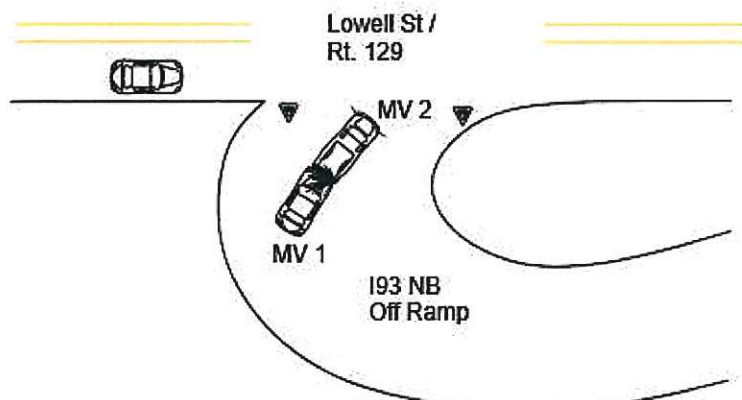


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/24/2025	Time of Crash 1154 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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# 25-337-AC	
License # St DOB/Age			Reg # 5RSX29		Reg Type PC		Reg State MA			
Sex F Lic. Class D Lic. Restrictions L CDL Endorsement			Veh Year 2011		Veh Make HONDA		Veh Config. 1			
Operator CARPIO, JASMIN GRAVIELA			Owner CARPIO, JASMIN GRAVIELA							
Address 169 TAFT RD APT 1			Address 169 TAFT RD APT 1							
City WILMINGTON State MA Zip 01887-2820			City WILMINGTON		State MA		Zip 01887-2820			
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 8 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 5 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			
Operator			See Above		1		1			
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # US29VD		Reg Type PC		Reg State MA			
Sex M Lic. Class D Lic. Restrictions L CDL Endorsement			Veh Year 2016		Veh Make TOYOTA		Veh Config. 2			
Operator CARNEIRO VIEIRA, OMAR FABRICO			Owner DASILVA, CRISTINA							
Address 21 HOLLIS RD			Address 21 HOLLIS RD							
City LYNN State MA Zip 01904-1714			City LYNN		State MA		Zip 01904-1714			
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1		Damaged Area Code: 5 27 6 27 4 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			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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator/Occupants			See Above		1		99			

→ = 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 operator of MV 1 stated that she rear ended MV 2 while on the I93 NB Off ramp at exit 31. The operator of MV 1 stated that as they started to yield onto Lowell St from the off ramp, she started to look at the vehicles driving along side her on Lowell St. While she was watching the traffic on Lowell St, MV 2 came to a stop because it was not safe to turn onto Lowell St causing her to rear end MV 2. The operator of MV 1 was not injured and the vehicle was towed by A&S.

The operator of MV 1 and MV 2 exchanged information prior to my arrival. When I arrived on scene MV 2 had already departed.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

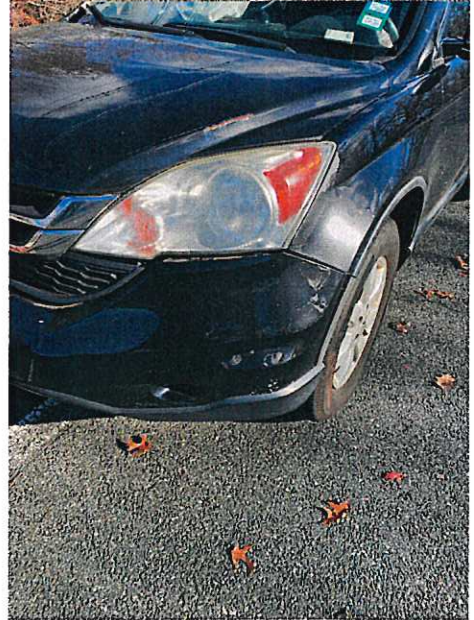
Department

Precinct/Barracks

11/24/2025

Date

Wilmington Police Department
Images Associated with 25-337-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/24/2025

Time of Crash
1653
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:

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 _____ • _____ 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 12 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **25-338-AC**

License # _____ St. _____ DOB/Age _____
Sex F Lic. Class D 19 19 Lic. Restrictions A 20 CDL _____
Endorsement _____

Operator OCCEAN, AMERLINE
Last First Middle

Address 136 CHURCH ST

City WILMINGTON State MA Zip 01887-2776

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 4BFG42 Reg Type PC Reg State MA
Veh Year 2024 Veh Make MITSUBISHI Veh Config. 1 21

