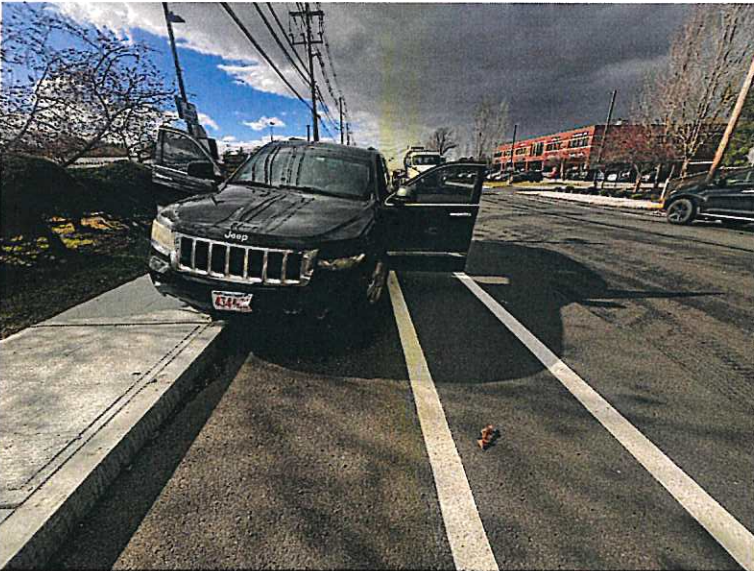
Department

Precinct/Barracks

11/06/2025

Date

Wilmington Police Department  
Images Associated with 25-320-AC



Wilmington Police Department  
Images Associated with 25-320-AC



|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------|--|--|-------------------------|--|--|--------------------------------------|-----------------------------------------------------------|--|--|---------------------|--|--|--|--|--|----------------------|--------------------------------------|---------------------|--|----------------|--|--|----------|--|--|-----------|--------------------------------|--|-----------------------------------------------------------------------|--|--|--|--|--|--|--|--------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Police Use Only                                                                                                                                                          |  |  | Commonwealth of Massachusetts |  |  |                         |  |  |                                      |                                                           |  |  | RMV Document Number |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Date of Crash<br>11/06/2025                                                                                                                                              |  |  | Time of Crash<br>2025<br>24HR |  |  | City/Town<br>Wilmington |  |  | Motor Vehicle Crash<br>Police Report |                                                           |  |  |                     |  |  |  |  |  | Number Vehicles<br>2 |                                      | Number Injured<br>0 |  | Speed Limit 25 |  |  | Latitude |  |  | Longitude |                                |  | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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                                      |  |  |                     |  |  |  |  |  |                      | 3 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:                                                                                                                                      |  |  |                               |  |  |                         |  |  |                                      | <input checked="" type="checkbox"/> Vehicle 1 #Occupants  |  |  |                     |  |  |  |  |  |                      | <input type="checkbox"/> Hit/Run     |                     |  |                |  |  |          |  |  |           | <input type="checkbox"/> Moped |  |                                                                       |  |  |  |  |  |  |  | Crash Report ID# 25-321-AC                                                     |  |  |  |  |  |  |  |  |  |
| License # St DOB/Age                                                                                                                                                     |  |  |                               |  |  |                         |  |  |                                      | Reg # 4TTV38 Reg Type PC Reg State MA                     |  |  |                     |  |  |  |  |  |                      | 1 12                                 |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement                                                                                                          |  |  |                               |  |  |                         |  |  |                                      | Veh Year 2014 Veh Make RAM Veh Config. 1 21               |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Operator PEREIRA DE ASSIS, PAULO HENRIQUE OLIVE                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      | Owner DE ASSIS, LEONARDO PEREIRA                          |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Address 189 WOBURN ST                                                                                                                                                    |  |  |                               |  |  |                         |  |  |                                      | Address 189 WOBURN ST                                     |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| City WILMINGTON State MA Zip 01887-2103                                                                                                                                  |  |  |                               |  |  |                         |  |  |                                      | City WILMINGTON State MA Zip 01887                        |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Insurance Company PROGRESSIVE DIRECT INSURA                                                                                                                              |  |  |                               |  |  |                         |  |  |                                      | Vehicle Action Prior to Crash 2 22                        |  |  |                     |  |  |  |  |  |                      | Damaged Area Code: 7 27 27 27        |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? 2                                                                                                             |  |  |                               |  |  |                         |  |  |                                      | Event Sequence 1 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                                                                                                                  |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      | 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 1 4 0 0 10 1                                            |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Please Select One of the Following:                                                                                                                                      |  |  |                               |  |  |                         |  |  |                                      | <input checked="" type="checkbox"/> Vehicle 21 #Occupants |  |  |                     |  |  |  |  |  |                      | <input type="checkbox"/> Hit/Run     |                     |  |                |  |  |          |  |  |           | <input type="checkbox"/> Moped |  |                                                                       |  |  |  |  |  |  |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |  |  |  |  |  |  |  |
