

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/09/2025

Time of Crash
1731
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
1

Speed Limit 30
Latitude
Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction LOWELL ST Name of Roadway/Street

At

Route# Direction WEST ST Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of _____ or _____

Mile Marker Exit Number

Feet N S E W of _____

Route# Intersecting Roadway/Street

Feet N S E W of _____

Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# **25-325-AC**

License # _____ S _____, DOB/Age _____

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

Operator BARIL, JOSEPH ADRIAN III

Address 27 ASHWOOD AVE

City WILMINGTON State MA Zip 01887-4403

Insurance Company GOVERNMENT EMPLOYEES INSU

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

Citation # (If Issued) _____

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

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

Reg # 2SJL34 Reg Type PC Reg State MA

Veh Year 2018 Veh Make MITSUBISHI Veh Config. 1 21

Owner BARIL, HEATHER ANN

Address 11 HARRIS ST

City WILMINGTON State MA Zip 01887-3614

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<u>Operator</u>	<u>See Above</u>	<u>X</u>	<u>X</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>Winchester Hospital</u>

Please Select One of the Following:

☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

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

Operator OLIVEIRA DE SOUZA AL, THIAGO

Address 986A MAIN ST APT 1

City WOBURN State MA Zip 01801-1210

Insurance Company PERMANENT GENERAL ASSURAN

Vehicle Travel Direction: N S W Responding to Emergency? 2

Citation # (If Issued) _____

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

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

Reg # 6ZNP19 Reg Type PC Reg State MA

Veh Year 2006 Veh Make HONDA Veh Config. 1 21

Owner RODRIGUES LOPES DA S, PATRICIA

Address 986 MAIN ST

City WOBURN State MA Zip 01801

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

West Street

Lowell St. (Rt. 129)
Wilmington, MA

316 Lowell Street

Not to Scale

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 traveling West on Lowell St (Rt. 129) and had a green light at the intersection of West Street. MV 1 stated that MV 2 drove in front of him and the collision occurred. Operator of MV 2 stated that he was traveling East on Lowell Street and turning left onto West Street. MV 2 stated that he was stopped waiting to turn left and was struck by MV 1. Damage to the front passenger side of MV 2 was inconsistent with a vehicle waiting to turn and suggested MV 2 had started to turn prior to the collision. MV 1 was also damaged on the front passenger side, inconsistent with a head on collision as described by MV 2 operator. MV 2 operator stated no injuries.

Both vehicles towed by A&S Towing. MV 2 was towed to the residence of the operator.

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

11/09/2025

Date

Wilmington Police Department
Images Associated with 25-325-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/11/2025	Time of Crash 0810 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			38 S 285 MAIN ST				2 10			
At			Route# Direction Address # Name of Roadway/Street				4 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				4 11			
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				4 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of ENTERPRISE RENTAL				4 11			
Please Select One of the Following:			Crash Report ID# 25-326-AC				1 12			
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
License # St. DOB/Age			Reg # MA392S Reg Type PC Reg State MA				1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006 Veh Make FORD Veh Config. 2 21				1 12			
Operator LARA-HERNANDEZ, BENJAMIN MANUEL			Owner LARA-HERNANDEZ, BENJAMIN MANUEL				1 12			
Address 147 RANGEWAY RD APT 4301			Address 147 RANGEWAY RD APT 4301				1 12			
City NORTH BILLERICA State MA Zip 01862-2048			City NORTH BILLERICA State MA Zip 01862-2048				1 12			
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22				1 12			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				1 12			
Citation # (If Issued)			Most Harmful Event 1 24				1 12			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 9 25				1 13			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				1 13			
Please fill out for operator and all occupants involved			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				1 13			
Operator			See Above				1 13			
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants				1 13			
☐ Hit/Run			☐ Moped				1 13			
☐ Vulnerable User Complete the Vulnerable User section.			1 13				1 13			
License # St. DOB/Age			Reg # 1XJH15 Reg Type PC Reg State MA				1 13			
Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21				1 13			
Operator DEJESUS, DION DEMETRIUS			Owner DEJESUS, DION DEMETRIUS				1 13			
Address 177 TAFT RD			Address 177 TAFT RD				1 13			
City WILMINGTON State MA Zip 01887-2820			City WILMINGTON State MA Zip 01887-2820				1 13			
Insurance Company PREFERRED MUTUAL INSURANC			Vehicle Action Prior to Crash 1 22				1 13			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				1 13			
Citation # (If Issued)			Most Harmful Event 1 24				1 13			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25				1 13			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				1 13			
Please fill out for operator and all occupants involved			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				1 13			
Operator/Occupants			See Above				1 13			

