

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/08/2025	Time of Crash 1329 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit _____ 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 _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ of _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: ☒ Vehicle <u>10</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-352-AC							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [19][19] Lic. Restrictions [20] CDL _____ Operator Driverless M.V. Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: ☒ [S][E][W] 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 # 3KSG57 Reg Type PC Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 1 Owner DELVALLE, JUSTICE ZAIDA Address 88 CRESTON AVE City WOBURN State MA Zip 01801-2616 Vehicle Action Prior to Crash [11][22] Damaged Area Code: [7][27][6][27][27] Event Sequence [1][23][23][23][23] Test Status: [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: [31] Susp. Drug: [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							
Please Select One of the Following: ☒ Vehicle <u>21</u> #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex M Lic. Class [19][19] Lic. Restrictions [20] CDL _____ Operator NGOBI, SAMUEL Address 173 SALEM ST City WOBURN State MA Zip 01801-3120 Insurance Company PILGRIM INSURANCE COMPANY Vehicle Travel Direction: ☒ [S][E][W] Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub <u>24 (2)</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # 6AJA93 Reg Type PC Reg State MA Veh Year 2016 Veh Make CHEVROLET Veh Config. 1 Owner NGOBI, SAMUEL Address 173 SALEM ST City WOBURN State MA Zip 01801-3120 Vehicle Action Prior to Crash [10][22] Damaged Area Code: [99][27][27][27] Event Sequence [2][23][23][23][23] Test Status: [28] Most Harmful Event [2][24] Type of Test: [29] Driver Contributing Code [99][25][25] BAC Test Result: [30] Driver Distracted by [99][26][26] Susp. Alcohol: [31] Susp. Drug: [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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Middlesex Ave.

RMV parking lot 355 Middlesex 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

Crash Narrative:

On 12/08/25 car one while driveless and parked, was crashed into by car 2. Car one had damage to to the left side and rear portions of the MV. Car 2 left the scene. A witness on scene stated during the crash he stopped, made eye contact with him then continued to push through the bumper of car 2 before exiting the parking lot.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MURPHY BENJAMIN	6 INDIAN HILL LN MELROSE MA 02176		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 Dillon Halliday

205

Wilmington Police Department

12/08/2025

Police Officer Name (Please Print)

