

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/18/2025 Time of Crash 0951 City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25
Latitude _____ Longitude _____
State Police ☐ Local Police ☐
MBTA Police ☐ Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# 33 Direction _____ Address # _____ Name of Roadway/Street **CONCORD ST**
____ Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____
____ Feet **N S E W** of _____
Route# _____ Intersecting Roadway/Street _____
____ Feet **N S E W** of _____
Landmark _____

Please Select One of the Following:

☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-332-AC

License # _____ S _____ DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____
Endorsement _____

Reg # 3FEB58 Reg Type **PC** Reg State **MA**
Veh Year 2023 Veh Make **HYUNDAI** Veh Config. 1 21

Operator **KHOPKAR, ADITYA**Owner **KHOPKAR, ADITYA**

Address 480 MAIN ST APT 204

Address 480 MAIN ST APT 204

City **MALDEN** State **MA** Zip 02148-5132City **MALDEN** State **MA** Zip 02148-5132Insurance Company **GOVERNMENT EMPLOYEES INSU**

Vehicle Action Prior to Crash 6 22

Vehicle Travel Direction: **N S X 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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

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

License # _____ S _____ DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Reg # 1EDB49 Reg Type **PC** Reg State **MA**
Veh Year 2014 Veh Make **HONDA** Veh Config. 1 21

Operator **HUARINGA UGAS, ARES JAIR**Owner **HUARINGA, ALAN J**

Address 27 GENESSEE ST

Address 27 GENESSEE ST FL APT 2

City **REVERE** State **MA** Zip 02151-5228City **REVERE** State **MA** Zip 02151-5228Insurance Company **LIBERTY MUTUAL FIRE INSUR**

Vehicle Action Prior to Crash 1 22

Vehicle Travel Direction: **N S X 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 19 25 5 25

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

Driver Distracted by 99 26 26

Towed from scene? 2 33

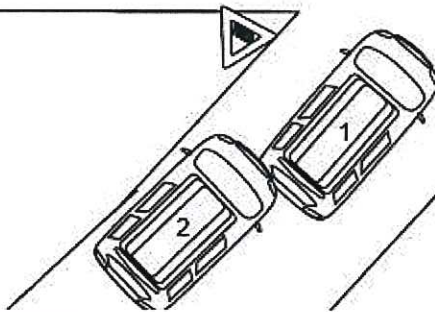
Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Concord 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:

MV1 was slowing down while approaching Concord St. to yield before entering the traffic lane. As MV1 was coming to a stop, MV2 failed to stop and struck MV1 from behind. Damage on scene suggests MV2 attempted to avoid the collision, indicated by the right front corner of MV2 impacting the left rear corner of MV1, but MV2 was following too closely to, stop or safely maneuver away in time.

No vehicles required 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 Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/18/2025

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/18/2025 Time of Crash 1729 City/Town 24HR **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 3 Speed Limit 25
Latitude _____ Longitude _____
State Police ☐ Local Police ☐
MBTA Police ☐ Campus Police ☐
Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

TAFT RD

Route# Direction Name of Roadway/Street
At

BOUTWELL ST

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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# 25-333-AC

License # _____ S _____ DOB/Age _____

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

Operator MATZKE, MADELEINE LOUISE

Address 184 TAFT RD

City WILMINGTON State MA Zip 01887-2821

Insurance Company STATE FARM MUTUAL AUTOMOB

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

Citation # (If Issued) _____

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

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

Reg # 3XYG13 Reg Type PC Reg State MA

Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21

Owner MATZKE, MADELEINE LOUISE

Address 184 TAFT RD

City WILMINGTON State MA Zip 01887-2821

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 7 27 27

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 4 25 25

Driver Distracted by 0 26 26

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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	1	0	0	8	2	Lahey Clinic

Please Select One of the Following:

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

License # _____ St _____ DOB/Age _____

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

Operator LEVITRE, MICHELLE L

Address 11 NEWBURY ST APT 1

City BILLERICA State MA Zip 01821-5136

Insurance Company SAFETY INSURANCE COMPANY

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

Citation # (If Issued) _____

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

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

Reg # 2EHV33 Reg Type PC Reg State MA

Veh Year 2018 Veh Make NISSAN Veh Config. 1 21

Owner LEVITRE, KEITH N

Address 11 NEWBURY ST APT 1

City BILLERICA State MA Zip 01821-5136

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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

