

Police Use Only			Commonwealth of Massachusetts			RMV Document Number			
Date of Crash 12/01/2025	Time of Crash 1136 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 CONCORD ST At WOBURN ST Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address# Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark						2 10
Route# Direction Name of Intersecting Roadway/Street									3 11
Route# Direction Name of Intersecting Roadway/Street									
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-344-AC						
License # Sex F Lic. Class Lic. Restrictions B CDL Operator MORIN, SKYLAR PAIGE Address 37 POND RD City DERRY State NH Zip 030384027 Insurance Company Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 4472828 Reg Type PC Reg State NH Veh Year 2018 Veh Make NISSAN Veh Config 1 Owner MORIN, SKYLAR PAIGE Address 37 POND RD City DERRY State NH Zip 030384027 Vehicle Action Prior to Crash Event Sequence Most Harmful Event Driver Contributing Code Driver Distracted by			Damaged Area Code Test Status Type of Test BAC Test Result Susp. Alcohol Susp. Drug Towed from scene?			1 12
Please fill out for operator and all occupants involved									1 13
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Belt 35 Safety System 36 Airbag Status 37 Ejector Code 38 Trip Code 39 Injury Status 40 Transport Code Medical Facility			
Operator See Above			1 99 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 # Sex M Lic. Class Lic. Restrictions CDL Operator MCDONALD, NICHOLAS ANDREW Address 3600 MYSTIC VALLEY PKWY City MEDFORD State MA Zip 02155-5733 Insurance Company 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 # unknown Reg Type MC Reg State MA Veh Year 2020 Veh Make other-not listed Veh Config 3 Owner MCDONALD, NICHOLAS ANDREW Address 3600 MYSTIC VALLEY PKWY City MEDFORD State MA Zip 02155-5733 Vehicle Action Prior to Crash Event Sequence Most Harmful Event Driver Contributing Code Driver Distracted by			Damaged Area Code Test Status Type of Test BAC Test Result Susp. Alcohol Susp. Drug Towed from scene?			1 14
Please fill out for operator and all occupants involved									
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Belt 35 Safety System 36 Airbag Status 37 Ejector Code 38 Trip Code 39 Injury Status 40 Transport Code Medical Facility			
Operator/Occupants See Above			1 5 5 1 0 7 2			Lahay Clinic			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Woburn St

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:

The operator of MV1 had just received a green signal and began traveling northbound on Woburn Street. As MV1 was entering the intersection, MV2 (a motorcycle) failed to stop for the red signal and collided with the front of MV1. The operator of MV2 struck the front quarter panel, windshield, and the entire driver's side of MV1.

Both vehicles were towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HIGGINS MARY A	175 WALNUT ST READING MA 01867		2