Owner OCCEAN, AMERLINE
Last First Middle

Address 136 CHURCH ST

City WILMINGTON State MA Zip 01887-2776

Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 27 27

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

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 4 25 25 BAC Test Result: 30

Driver Distracted by 0 26 26 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										
NICOLAS ROGERS	42 S MAIN ST MIDDLETON, MA 01949		M	3	1	4	0	0	10	1	

Please Select One
of the Following:☒ Vehicle 21 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

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

Operator MELIDEO, JONATHAN M
Last First Middle

Address 20 WINEYARD ST

City DANVERS State MA Zip 01923

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 6ZA333 Reg Type PC Reg State MA
Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21

Owner MELIDEO, KARYN LYNN
Last First Middle

Address 20 VINEYARD ST

City DANVERS State MA Zip 01923-1853

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

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

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 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 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell St/ MA129 Cross St Cross 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:

11/24/25 1653hrs, dispatched w/ FD to 2-car MVC Lowell St @ Cross St. According to WIT1, MV2 traveling SB on Lowell St/MA129. MV1 stopped at stop sign Cross St looking to turn L. MV1 kept inching forward and then drove forward directly into the side of MV2 that was in traffic. Both OPs confirmed. No reported injuries and signed refusals w/ FD. MV1 towed by Cains, MV2 left under own power.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LIBERMAN ANN MARIE	53 POMFRET RD TEWKSBURY MA 01876-2425		

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

11/24/2025

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/25/2025

Time of Crash
1606
24HR

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

301 BALLARDVALE 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# 25-339-AC

License # St DOB/Age

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

Operator RAMOS RODRIGUEZ, ZACARIAS

Address 4 GARFIELD ST

City HAVERHILL State MA Zip 01832-5204

Insurance Company THE STANDARD FIRE INSURAN

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

Citation # (If Issued)

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

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

Reg # 6WWS68 Reg Type PC Reg State MA

Veh Year 2011 Veh Make GMC Veh Config. 1 21

Owner RAMOS RODRIGUEZ, ZACARIAS

Address 4 GARFIELD ST

City HAVERHILL State MA Zip 01832-5204

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? 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 # St DOB/Age

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

Operator COLSON, CRYSTAL L

Address 2 RIVERVIEW AVE

City TEWKSBURY State MA Zip 01876-2363

Insurance Company PROGRESSIVE DIRECT INSURA

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

Citation # (If Issued)

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

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

Reg # 4CVR36 Reg Type PC Reg State MA

Veh Year 2024 Veh Make HONDA Veh Config. 1 21

Owner COLSON, ADAM E

Address 2 RIVERVIEW AVE

City TEWKSBURY State MA Zip 01876-2363

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: 7 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? 2 33

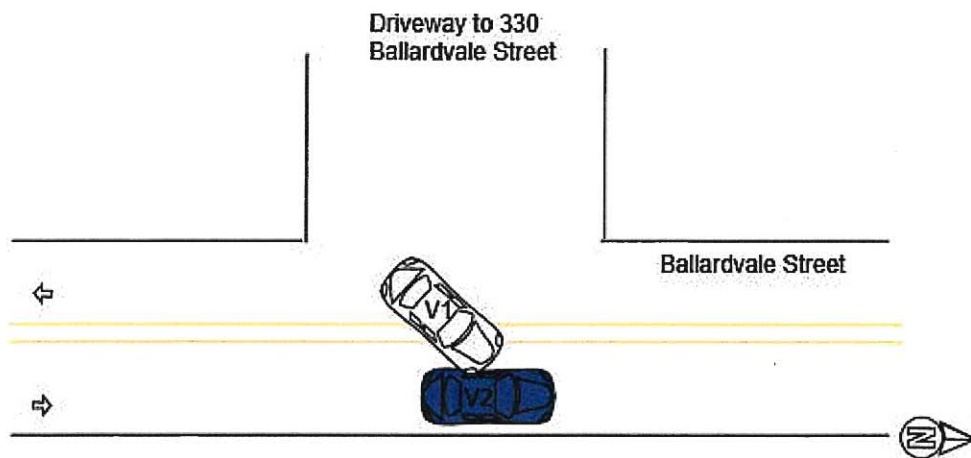
Please fill out for operator and all occupants involved

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	
			M	4	4	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



Crash Narrative:

Vehicle 1 (V1) was exiting the driveway of 330 Ballardvale St and began turning left to travel northbound on Ballardvale Street. Vehicle 2 (V2) was traveling straight ahead already in the northbound travel lane of Ballardvale St. V1 collided with V2 in the roadway. V1 sustained front right side damage, and V2 sustained left side damage. No airbags were deployed and all parties declined medical attention. No tows were required, vehicles driven from scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
JONES TODD EDWARD	12 FRAN AVE PLAISTOW NH 03865		

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 #

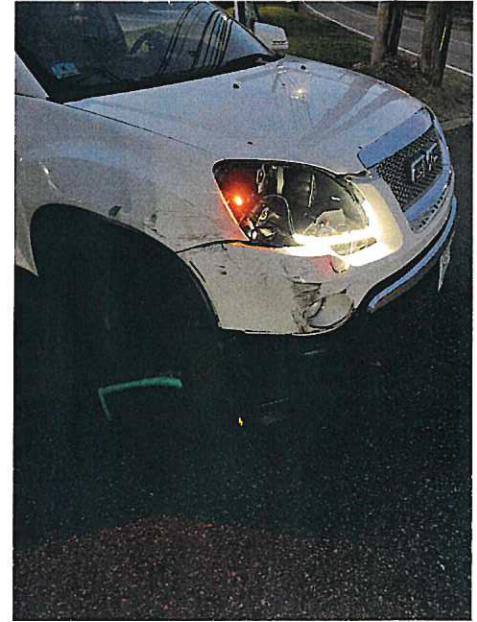
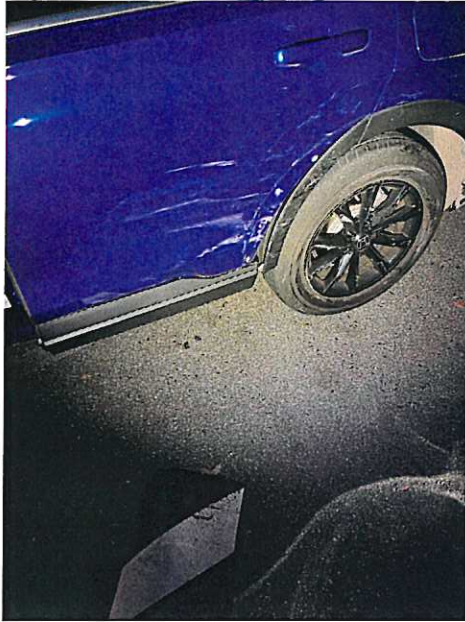
Wilmington Police Department

Department

11/25/2025

Date

Wilmington Police Department
Images Associated with 25-339-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/25/2025	Time of Crash 1721 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-340-AC	
License #			DOB/Age		Reg # 7ET650		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions B 40		Veh Year 2019		Veh Make Jeep		Veh Config. 1 21	
Operator ELLIOTT, CHRISTINE SUSAN					Owner ELLIOTT, CHRISTINE SUSAN					
Address 15 PERKINS CIR					Address 15 PERKINS CIR					
City TOPSFIELD State MA Zip 01983					City TOPSFIELD State MA Zip 01983					
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 4 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 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 1 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator			See Above		X		X			
Please Select One of the Following:			☐ Vehicle 21 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			St DOB/Age		Reg # unknown		Reg Type		Reg State	
Sex Lic. Class 99 19 19			Lic. Restrictions 99 20		Veh Year		Veh Make		Veh Config. 99 21	
Operator unknown					Owner					
Address					Address					
City State Zip					City State Zip					
Insurance Company UNKNOWN					Vehicle Action Prior to Crash 9 22		Damaged Area Code: 99 27 27 27			
Vehicle Travel Direction: N S E W			Responding to Emergency? 99		Event Sequence 99 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			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 10 25 8 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 99 26 26		Susp. Alcohol: 99 31 Susp. Drug: 99 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator/Occupants			See Above		X		X			