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

Crash Diagram:

Road becomes single lane with painted left lane restrictor
 yellow left lane restrictor
 V1 MA392S
 V2 1XJH15
 277 Main Street
 285 Main St Enterprise
 287 Meineke
 End of restrictor back to two lanes (left turn and straight)
 Clark Street
 V1 right side extended door hinge made contact along left side of V2 (scrapes/dents)

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 (Lara-Hernandez) & V2 (DeJesus) both traveling straight on RT38S & entered the single lane restrictor running from area of 285 Main St. to 287 Main St. V1 opr claimed V2 tried to pass him on the right to get ahead of his vehicle for the lane merge/restriction. V2 opr claimed he was already in the right lane & that V1 merged into right lane making contact. Both parties going straight on RT.38 & not making turn to Clark Street. Post crash, both vehicles stopped approximately 200 yards away in front of 325 Main Street. They were unclear exactly where in the lane restrictor (entering or leaving) contact was made. V2 was on the right, & V1 was in the lane restrictor. The vehicles were so close it appeared contact was likely. In any event V2 (DeJesus) was in the right lane while (in & or exiting restrictor). V1 fail to yield or presence on restrictor probable cause of minor collision.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Richard DiPerri

173

Wilmington Police Department

11/11/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 11/12/2025	Time of Crash 1252 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:														
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																				
At			Feet N S E W of Mile Marker Exit Number																				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																				
Also at Intersection with			Feet N S E W of Landmark																				
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-327-AC											
License # St DOB/Age			Reg # AMB7078 Reg Type AM Reg State MA			Veh Year 2021 Veh Make Other-not listed Veh Config. 1																	
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Owner ACTION AMBULNACE SERVICE INC			Address 1 JEWELL DR			City WILMINGTON State MA Zip 01887														
Operator SYKES, LUANN			Vehicle Action Prior to Crash 3			Damaged Area Code: 3 27 27 27			Test Status: 1 28														
Address 1 JEWEL DR			Event Sequence 97 23 23 23			Type of Test: 0 29			BAC Test Result: 1 30														
City WILMINGTON State MA Zip 01887			Most Harmful Event 97 24			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Insurance Company ARBELLA PROTECTION			Driver Distracted by 0 26 26			Towed from scene? 2 33																	
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 1																							
Citation # (If Issued)																							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																							
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		4		0		0		10		1			
ANDREW SWEENEY		1 JEWEL DR WILMINGTON, MA 01887				M		3		1		4		0		0		10		1			
Please Select One of the Following:												☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age												Reg # Reg Type Reg State											
Sex Lic. Class D Lic. Restrictions 20 CDL Endorsement												Veh Year Veh Make Veh Config. 21											
Operator												Owner											
Address												Address											
City State Zip												City State Zip											
Insurance Company												Vehicle Action Prior to Crash 22											
Vehicle Travel Direction: N S E W Responding to Emergency?												Damaged Area Code: 27 27 27											
Citation # (If Issued)												Test Status: 28											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub												Type of Test: 29											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub												BAC Test Result: 30											
												Driver Contributing Code 25 25											
												Susp. Alcohol: 31 Susp. Drug: 32											
												Driver Distracted by 26 26											
												Towed from scene? 33											
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1															

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main St

634 Main St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was traveling north on Main St when it made a right turn into the 634 Main St and struck a large rock. The collision caused damage to the right passenger step and front right corner of the patient compartment. No medical was requested and no injuries were reported. V1 was driven away from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