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

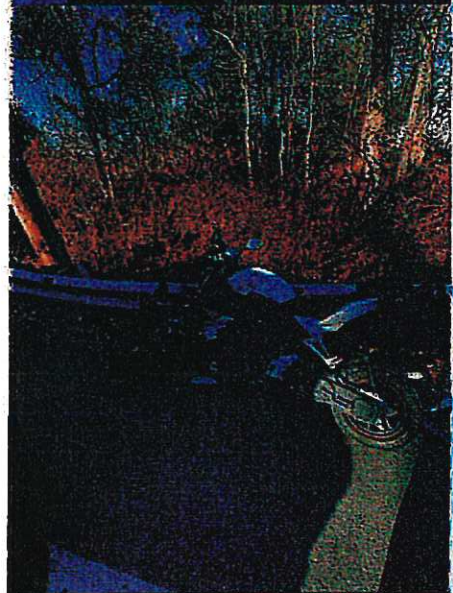
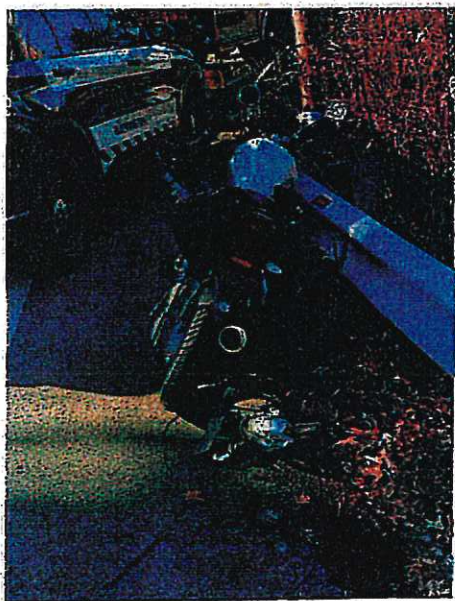
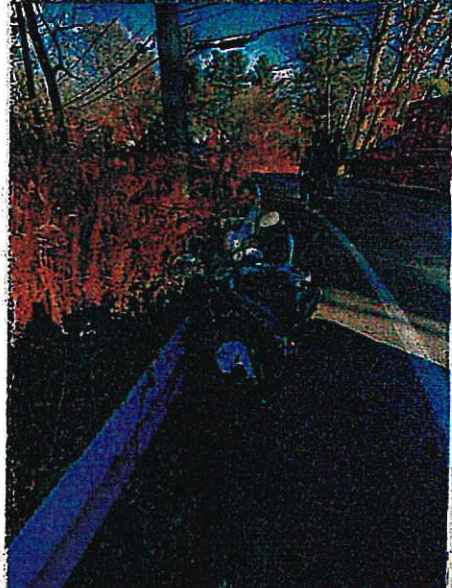
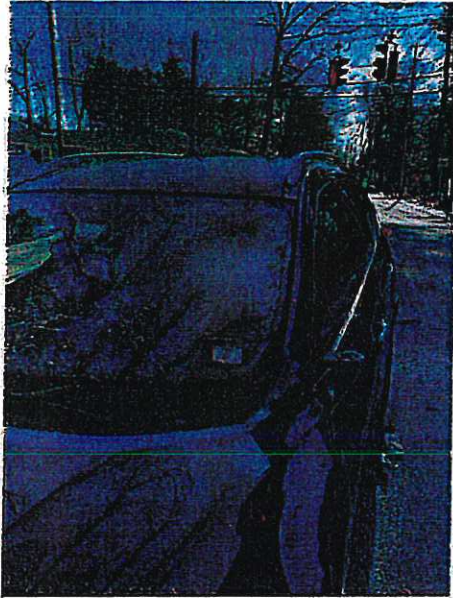
Hazmat Information:

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

Patrol Officer Brian Tavares 206 Wilmington Police Department 12/01/2025

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Baracks Date

Wilmington Police Department
Images Associated with 25-344-AC



Wilmington Police Department
Images Associated with 25-344-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/01/2025

Time of Crash
1334
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

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

33 EVERETT AVE

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# 25-345-AC

License # St. DOB/Age

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

Operator SWEENEY, DAVID EUGENE

Address 42 EVELYN CT

City DRACUT State MA Zip 01826-3370

Insurance Company COMMERCE INSURANCE COMP

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 # 1AG48T Reg Type TR Reg State MA

Veh Year 1998 Veh Make Other-not listed Veh Config. 8 21

Owner J P RIVARD TRAILER SALES INC

Address 15 WESTFORD RD

City AYER State MA Zip 01432-1510

Vehicle Action Prior to Crash 1 22

Event Sequence 22 23 23 23 23

Most Harmful Event 22 24

Driver Contributing Code 19 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 97 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	1	4	0	0	10	1	

Please Select One of the Following:

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

License # St. DOB/Age

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

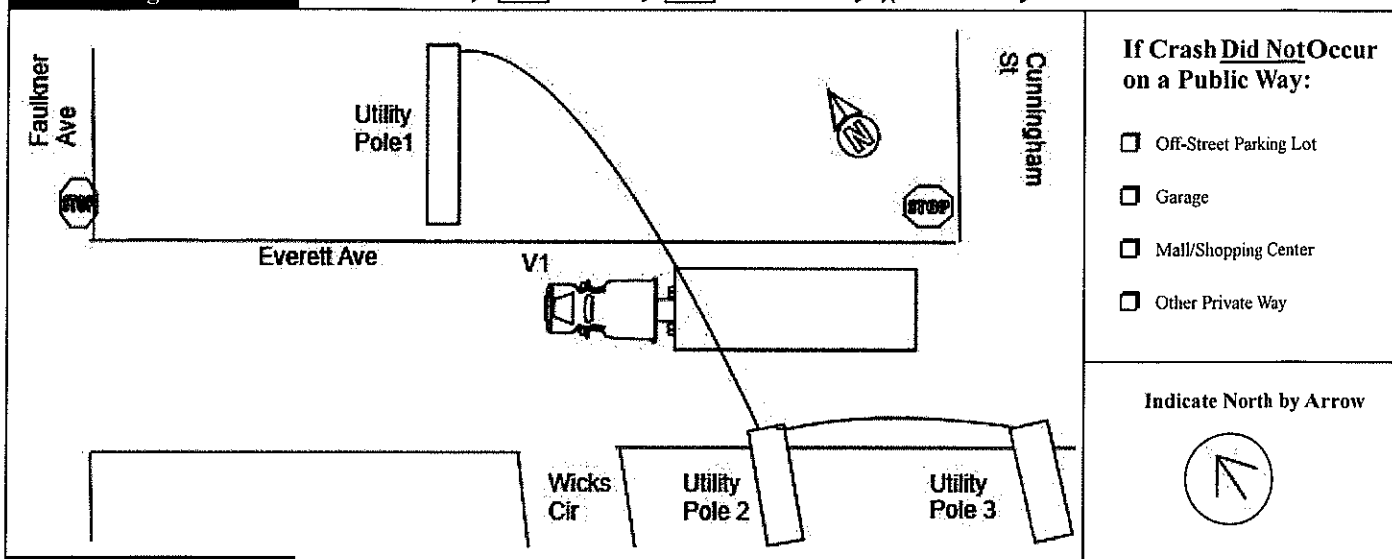
Towed from scene? 33

Please fill out for operator and all occupants involved

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

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 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 December 1, 2025, I was dispatched to 33 Everette St for wires down on the roadway. The operator of the tractor-trailer informed me that he was following his GPS down the street, and one of the wires got caught on the top of the trailer. The trailer sustained damage to the top front portion. Utility pole 1 sustained no damage, but due to the wire being pulled by the tractor-trailer, utility poles 2 and 3 were shifted, resulting in the wire being in the middle of the roadway of Everett Ave. Utility pole 3 also sustained damage to the light attached to it.

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 # **1AG48T** (From Vehicle Section)

Carrier Name **J P Rivard Trailer Sales INC** Bus Use **0** ⁴²

Address **15 WESTFORD RD** City **AYER** St **MA** Zip **01432**

US DOT #: **1257035** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **0** ⁴⁴ GVWR/GCWR **45**

Trailer Reg #: **5671A** Reg Type **DL** Reg State **MA** Reg Year **2025** Trailer Length **3** 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

12/01/2025

Police Officer Name (Please Print)