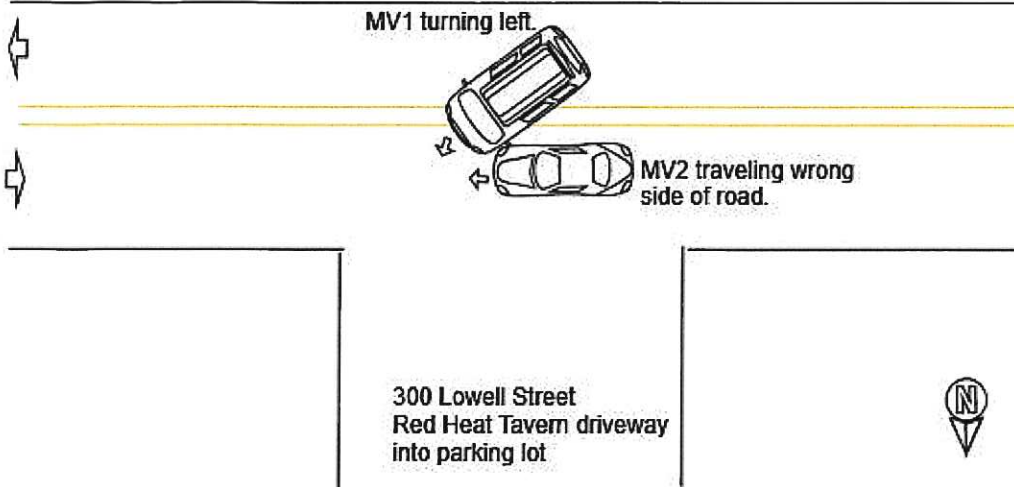
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

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:

Operator of Motor vehicle 1, Christine Elliott stated that she was traveling east on Lowell Street in heavy stop and go traffic. She stated that she arrived at the driveway of Red Heat Tavern, activated her vehicles left turn signal, and once it was clear from oncoming traffic, she attempted to turn left to go into the parking lot, but was struck by MV2 (See damage). She stated that she never saw MV2, who was traveling on the wrong side of the road via oncoming traffic lane and passing vehicles on the left side. She stated that MV2 didn't stop at all and just drove away. Mrs. Elliott didn't appear to have sustained any visible injuries and she refused medical attention. I spoke with 2 witnesses who were both 4 or 5 cars behind MV1. They both corroborated Mrs. Elliott's statements. No one could provide the make or model of MV2, but believed it was a light color car and unknown male or female operator.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TRICKETT MAKAYLA NOEL	5 WASHINGTON ST Apt. #B3 REVERE MA 02151-4645		1
ROBERTS MARLIES H	2 SERENOA LN WILMINGTON MA 01887		1

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

197

Wilmington Police Department

11/25/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

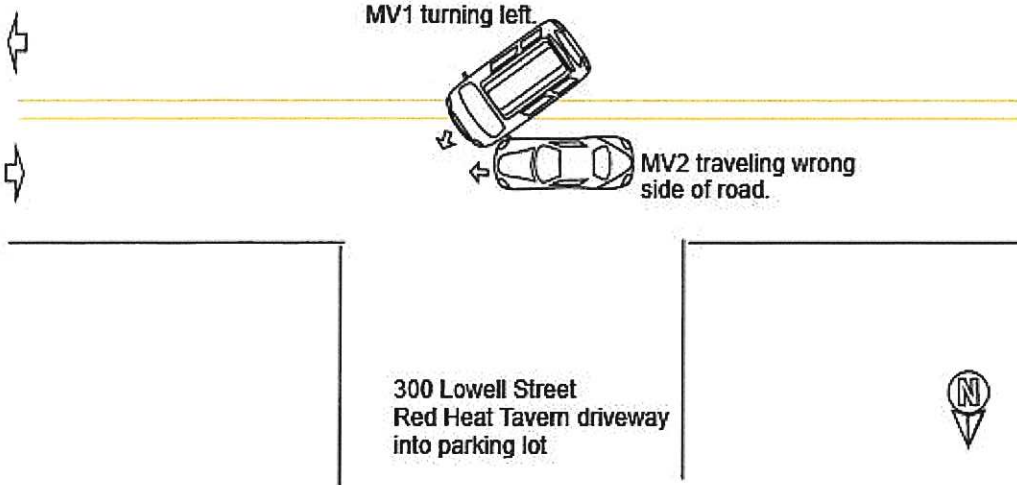
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of Motor vehicle 1, Christine Elliott stated that she was traveling east on Lowell Street in heavy stop and go traffic. She stated that she arrived at the driveway of Red Heat Tavern, activated her vehicles left turn signal, and once it was clear from oncoming traffic, she attempted to turn left to go into the parking lot, but was struck by MV2 (See damage). She stated that she never saw MV2, who was traveling on the wrong side of the road via oncoming traffic lane and passing vehicles on the left side. She stated that MV2 didn't stop at all and just drove away. Mrs. Elliott didn't appear to have sustained any visible injuries and she refused medical attention. I spoke with 2 witnesses who were both 4 or 5 cars behind MV1. They both corroborated Mrs. Elliott's statements. No one could provide the make or model of MV2, but believed it was a light color car and unknown male or female operator.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CALLAHAN CHLOE ANN	30 DELL DR WILMINGTON MA 01887-3105		