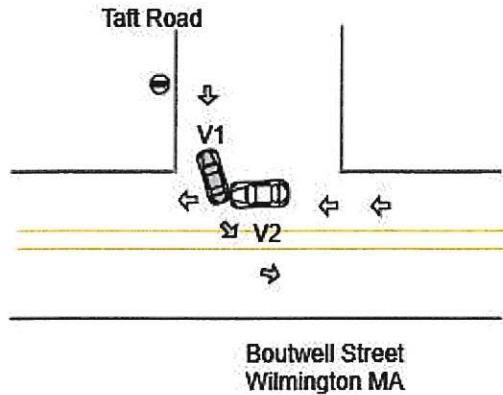
Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	1	3	0	0	8	2	Lahey Clinic
			F	3	1	3	0	0	8	2	Lahey Clinic

→ = 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:

Two vehicles crashed when V1 pulled out of Taft to turn left onto Boutwell and V2 was traveling straight. Op1 stated she stopped and was waiting to turn left onto Boutwell Street. She stated she looked both ways then started to pull out and take the turn. She stated she saw the other car on her left but she thought it was further away. She stated she pulled out of Taft and then V2 crashed into her as she made the left turn. Op2 stated there was steady traffic in the area and she was traveling straight ahead. She stated she did not have time to stop before V1 pulled out in front of her.

Both

vehicles towed by Cains Towing. Major damage to front right and front side of V1. Major damage to front of V2, windshield damage as well.

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

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

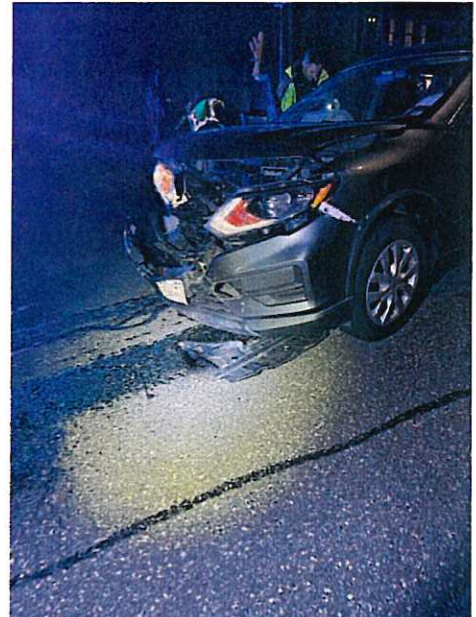
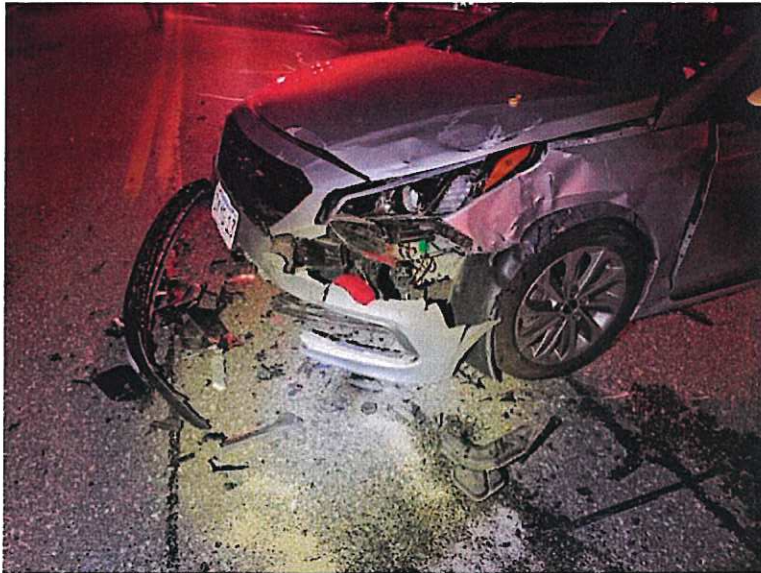
Department