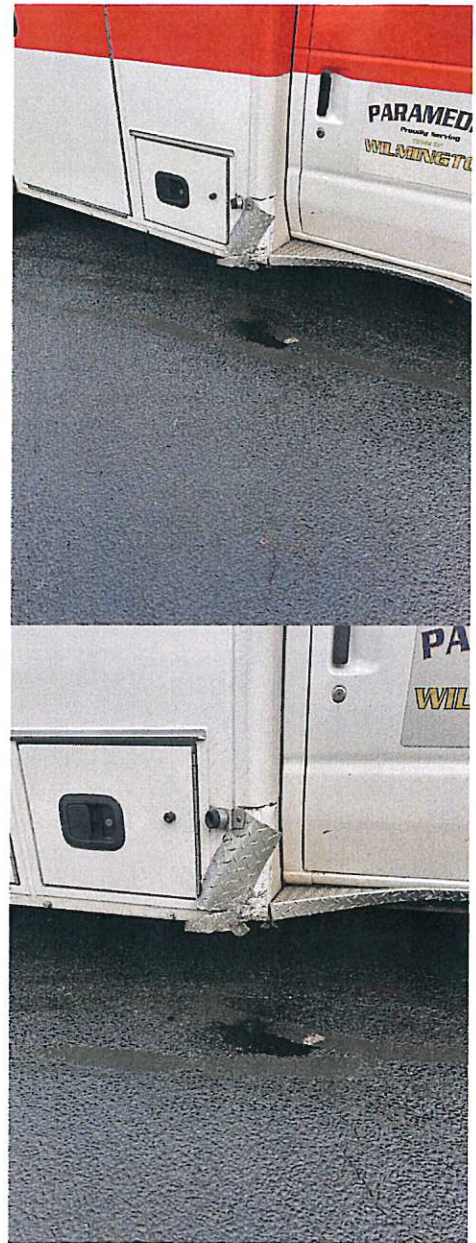
Department

Precinct/Barracks

11/12/2025

Date

Wilmington Police Department
Images Associated with 25-327-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/12/2025

Time of Crash
1431
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
1

Speed Limit 35

Latitude _____

Longitude _____

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

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

Also at Intersection with _____

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

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

_____ Feet N S E W of _____ • _____ or _____

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

_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of _____ Landmark _____

Please Select One of the Following:

☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ Moped

Crash Report ID# **25-328-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____

Operator ABRUZZIO, DOREEN M

Reg # 595ST5 Reg Type PC Reg State MA

Veh Year 1998 Veh Make FORD Veh Config. 1 21

Owner ABRUZZIO, DOREEN M

Address 5 VERANDA AVE

Address 5 VERANDA AVE

City WILMINGTON State MA Zip 01887-2006

City WILMINGTON State MA Zip 01887-2006

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 4 22

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Event Sequence 1 23 23 23 23

Citation # (If Issued) _____

Most Harmful Event 1 24

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

Driver Contributing Code 6 25 4 25

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

Driver Distracted by 0 26 26

Please fill out for operator and all occupants involved

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	~~XXXX~~	~~XX~~	1	99	1	0	0	8	2	Lahey HOSPITAL

Please Select One of the Following:

☒ Vehicle 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____

Operator SAWYER, KATLYN ROSE

Reg # 4DJH13 Reg Type PC Reg State MA

Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Owner SAWYER, GREGORY JR

Address 18 ANTHONY RD

Address 18 ANTHONY RD

City NORTH READING State MA Zip 01864-1410

City NORTH READING State MA Zip 01864-1410

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 22

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

Event Sequence 1 23 23 23 23

Citation # (If Issued) _____

Most Harmful Event 1 24

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

Driver Contributing Code 1 25 25

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

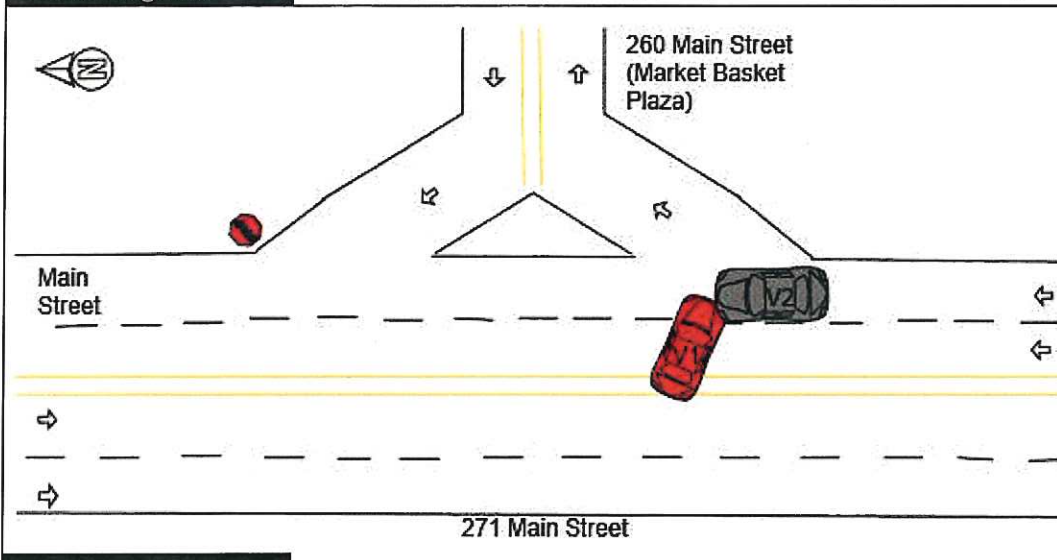
Driver Distracted by 0 26 26

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	~~XXXX~~	~~XX~~	1	99	1	0	0	10	1	
			M	6	4	1	0	0	10	1	

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was traveling southbound on Main Street and attempted to make a left turn into 260 Main Street Plaza crossing both northbound travel lanes of Main Street. Vehicle 2 (V2) was traveling in the rightmost northbound travel lane. V1 and V2 collided in the northbound travel lanes and came to rest there as well. Both vehicles sustained heavy front end damage and both had front airbag deployment.

Both vehicles were towed by Cains Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BOURASSA GIANNA ANGELICA	424 SHAWSHEEN ST TEWKSBURY MA 01876-3216		

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

11/12/2025

Date

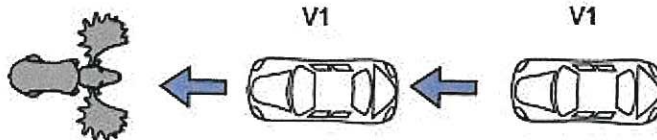
Wilmington Police Department
Images Associated with 25-328-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/13/2025	Time of Crash 0126 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:						
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-329-AC					
License # St DOB/Age			Reg # 5HMR85		Reg Type PC		Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make TOYOTA		Veh Config. 1 21							
Operator CHAVES ALVES, SIDIMAR			Owner CHAVES ALVES, SIDIMAR											
Address 3 SUSAN RUTH RD			Address 3 SUSAN RUTH RD											
City DENNIS PORT State MA Zip 02639-2220			City DENNIS PORT		State MA		Zip 02639-2220							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27									
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 5 23 23 23 23		Test Status: 1 28									
Citation # (If Issued)			Most Harmful Event 5 24		Type of Test: 0 29									
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30									
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32									
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33									
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			See Above				1	1	4	0	0	10	0	
Please Select One of the Following:														
☐ Vehicle 2 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User			Complete the Vulnerable User section.				
License # St DOB/Age			Reg #		Reg Type		Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21							
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28									
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29									
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30									
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32									
Viol. 3: Ch/Sec/Sub					Towed from scene? 33									
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above				1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Ballardvale St

Crash Narrative:

V1 was travelling south on Ballardvale St when it struck a deer in the middle of the roadway. The vehicle sustained major damage to the front end (towed from scene by Cain's Towing). The operator (lone occupant) sustained no injuries. The deer was able to run away into the woods and was not located.