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

11/25/2025

Date

Wilmington Police Department
Images Associated with 25-340-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/25/2025	Time of Crash 1918 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	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 LOWELL ST			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 I93SBR31 RAMP			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# 25-341-AC							
License # Si DOB/Age			Reg # 8WEL60 Reg Type PC Reg State MA			1 12				
Sex F Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012 Veh Make TOYOTA Veh Config. 1 21			1				
Operator MCDONAGH, EMMA HART			Owner MCDONAGH, LAURA FAIRFAX							
Address 2084 PINE ST			Address 47 DEBORAH DR							
City SAN FRANCISCO State CA Zip 94115			City READING State MA Zip 01867-1457			1 13				
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 4 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 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			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved			Towed from scene? 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 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 i St. DOB/Age			Reg # 1HFS82 Reg Type PC Reg State MA			1 14				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2011 Veh Make Jeep Veh Config. 1 21							
Operator SANTOS, KATE ELIZABETH			Owner SANTOS, KATE ELIZABETH							
Address 4 CIDER LN			Address 4 CIDER LN							
City DRACUT State MA Zip 01826-1553			City DRACUT State MA Zip 01826-1553							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 27 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28				
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 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			Towed from scene? 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 99 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell St
(Rt.129)

I93 SB
On-Ramp

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 westbound on Lowell St (Rt.129) when it began to turn left crossing the eastbound lane of Lowell St to access the on-ramp of Interstate 93 Southbound. Vehicle 2 (V2) was traveling straight ahead (eastbound) on Lowell St passing the ramps. V1 and V2 collided in the eastbound travel lane of Lowell St. V1's operator stated that she believed she had enough time to clear the intersection. V2's operator stated she attempted to stop but her tires slid on the wet pavement. Both operators declined injuries and medical attention. No airbags were deployed and Forrest Towing towed V1 due to damage. V2 was driven 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 Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/25/2025

Date

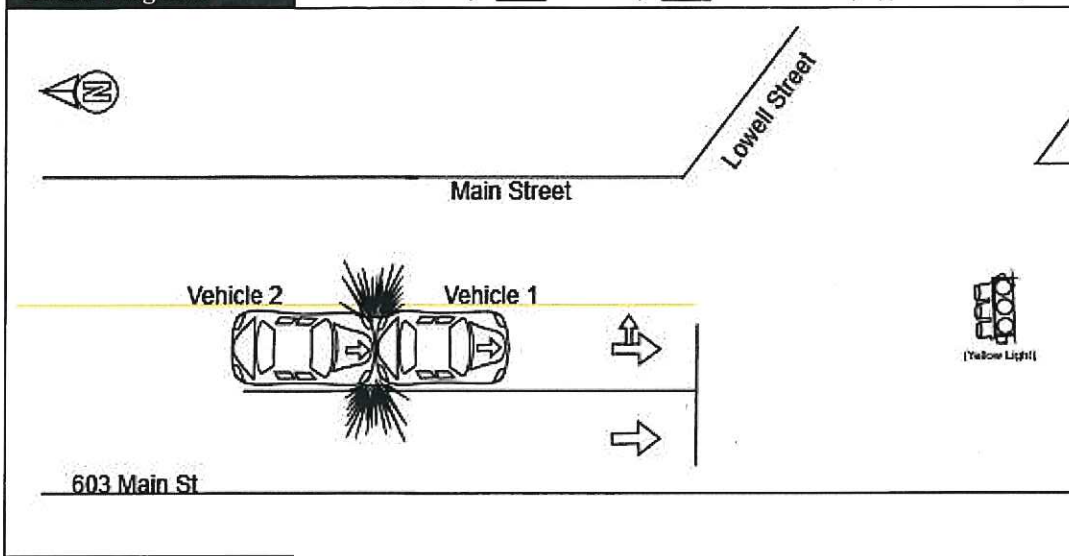
Wilmington Police Department
Images Associated with 25-341-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/26/2025		Time of Crash 0534 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:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10			
At						Feet N S E W of or						2 11			
Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									
Also at Intersection with						Feet N S E W of Lowell ST									
Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street						Landmark									
Please Select One of the Following:						☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-342-AC			
License # St DOB/Age						Reg # LLK441		Reg Type PC		Reg State AK		1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2024		Veh Make MAZDA		Veh Config. 1 21		1 12			
Operator AUBREY, JOSHUA J						Owner AUBREY, CRYSTAL									
Address 19 DUNMORE RD						Address 8847 RIVER DR									
City WILMINGTON State MA Zip 01887						City PALMER		State AK		Zip 99645					
Insurance Company						Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 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 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				1 13			
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 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Age						Reg # 4NAF11		Reg Type PC		Reg State MA		1 21			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2021		Veh Make TOYOTA		Veh Config. 1 21		1 21			
Operator COATES, NICHOLAS J						Owner COATES, NICHOLAS J									
Address 8 COOLIDGE ST						Address 8 COOLIDGE ST									
City BILLERICA State MA Zip 01821-2250						City BILLERICA		State MA		Zip 01821-2250		4 14			
Insurance Company GOVERNMENT EMPLOYEES INSU						Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 2						Event Sequence 1 23 23 23 23		Test Status: 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 19 25 25		BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address DOB/Age Sex						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
 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 Wednesday, November 26, 2025, at approximately 5:30AM, Vehicle 1 was traveling south on Main Street when the light at the intersection of Lowell and Main Street turned yellow. Vehicle 1 slowed down due to the light change. At this point, Vehicle 2 which was traveling behind Vehicle 1 hit there breaks and began to skid on the pavement eventually colliding with the rear of Vehicle 1 causing damage to both vehicles.