Precinct/Barracks

11/18/2025

Date

Wilmington Police Department
Images Associated with 25-333-AC



Wilmington Police Department
Images Associated with 25-333-AC



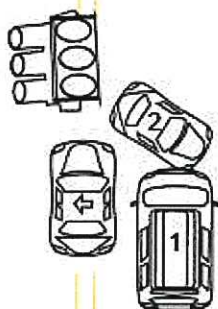
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/18/2025	Time of Crash 1542 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
1 1 SHAWSHEEN AVE					2 10						
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						
2 1 LAKE ST					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						
2 1					Landmark						
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped					Crash Report ID# 25-334-AC						
License # S DOB/Age					Reg # 5TLA18 Reg Type PC Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement					Veh Year 2020 Veh Make Jeep Veh Config. 1 21						
Operator STACKHOUSE, MICHAEL ARTHUR					Owner STACKHOUSE, MICHAEL ARTHUR						
Address 2 COLUMBUS AVE					Address 2 COLUMBUS AVE						
City METHUEN State MA Zip 01844-6409					City METHUEN State MA Zip 01844-6409						
Insurance Company THE STANDARD FIRE INSURAN					Vehicle Action Prior to Crash 1 22						
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2					Damaged Area Code: 0 27 27 27						
Citation # (If Issued)					Test Status: 1 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						
Please fill out for operator and all occupants involved					Driver Contributing Code 99 25 25						
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					Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Operator See Above					Towed from scene? 2 33						
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.											
License # S DOB/Age					Reg # 1NDA26 Reg Type PC Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 1999 Veh Make TOYOTA Veh Config. 1 21						
Operator HAYWOOD, KATHLEEN M					Owner HAYWOOD, KATHLEEN M						
Address 72 LAKEVIEW AVE					Address 72 LAKEVIEW AVE						
City TEWKSBURY State MA Zip 01876-4318					City TEWKSBURY State MA Zip 01876-4318						
Insurance Company GOVERNMENT EMPLOYEES INSU					Vehicle Action Prior to Crash 4 22						
Vehicle Travel Direction: N S ☒ W Responding to Emergency? 2					Damaged Area Code: 2 27 27 27						
Citation # (If Issued)					Test Status: 1 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						
Please fill out for operator and all occupants involved					Driver Contributing Code 1 25 25						
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					Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Operator/Occupants See Above					Towed from scene? 1 33						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

298 Shawsheen Ave



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



168 Lake St

Crash Narrative:

11/18/25 1542hrs, dispatched to Shawsheen @ Lake for 2 car MVC. On arrival, both MVs pulled over in front of 168 Lake St. OP2 stated, coming S on Shawsheen turning L onto Lake. Unknown MV waiting in intersection to turn L from Shawsheen to Hopkins. MV1 passed UNK MV and stuck MV2. OP1 stated was traveling N on Shawsheen wanting to go straight, did not see MV2 as he passed UNK MV.

No visible damage to MV1, scratch on front plate. Heavy damage MV2 front right panel. MV2 towed to residence. MV1 left under own power.

No injuries reported.

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 Joseph A Fitzgerald

Police Officer Name (Please Print)

Signature

215

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/18/2025

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/20/2025

Time of Crash
2010
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit
25

Latitude

Longitude

State Police ☐
Local Police ☒
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction **SALEM ST** Name of Roadway/Street

At

Route# Direction **WOBURN 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 ☐ MopedCrash Report ID# **25-335-AC**

License # St. DOB/Age

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

Operator **MESSINA, ANGELICA GIOVANNA**

Address **43 LONG POND RD**

City **TYNGSBORO** State **MA** Zip **01879-1305**

Insurance Company **PROGRESSIVE DIRECT INSURA**

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

Citation # (If Issued)

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

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

Reg # **874VD6** Reg Type **PC** Reg State **MA**

Veh Year **2013** Veh Make **HONDA** Veh Config. **1** 21

Owner **MESSINA, ANGELICA GIOVANNA**

Address **43 LONG POND RD**

City **TYNGSBORO** State **MA** Zip **01879-1305**

Vehicle Action Prior to Crash **4** 22

Event Sequence **1** 23 23 23 23

Most Harmful Event **1** 24

Driver Contributing Code **4** 25 25

Driver Distracted by **0** 26 26

Damaged Area Code: **3** 27 27 27

Test Status: **1** 28

Type of Test: **0** 29

BAC Test Result: **1** 30

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	2	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

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

Operator **FERNANDEZ, OLIVIER DEJESUS**

Address **68 BROOK ST APT 2**

City **LAWRENCE** State **MA** Zip **01841-3928**

Insurance Company **THE STANDARD FIRE INSURAN**

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

Citation # (If Issued)

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

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

Reg # **1GPB54** Reg Type **PC** Reg State **MA**

Veh Year **2024** Veh Make **CHEVROLET** Veh Config. **1** 21

Owner **FERNANDEZ, OLIVIER DEJESUS**

Address **68 BROOK ST APT 2**

City **LAWRENCE** State **MA** Zip **01841-3928**

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: **1** 27 27 27

Test Status: **1** 28

Type of Test: **0** 29

BAC Test Result: **1** 30

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Salem Street (Rt. 62)

Woburn Street

Salem Street (Rt. 62)

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:

Vehicle 1 (V1) was traveling westbound on Salem St (Rt. 62) approaching the intersection with Woburn St and began to turn left to travel southbound on Woburn Street. Vehicle 2 (V2) was traveling eastbound on Salem St (Rt. 62) and proceeded straight through the intersection with Woburn St. V1 and V2 collided in the intersection in the eastbound travel lane. V1's operator stated that she had a green light and believed she had enough room/time to make the left turn. V2's operator stated that he also had a green light and V1 turned in front of him. Both vehicles had airbags deploy.