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 W Powers

Police Officer Name (Please Print)

Signature

231

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/13/2025

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/13/2025Time of Crash
0912
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed Limit 30
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other:☐
☐
☐
☐
☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
409 MIDDLESEX AVEFeet ☒ S ☒ E ☒ W of Mile Marker Exit NumberFeet ☒ N ☒ S ☒ E ☒ W of Route# Intersecting Roadway/StreetFeet ☒ N ☒ S ☒ E ☒ W of LandmarkPlease Select One
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 25-330-AC

License # St DOB/Age

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

Operator BORGES, JESSICA

Address 5 OAK ST

City WILLINGTON State MA Zip 01887-3812

Insurance Company NATIONAL FIRE INSURANCE O

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

Citation # (If Issued)

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

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

Reg # 5YFN25 Reg Type PC Reg State MA

Veh Year 2025 Veh Make LINCOLN Veh Config. 1 21

Owner GERVAIS LINCOLN INC

Address 24 REISS AVE

City LOWELL State MA Zip 01851-5129

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 27 27

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

Most Harmful Event 1 24 Type of Test: 0 29

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

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator

See Above

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

License # St DOB/Age

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

Operator CAPOZZI, WILLIAM J

Address 31 INGALLS ST

City LYNN State MA Zip 01902-1746

Insurance Company

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

Citation # (If Issued)

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

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

Reg # 3AP787 Reg Type ZZ Reg State NH

Veh Year 2020 Veh Make Kenworth Veh Config. 8 21

Owner BURL LAND CLEARING LLC

Address 397 HERMIT RD

City MANCHESTER State NH Zip 03109

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27

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

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 9 25 25 BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator/Occupants

See Above

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

(North arrow pointing towards the top right)

Crash Narrative:

Operator of Vehicle 1 stated they were stopped at the intersection on High Street and Middlesex Ave behind another vehicle. Vehicle 2 was traveling on RT 62 southbound and attempted to turn left onto High Street. Vehicle 2 turned over the double yellow line and collided with Vehicle 1. Vehicle 1 sustained minor damage to the wheels. Vehicle 2 sustained no damage to the trailer or cab.

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 # **3AP787** (From Vehicle Section)

Carrier Name **Burl Land Clearing LLC**

Bus Use **0** ⁴²

Address **397 HERMIT RD** City **MANCHESTER** St **NH** Zip **03109**

US DOT #: **541390** State Number _____ Issuing State **NH** MC/MX/ICC #: _____

Interstate **1** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: **T41559** Reg Type **TL** Reg State **NH** Reg Year **2025** Trailer Length **4** ⁴⁶

Hazmat Information:

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

Patrol Officer **Kyle P Collins**

239

Wilmington Police Department

11/13/2025

Police Officer Name (Please Print)