Signature

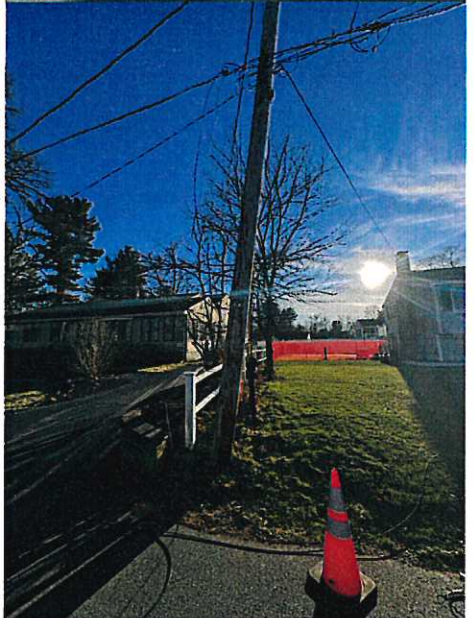
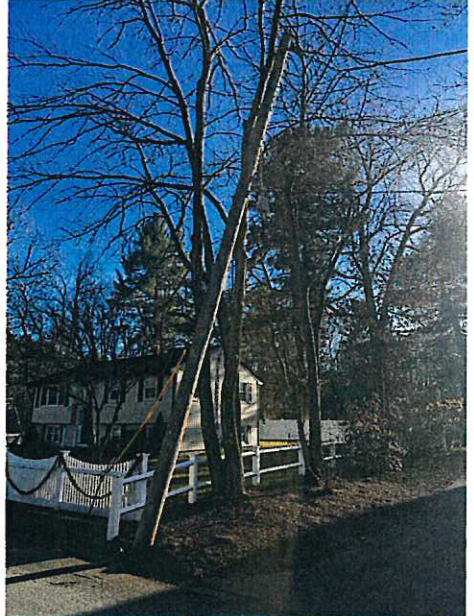
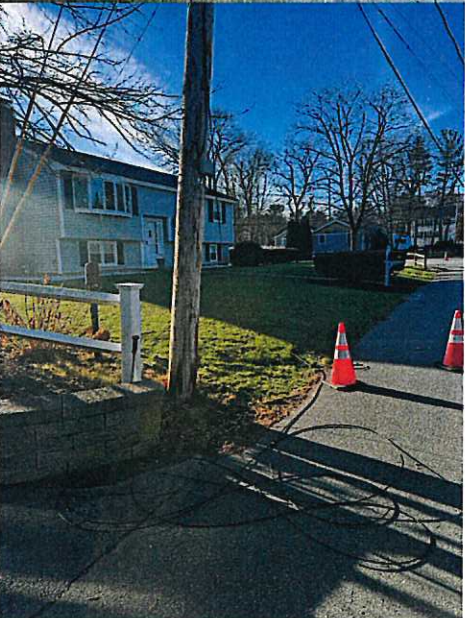
ID/Badge #

Department

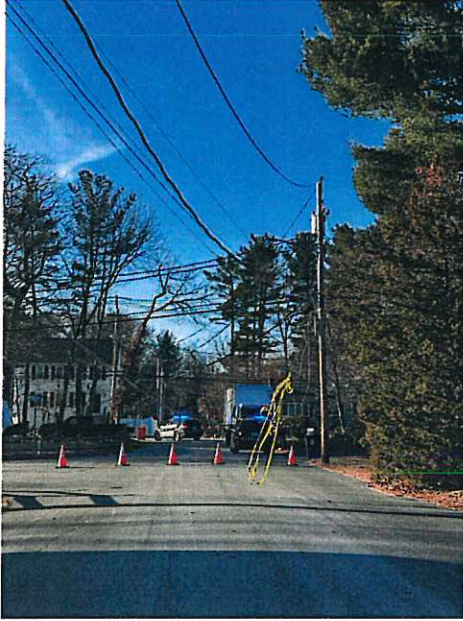
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-345-AC



Wilmington Police Department
Images Associated with 25-345-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/03/2025

Time of Crash
0738
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:

62 E SALEM ST

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 1 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 25-346-AC

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

Operator HODGE, ROSE MIRIAMAddress 20 SUNSET RDCity MELROSE State MA Zip 02176-2021Insurance Company AMICA MUTUAL INSURANCE CO.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 # 468LV6 Reg Type PC Reg State MAVeh Year 2018 Veh Make SUBARU Veh Config. 1 21Owner HODGE, ROSE MIRIAMAddress 20 SUNSET RDCity MELROSE State MA Zip 02176-2021Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 4 25 25Driver Distracted by 0 26 26Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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	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 B 20 CDL _____
Endorsement _____