| License # St DOB/Age                                                                                                                                                     |  |  |                               |  |  |                         |  |  |                                      | Reg # 65050 Reg Type PC Reg State MA                      |  |  |                     |  |  |  |  |  |                      | 1 14                                 |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement                                                                                                          |  |  |                               |  |  |                         |  |  |                                      | Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21         |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Operator CARROLL, KAITLYN ELIZABETH                                                                                                                                      |  |  |                               |  |  |                         |  |  |                                      | Owner CARROLL, KAITLYN ELIZABETH                          |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Address 255 APACHE WAY                                                                                                                                                   |  |  |                               |  |  |                         |  |  |                                      | Address 255 APACHE WAY                                    |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| City TEWKSBURY State MA Zip 01876-4630                                                                                                                                   |  |  |                               |  |  |                         |  |  |                                      | City TEWKSBURY State MA Zip 01876-4630                    |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Insurance Company ALLSTATE INSURANCE COMPAN                                                                                                                              |  |  |                               |  |  |                         |  |  |                                      | Vehicle Action Prior to Crash 3 22                        |  |  |                     |  |  |  |  |  |                      | Damaged Area Code: 1 27 27 27        |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2                                                                                                             |  |  |                               |  |  |                         |  |  |                                      | Event Sequence 1 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 12 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                                                                                                                  |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      | 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/Occupants See Above                                                                                                                                             |  |  |                               |  |  |                         |  |  |                                      | 1 1 4 0 0 10 1                                            |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                          |  |  |                               |  |  |                         |  |  |                                      |                                                           |  |  |                     |  |  |  |  |  |                      |                                      |                     |  |                |  |  |          |  |  |           |                                |  |                                                                       |  |  |  |  |  |  |  |                                                                                |  |  |  |  |  |  |  |  |  |

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

Woburn Street

High Street

MV2

MV1

STOP

Indicate North by Arrow

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

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

### Crash Narrative:

Operator of motor vehicle 1, Paulo Pereira De Assis stated that he was traveling East on High Street towards Woburn Street and was stopped at that intersection Stop sign when he was struck by MV2. Operator of MV2, Kaitlyn Carroll stated that she was traveling south on Woburn Street, turned wide right (West) onto High Street, and collided with MV1.

I observed fresh damage to the left side (Drivers side) of MV1 and fresh damage to the front end of MV2 (See images). I conducted a paperwork exchange, advised both parties accordingly, and sent them on their way.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Patrol Officer Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