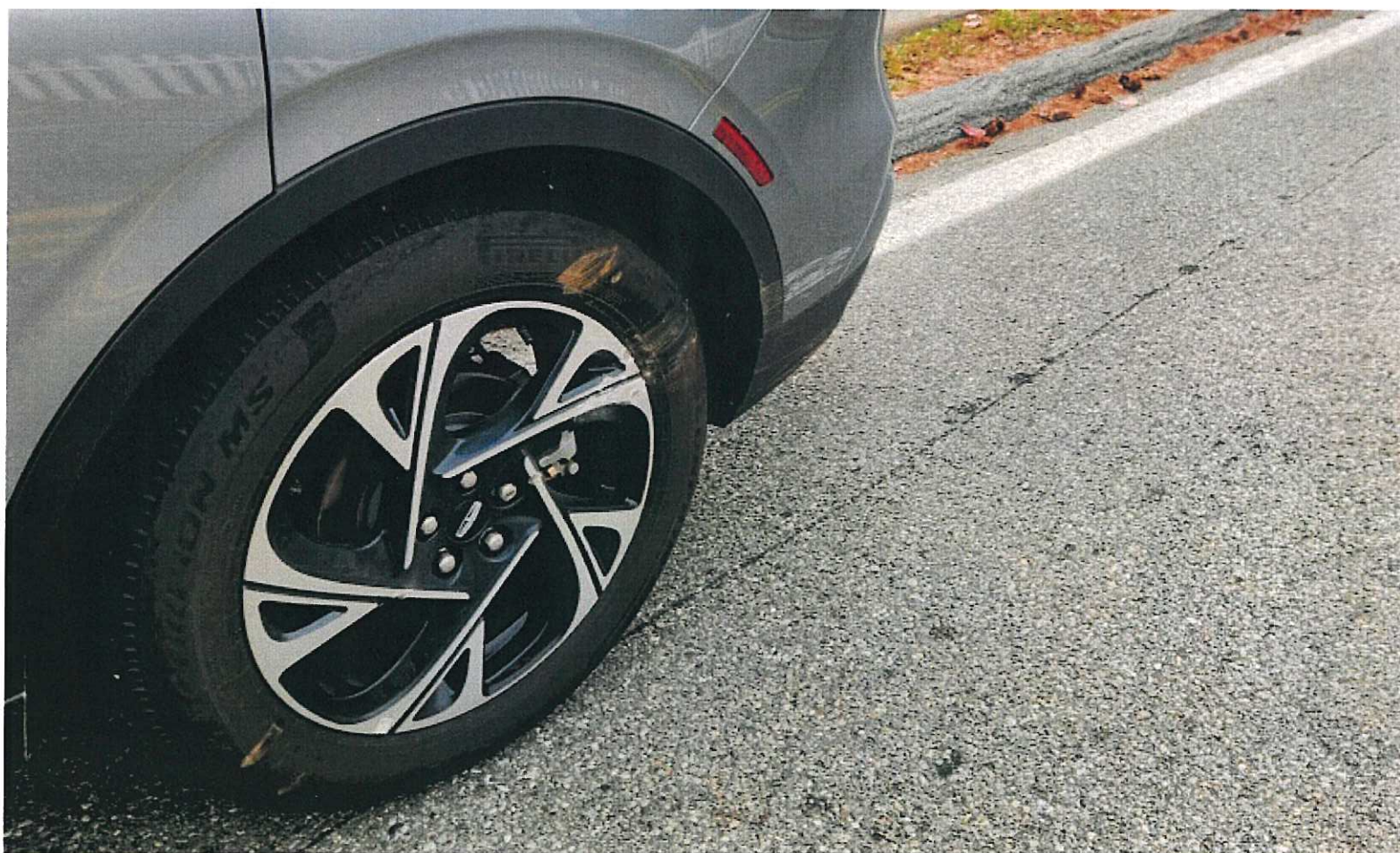
Signature

ID/Badge #

Department

Precinct/Barracks

Date



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/14/2025	Time of Crash 0536 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		37 MAIN ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-331-AC	
License # St. DOB/Age			Reg # 3DN518		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2007		Veh Make TOYOTA		Veh Config. 1 21			
Operator RONAN, KEITH MITCHELL			Owner RONAN, KEITH MITCHELL							
Address 14 TANGLEWOOD AVE			Address 14 TANGLEWOOD AVE							
City TEWKSBURY State MA Zip 01876-2056			City TEWKSBURY State MA Zip 01876-2056							
Insurance Company PERMANENT GENERAL ASSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator			See Above		1 1 4 0 0 10 1					
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 5SZM47		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008		Veh Make HONDA		Veh Config. 1 21			
Operator Driverless M.V.			Owner TOUCH, SARANN							
Address			Address 31 LONDON ST							
City State Zip			City LOWELL State MA Zip 01852-4522							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 44 23 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			Driver Contributing Code 97 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants			See Above		1					

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

Crash Diagram:

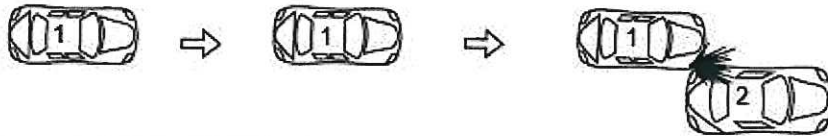
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Main Street (Rt. 38)
 Wilmington, MA



37/39 Main Street



Crash Narrative:

Operator of MV 1 stated that he was driving South on Main Street and side-swiped MV 2, which was parked at the time and unoccupied. MV 1 stated he did not sustain any injuries during the crash. R/O of MV 2 was contacted and stated her son had taken the vehicle to work and it broke down. MV 2 stated she was told the "wheel fell off." This was likely in reference to the passenger side rear wheel (see photos). MV 2 stated her son left the vehicle parked on Main Street and took an Uber to work. MV 2 was parked fully in the travel lane and was an obstruction for southbound traffic on Main Street (Rt. 38). Both vehicles were towed by Forrest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

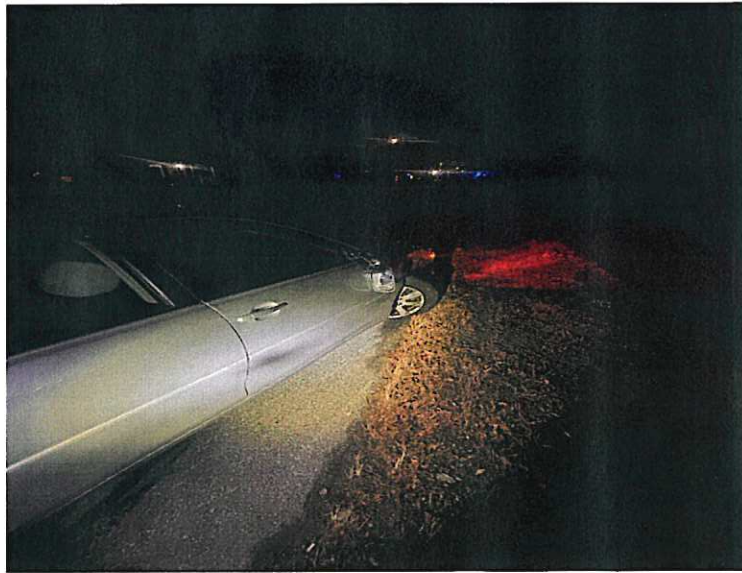
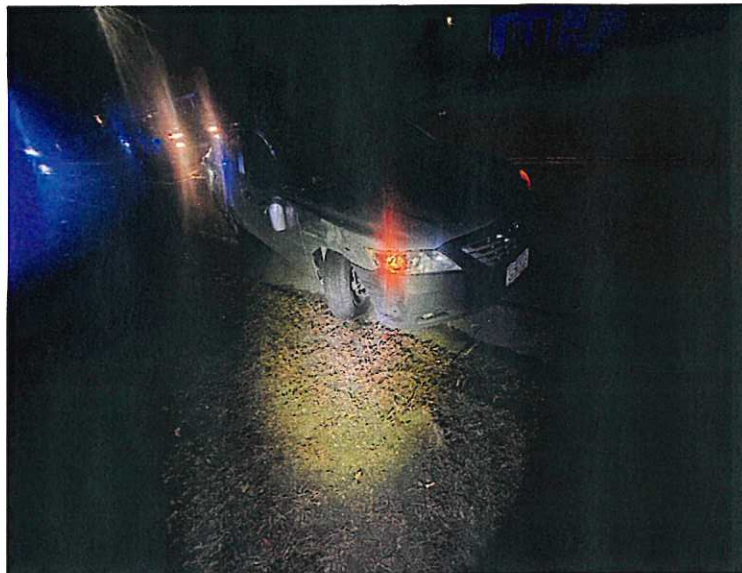
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer James R Hill 225 Wilmington Police Department 11/14/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-331-AC



Wilmington Police Department
Images Associated with 25-331-AC