Operator WALSH, LINDA DEPIETROAddress 95 MIDDLESEX AVECity WILMINGTON State MA Zip 01887-2730Insurance Company UNITED SERVICES AUTOMOBILVehicle 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 # 5VRR67 Reg Type PC Reg State MAVeh Year 2024 Veh Make HONDA Veh Config. 1 21Owner WALSH, LINDA DEPIETROAddress 95 MIDDLESEX AVECity WILMINGTON State MA Zip 01887-2730Vehicle Action Prior to Crash 4 22 Damaged Area Code: 3 27 27 27Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 1 25 25Driver Distracted by 0 26 26Test 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			1	99	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
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Crash Narrative:

vehicle 1 operator stated she misjudged distance on vehicle 2 causing collision while executing left turn from straight travel lane into left turning lane.

vehicle 2 operator stated she was about to execute a left turn from route 62 / Salem St onto Woburn St. (North), when vehicle 1 took a left turn from the straight travel lane into the left turning lane colliding with her. vehicle 2 operator stated she could not avoid the collision.

vehicle 1 operator admitted fault in the crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/03/2025

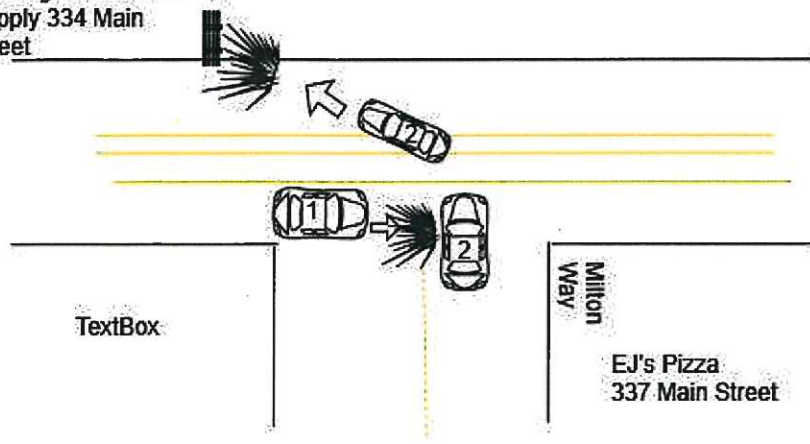
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/03/2025	Time of Crash 1808 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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# <u>335</u> Direction _____ Address # <u>MAIN ST</u> Name of Roadway/Street _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____											
			Landmark _____											
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-349-AC</u>											
License # _____ : DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>FOGG, NANCIE LYNN</u> Address <u>716 SHAWSHEEN ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2339</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>1606JT</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FOGG, NANCIE LYNN</u> Address <u>716 SHAWSHEEN ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2339</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>											
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				<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.														
License # _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>MANGOYAN, NADEZHDA</u> Address <u>136 PATRICK RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4704</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>9CS959</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MANGOYAN, NADEZHDA</u> Address <u>136 PATRICK RD</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4704</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>											
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				<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
							<u>6</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:

Wilmington Builders
Supply 334 Main
Street



TextBox

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:

Traveling South on Main Street (public way), motor vehicle 1 crashed into motor vehicle 2, who was taking a left on Main Street from Milton Way. The travel lane divides into two separate lanes while traveling South on that section of Main Street. According to motor vehicle 2, another vehicle that was traveling in the same direction as Motor vehicle 1, stopped and allowed her to enter traffic. Motor vehicle 1, who was in the other travel lane, then crashed into Motor vehicle 2 left driver's side (see images). The witness was able to confirm the cause of the crash. The Motor vehicle 1 had damage to the center front with air bag deployment from the center. Motor vehicle 2 had significant damage to the left side. After both vehicles collided with one another, motor vehicle then drove onto the sidewalk into the front lawn of Wilmington Builder Supply, causing minor damage to a picket. Both vehicles were towed off scene by A&S.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCMULLEN SARAH C	1MARIO DRIVE TEWKSBURY MA 01876-1224		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WILMINGTON BUILDERS SUPPLY	334 MAIN ST WILMINGTON MA		97	PICKET