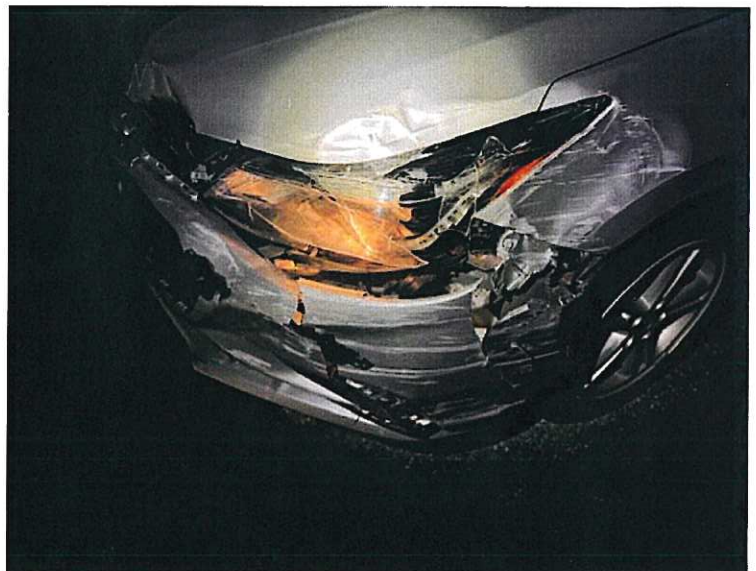
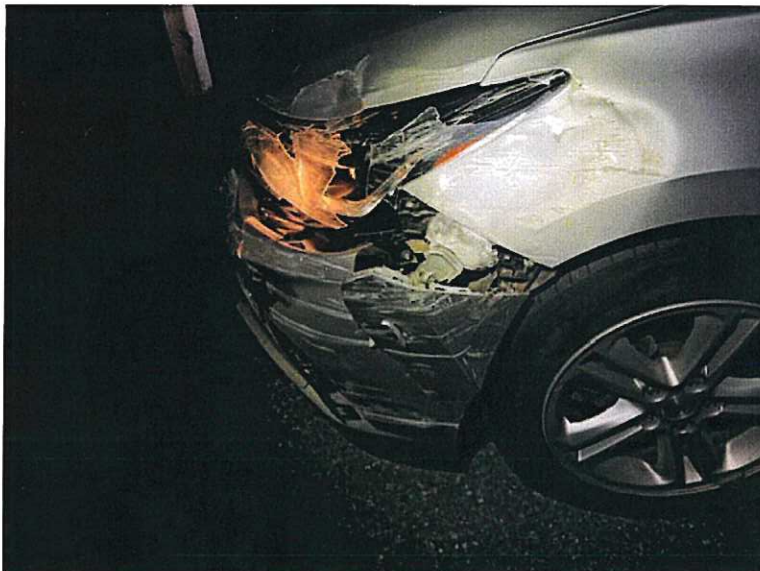
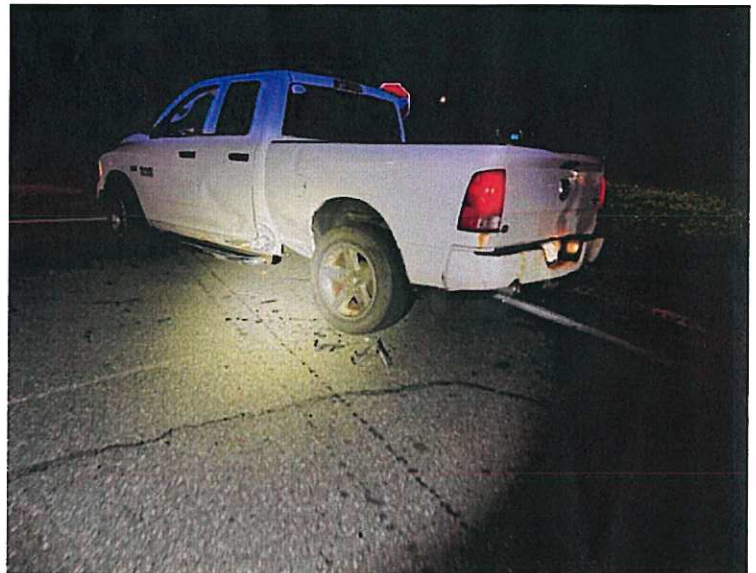
Department