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 Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/20/2025

Date

Wilmington Police Department
Images Associated with 25-335-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 11/22/2025 Time of Crash 2311 City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30
Latitude _____ Longitude _____
State Police ☐ Local Police ☐
MBTA Police ☐ Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____Feet **N S E W** of _____ Route# _____ Intersecting Roadway/Street _____Feet **N S E W** of _____

Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **25-336-AC**

License # _____ St _____ DOB/Age _____

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL **H** EndorsementOperator **PARNELL, COLIN ROBERT**Address **4 VALYN LN**City **WILMINGTON** State **MA** Zip **01887-1146**Insurance Company **PROGRESSIVE DIRECT INSURA**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 # **1YJB33** Reg Type **PC** Reg State **MA**Veh Year **2017** Veh Make **HONDA** Veh Config. **1** 21Owner **PARNELL, COLIN ROBERT**Address **4 VALYN LN**City **WILMINGTON** State **MA** Zip **01887-1146**Vehicle Action Prior to Crash **1** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **19** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **3** 27 **4** 27 **27**Test Status: **1** 28Type of Test: **0** 29BAC Test Result: **1** 30Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

Sex **M** Lic. Class **C** 19 19 Lic. Restrictions **A** 20 CDL **H** EndorsementOperator **RIVERA, MATTHEW CRUZ**Address **3876 NORTHSIDE DR APT 2601**City **MACON** State **GA** Zip **312100442**Insurance Company **FEDERAL 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 # **Y38171** Reg Type **CO** Reg State **MA**Veh Year **2022** Veh Make **ISUZU** Veh Config. **6** 21Owner **CREEK BROOK CML INC**Address **30 CREEK BROOK DR**City **HAVERHILL** State **MA** Zip **01832-1548**Vehicle Action Prior to Crash **10** 22Event Sequence **1** 23 23 23 23Most Harmful Event **1** 24Driver Contributing Code **19** 25 25Driver Distracted by **0** 26 26Damaged Area Code: **0** 27 **27** **27**Test Status: **1** 28Type of Test: **0** 29BAC Test Result: **1** 30Susp. Alcohol: **2** 31 Susp. Drug: **2** 32Towed 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

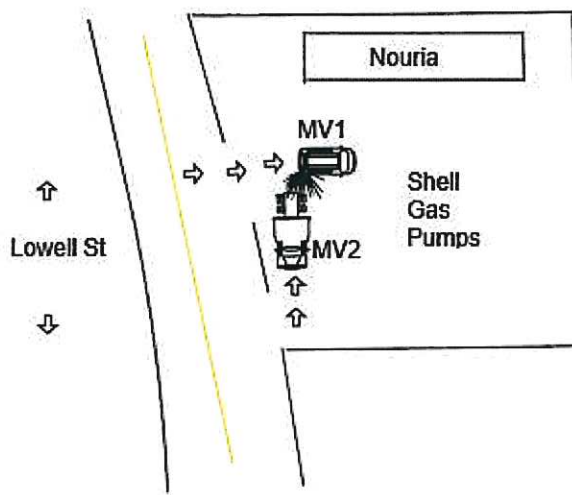
Medical Facility

Operator/Occupants

See Above

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = 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:

The crash occurred in the parking lot of 586 Main St (Shell Gas Station). MV2 was operating a commercial box truck and delivering food goods to the Dunkin Donuts at the gas station. MV2 was backing up into the parking spot along side the building. As MV2 was beginning to back up, MV1 entered the parking lot from Lowell St and did not realize that MV2 was backing up. MV1 had swiped the rear of the box truck with the rear of his vehicle. Both operators were unattentive to the other vehicle. MV2 stated that he did not see any vehicles behind him before he started to reverse. MV1 stated that he did not know MV2 was attempting to reverse. MV2 had no damage to the rear and MV1 had damage to the rear passenger back seat door as well as to the right rear of the vehicle. Both operators were uninjured and both vehicles were operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Taylor Padulsky 238 Wilmington Police Department 11/22/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-336-AC