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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

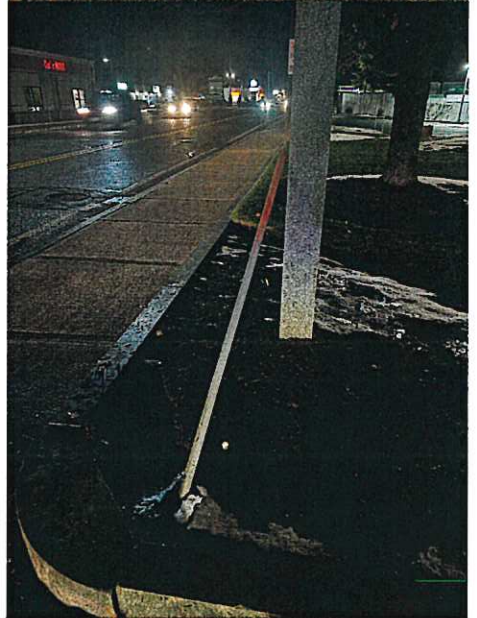
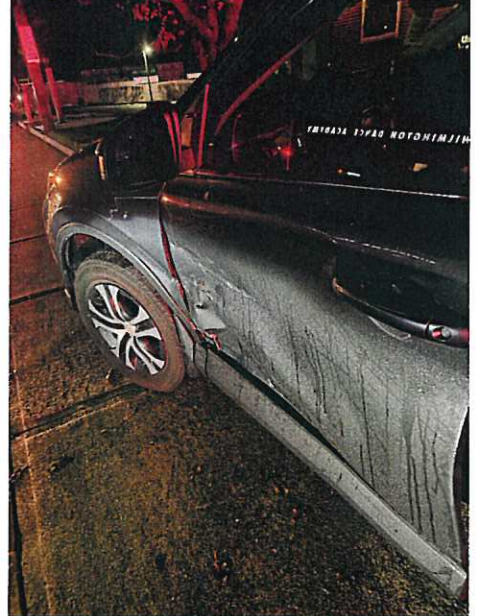
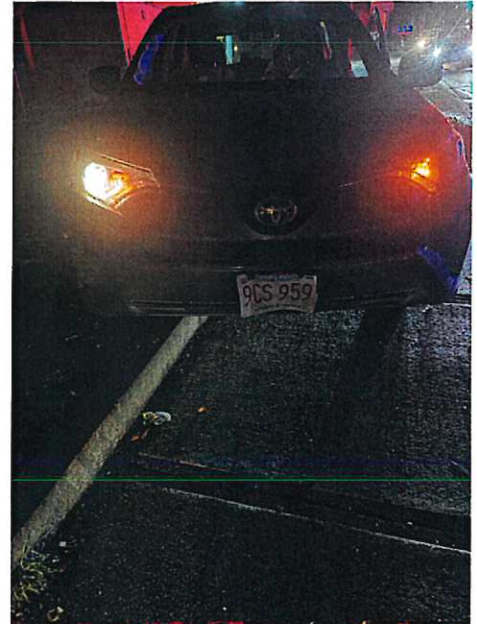
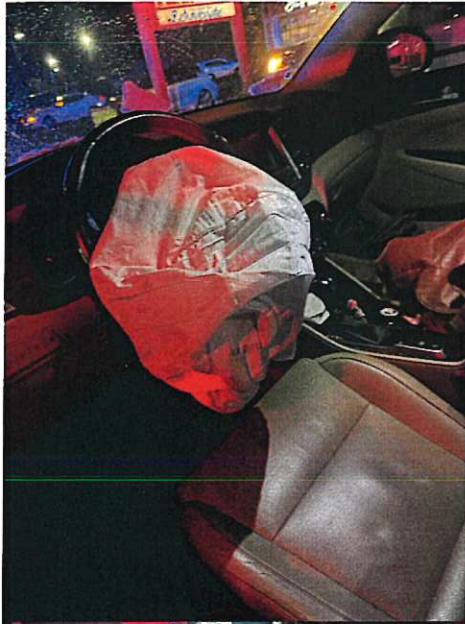
Department