Precinct/Barracks

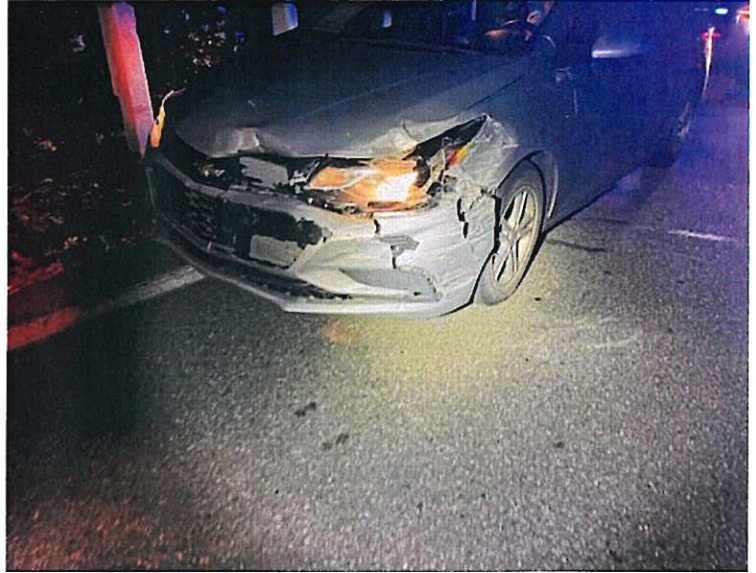
11/06/2025

Date

Wilmington Police Department  
Images Associated with 25-321-AC



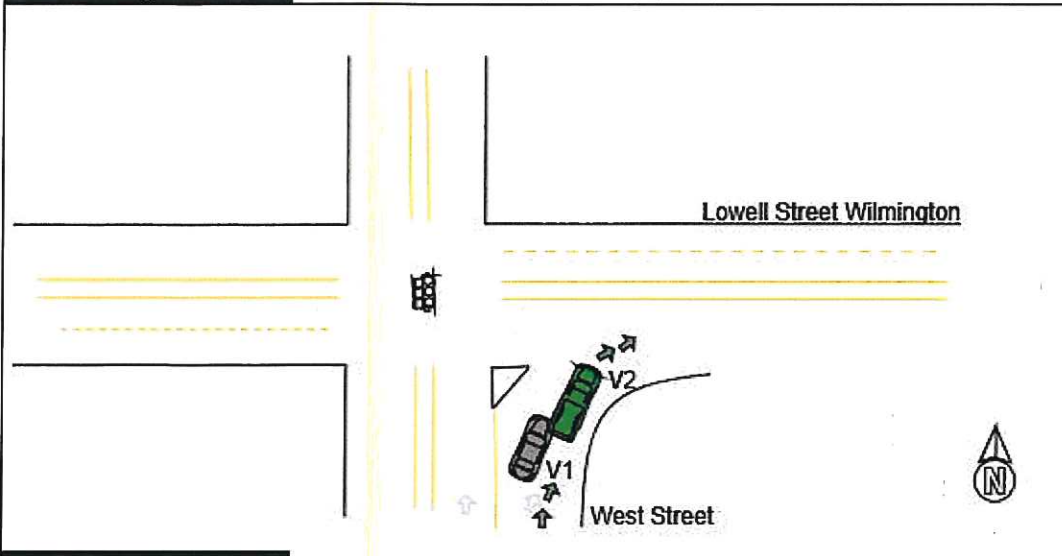
Wilmington Police Department  
Images Associated with 25-321-AC



| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                                |  |                                                    |                        | RMV Document Number                |                                                                       |                                                                                |  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|--------------------------------------------------------------|--|----------------------------------------------------|------------------------|------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| Date of Crash<br>11/06/2025                                     | Time of Crash<br>2107<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                         |  | Number<br>Vehicles<br>2                            | Number<br>Injured<br>0 | Speed Limit<br>25                  | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |                                                                                |  |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                                 |  | NOT AT INTERSECTION:                               |                        |                                    |                                                                       |                                                                                |  |
| Route# Direction LOWELL ST                                      |                               |                         | Route# Direction Address # 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 WEST ST                                        |                               |                         | Route# Direction Address # Name of Roadway/Street            |  | Route# Direction Address # Name of Roadway/Street  |                        |                                    |                                                                       |                                                                                |  |
| Also at Intersection with                                       |                               |                         |                                                              |  | Feet N S E W of Route# Intersecting Roadway/Street |                        |                                    |                                                                       |                                                                                |  |
| Route# Direction                                                |                               |                         | Route# Direction Address # Name of Roadway/Street            |  | Feet N S E W of Route# Intersecting Roadway/Street |                        |                                    |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  | Landmark                                           |                        |                                    |                                                                       |                                                                                |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 12 #Occupants    |  | <input type="checkbox"/> Hit/Run                   |                        | <input type="checkbox"/> Moped     |                                                                       | Crash Report ID# 25-322-AC                                                     |  |
| License # S' DOB/Ag                                             |                               |                         | Reg # 2PHT14 Reg Type PC Reg State MA                        |  | Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21     |                        | Owner DE SOUZA, RHAIVRY ROBERT     |                                                                       | Address 246 BROADWAY APT 11                                                    |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Operator DE SOUZA, RHAIVRY ROBERT                            |  | City MALDEN State MA Zip 02148                     |                        | Vehicle Action Prior to Crash 2 22 |                                                                       | Damaged Area Code: 2 27 27 27                                                  |  |
| Address 246 BROADWAY APT 11                                     |                               |                         | Address 246 BROADWAY APT 11                                  |  | Event Sequence 1 23 23 23 23                       |                        | Test Status: 1 28                  |                                                                       | Type of Test: 29                                                               |  |
| City MALDEN State MA Zip 02148                                  |                               |                         | City MALDEN State MA Zip 02148                               |  | Most Harmful Event 1 24                            |                        | BAC Test Result: 30                |                                                                       | Susp. Alcohol: 2 31 Susp. Drug: 2 32                                           |  |
| Insurance Company INCLINE CASUALTY COMPANY                      |                               |                         | Vehicle Travel Direction: N S X W Responding to Emergency? 2 |  | Driver Contributing Code 4 25 25                   |                        | Towed from scene? 2 33             |                                                                       |                                                                                |  |
| Citation # (If Issued)                                          |                               |                         | Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                      |  | Driver Distracted by 0 26 26                       |                        |                                    |                                                                       |                                                                                |  |
| 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                                |                                                                       | Medical Facility                                                               |  |
| Operator                                                        |                               |                         | See Above                                                    |  | X                                                  |                        | X                                  |                                                                       |                                                                                |  |
| FERNANDA STEFA OLIVEIRA MACHADO                                 |                               |                         | 246 BROADWAY MALDEN, MA 02148                                |  | F 3                                                |                        | 1 1 4 0 0 10 1                     |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |
| Please Select One of the Following:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 21 #Occupants    |  | <input type="checkbox"/> Hit/Run                   |                        | <input type="checkbox"/> Moped     |                                                                       | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |
| License # S' DOB/Ag                                             |                               |                         | Reg # 2PFL33 Reg Type PC Reg State MA                        |  | Veh Year 1998 Veh Make TOYOTA Veh Config. 2 21     |                        | Owner LARA AVALO, MIGUEL A         |                                                                       | Address 40 FERRY ST FL APT 1                                                   |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Operator LARA AVALO, MIGUEL A                                |  | City LAWRENCE State MA Zip 01841-2238              |                        | Vehicle Action Prior to Crash 2 22 |                                                                       | Damaged Area Code: 7 27 27 27                                                  |  |
| Address 40 FERRY ST FL APT 1                                    |                               |                         | Address 40 FERRY ST FL APT 1                                 |  | Event Sequence 1 23 23 23 23                       |                        | Test Status: 1 28                  |                                                                       | Type of Test: 29                                                               |  |
| City LAWRENCE State MA Zip 01841-2238                           |                               |                         | City LAWRENCE State MA Zip 01841-2238                        |  | Most Harmful Event 1 24                            |                        | BAC Test Result: 30                |                                                                       | Susp. Alcohol: 2 31 Susp. Drug: 2 32                                           |  |
| Insurance Company THE HANOVER INSURANCE COM                     |                               |                         | Vehicle Travel Direction: N S X W Responding to Emergency? 2 |  | Driver Contributing Code 1 25 25                   |                        | Towed from scene? 2 33             |                                                                       |                                                                                |  |
| Citation # (If Issued)                                          |                               |                         | Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                      |  | Driver Distracted by 0 26 26                       |                        |                                    |                                                                       |                                                                                |  |
| 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                                |                                                                       | Medical Facility                                                               |  |
| Operator/Occupants                                              |                               |                         | See Above                                                    |  | X                                                  |                        | X                                  |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |
|                                                                 |                               |                         |                                                              |  |                                                    |                        |                                    |                                                                       |                                                                                |  |