Both parties were uninjured.

Photos attached.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Christopher K Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/26/2025

Date

Wilmington Police Department
Images Associated with 25-342-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/29/2025	Time of Crash 1246 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of 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# 25-343-AC				
License # St. DOB/Age			Reg # 3186729 Reg Type PC Reg State NH			Veh Year 2018 Veh Make LEXUS Veh Config. 1 21								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Owner MACEACHERN, CHARLES J			Address 44 PATRICIAN SHORES CIR								
Operator MACEACHERN, CHARLES J			City MEREDITH State NH Zip 03253			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 6 27 27 27					
Address 44 PATRICIAN SHORES CIR			Event Sequence 1 23 23 23 23			Test Status: 1 28								
City MEREDITH State NH Zip 03253			Most Harmful Event 1 24			Type of Test: 0 29								
Insurance Company			Driver Contributing Code 1 25 25			BAC Test Result: 1 30								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Citation # (If Issued)			Towed from scene? 2 33											
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				1	1	4	0	0	10	0	
Please Select One of the Following:											Complete the Vulnerable User section.			
Please Select One of the Following:			☒ Vehicle 21 Occupants			☐ Hit/Run		☐ Moped						
License # St. DOB/Age			Reg # 6VNX39 Reg Type PC Reg State MA			Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Owner CUSACK, EMMA E			Address 20 RUSS ST								
Operator CUSACK, EMMA E			City METHUEN State MA Zip 01844-5952			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27					
Address 20 RUSS ST			Event Sequence 1 23 23 23 23			Test Status: 1 28								
City METHUEN State MA Zip 01844-5952			Most Harmful Event 1 24			Type of Test: 0 29								
Insurance Company ARBELLA MUTUAL INSURANCE			Driver Contributing Code 5 25 25			BAC Test Result: 1 30								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Citation # (If Issued)			Towed from scene? 1 33											
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/Occupants			See Above				1	1	3	0	0	10	0	

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

Crash Diagram:

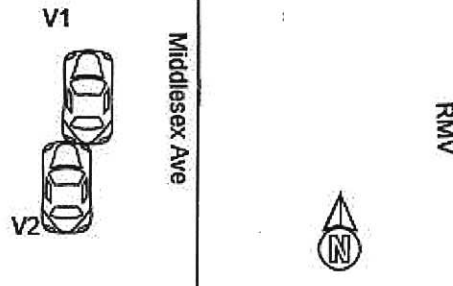
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Reading
Cooperative
Bank



Crash Narrative:

On November 29, 2025, Vehicle 1 was traveling northbound on Middlesex Ave while Vehicle 2 was traveling behind it. Vehicle 1 braked in front of the RMV, and Vehicle 2 failed to brake in time. Vehicle 2 collided with Vehicle 1, Vehicle 2's airbags deployed all over the car, and it sustained front-end damage. Vehicle 2 was towed from the scene. Vehicle 1 sustained minor rear-end damage. Both operators refused medical attention.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

239

Wilmington Police Department

11/29/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-343-AC