Precinct/Barracks

12/03/2025

Date

Wilmington Police Department
Images Associated with 25-349-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/04/2025Time of Crash
1426
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed Limit 40
Latitude
LongitudeState 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 # 33 Name of Roadway/Street CONCORD ST

Feet N S X W of Mile Marker Exit Number

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

Landmark

Please Select One
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 25-350-AC

License # St. DOB/Age

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

Operator GAYTON, FRANCIS DONALD

Address 13 DARLING ST

City MARBLEHEAD State MA Zip 01945-3534

Insurance Company THE COMMERCE INSURANCE CO

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 # 3XKT37 Reg Type PC Reg State MA

Veh Year 2009 Veh Make SATURN Veh Config 1 21

Owner GAYTON, FRANCIS DONALD

Address 13 DARLING ST

City MARBLEHEAD State MA Zip 01945-3534

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 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 4 25 25 BAC Test Result: 1 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
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 F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator JOYCE, ELAINE MARGARET

Address 7 HENRI CT

City ATKINSON State NH Zip 038112460

Insurance Company STATE FARM

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 # 4651574 Reg Type PC Reg State NH

Veh Year 2021 Veh Make NISSAN Veh Config 1 21

Owner JOYCE, ELAINE MARGARET

Address 7 HENRI CT

City ATKINSON State NH Zip 038112460

Vehicle Action Prior to Crash 4 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: 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
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:

On December 4, 2025, I was dispatched to Concord St for a motor vehicle crash. Vehicle 2 was traveling Eastbound on Woburn Street and stopped at the intersection of Concord Street and Woburn Street. Vehicle 2 was attempting to turn left onto Concord St. when the car was struck by vehicle 1. Vehicle 2 sustained right-side damage to the vehicle. Vehicle 1 sustained front damage and was towed from the scene. Both operators exchanged information. Vehicle 2 left the scene before my arrival.

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

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/04/2025

Date

Wilmington Police Department
Images Associated with 25-350-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/05/2025

Time of Crash
1632
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 10
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
260 MAIN ST

Feet N S E W of or

Mile Marker Exit Number

Feet N S E W of

Route# Intersecting Roadway/Street

Landmark

Please Select One
of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-351-AC

License # S DOB/Age

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

Operator SARGENT, SCOTT HALE

Address 11 WEST JAMAICA AVE

City WILMINGTON State MA Zip 01887-1733

Insurance Company THE HANOVER INSURANCE COM

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 # 4697WR Reg Type PC Reg State MA

Veh Year 2019 Veh Make SUBARU Veh Config. 1 21

Owner SARGENT, SCOTT HALE

Address 11 WEST JAMAICA AVE

City WILMINGTON State MA Zip 01887-1733

Vehicle Action Prior to Crash 11 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: 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? 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	0	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 Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator unknown

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # unknown Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

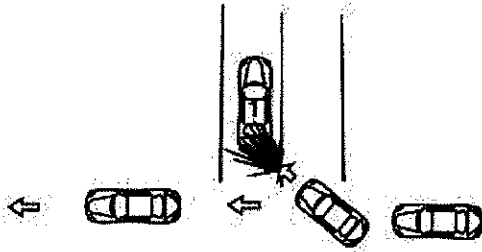
Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Market Basket Parking lot Row 5A



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:

While motor vehicle 1 was parked (unattended) in a parking spot in row 5A of the Market Basket Plaza, the witness stated that after a red tacoma tried to park into a parking spot, the unknown vehicle struck motor vehicle 1. According to the witness, after the red tacoma crashed into the motor vehicle 1, the Tacoma backed up and left the scene. The crash caused minor damage on the left side of the parked vehicle (see images). No air bag deployment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCCUE TIERNEY ANN	38 FOREST ST WILMINGTON MA 01887-4536		

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 Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/05/2025

Date

Wilmington Police Department
Images Associated with 25-351-AC