→ = 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:

V1 and V2 were traveling on West Street in Wilmington turning right onto Lowell Street, Rt 129. V1 rear ended V2 at the intersection. No injuries reported or observed by any operators/passengers. Both vehicles operable. There was damage to front right of V1. There was also damage to the left rear side that appeared to be old. The old damage was not consistent with the reported crash. There was damage to rear left and rear left wheel well of V2. Images 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 Kathryn C Goodwin

216

Wilmington Police Department

11/06/2025

Police Officer Name (Please Print)

Signature

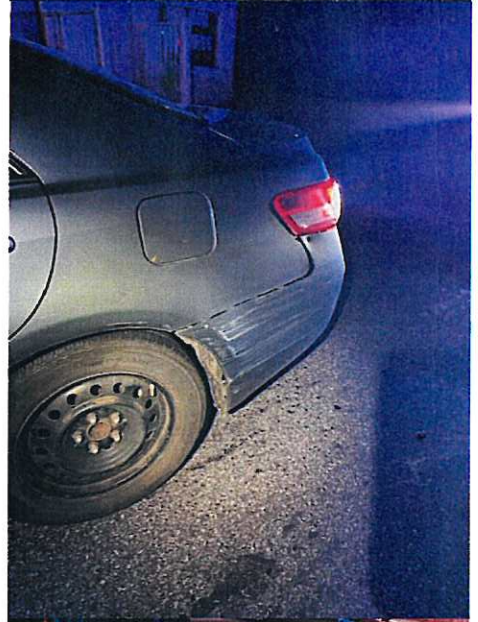
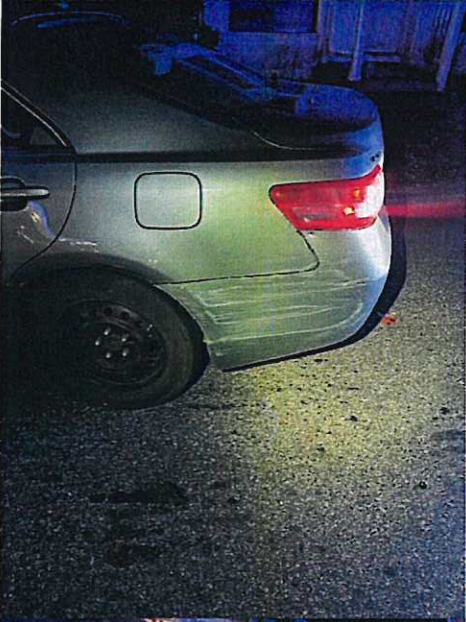
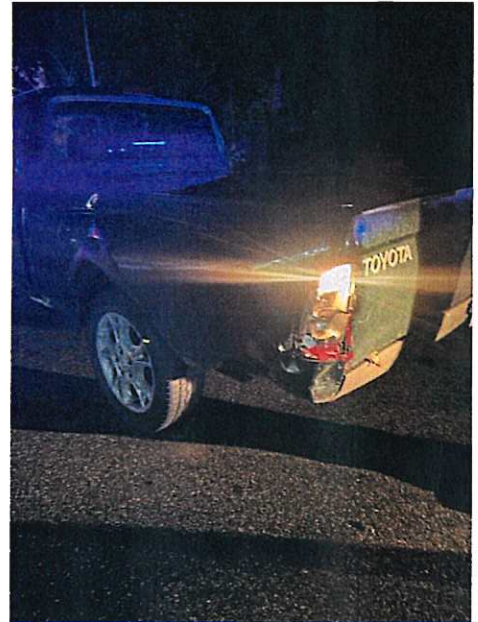
ID/Badge #

Department

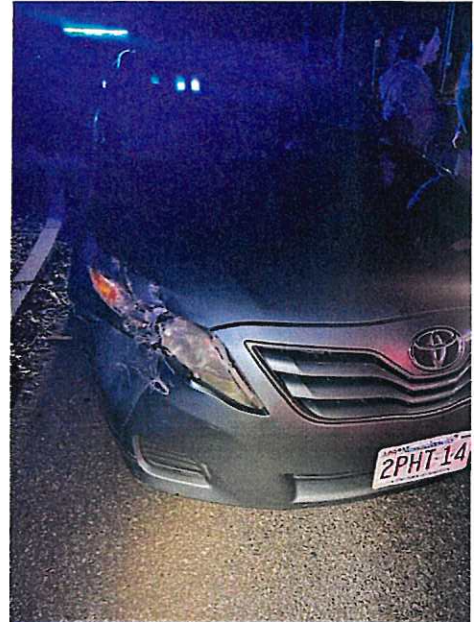
Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-322-AC



Wilmington Police Department  
Images Associated with 25-322-AC

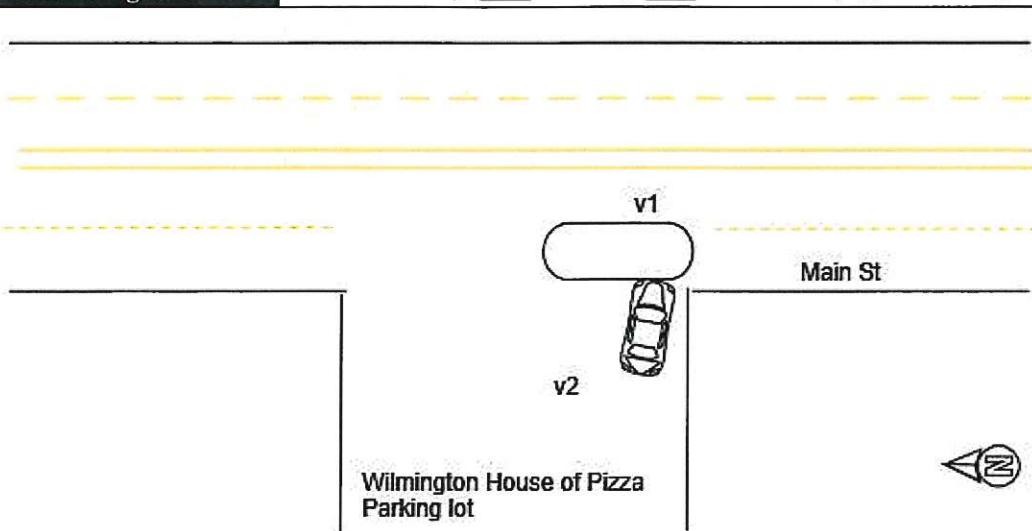




→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    ○ = Bicycle

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:

On November 8, 2025, I Officer Collins was dispatched to 325 Main St for a two-car motor vehicle crash. Vehicle 1 was traveling southbound on Main St and Vehicle 2 was located in the Wilmington House of Pizza Parking lot. Vehicle 2 attempted to pull out of the parking lot hitting the side of vehicle 1. Vehicle 1 sustained right-side damage while vehicle 2 sustained front left wheel damage and front bumper damage. Vehicle 2 was towed from the scene while vehicle 1 was able to drive with no other damage other than exterior.

### Witnesses:

| Name (Last,First,Middle)     | Address                                      | Phone # | Statement |
|------------------------------|----------------------------------------------|---------|-----------|
| DE AGUIAR ZIEGLER GUSTAVO DE | 635 MAIN ST Apt. #8 WILMINGTON MA 01887-3259 |         |           |
|                              |                                              |         |           |

### 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

11/08/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date