Signature

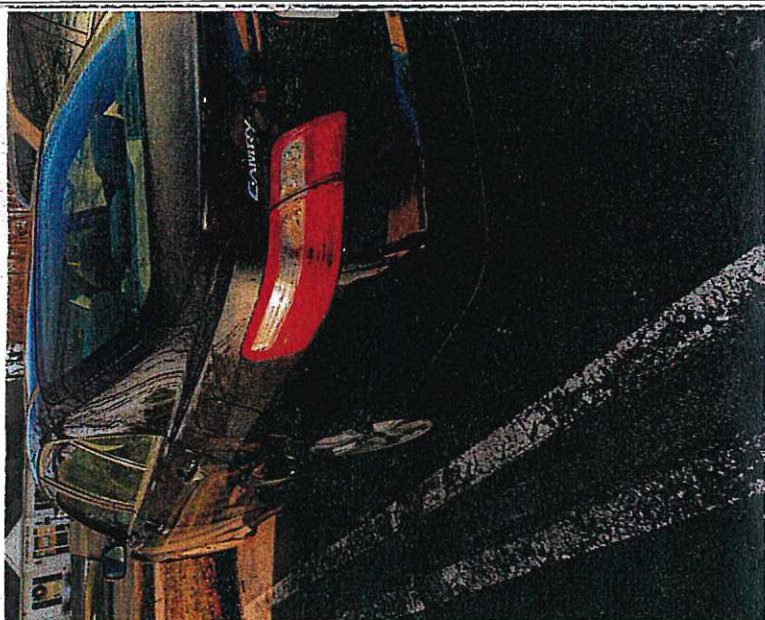
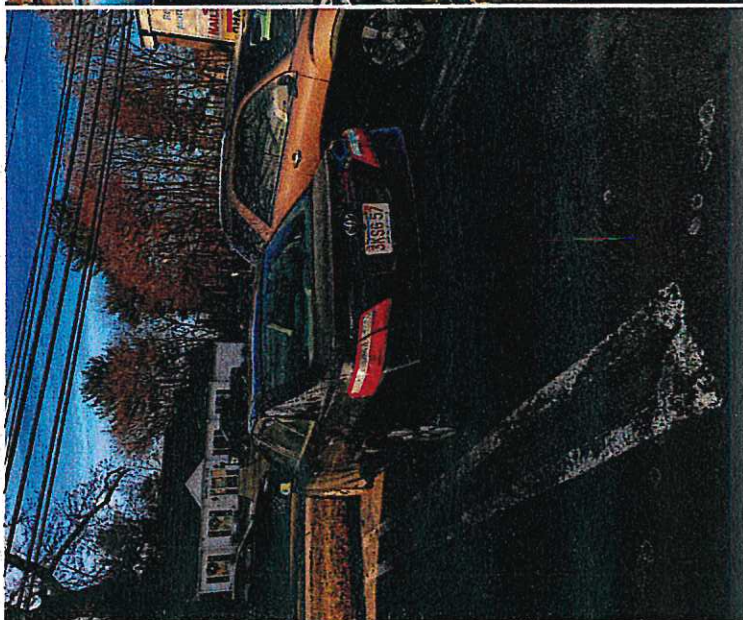
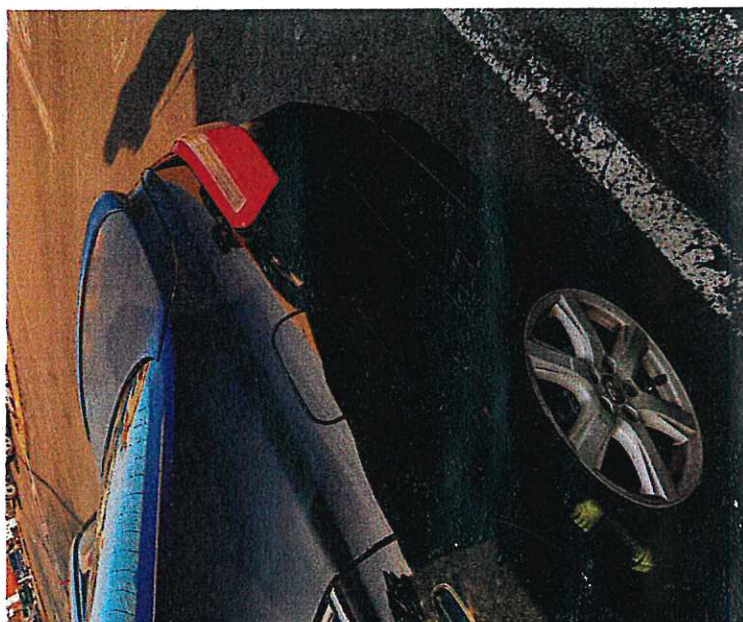
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-352-AC

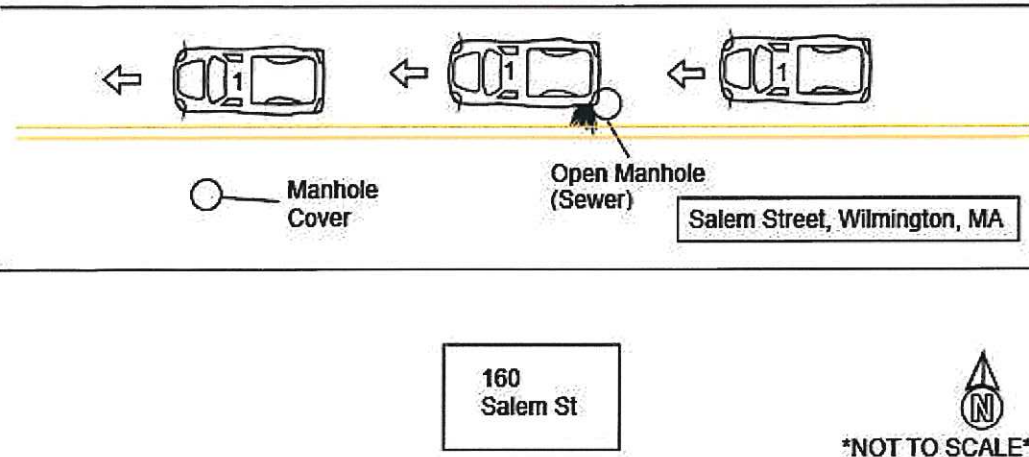


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/09/2025	Time of Crash 0519 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-353-AC	
License St DOB/Age			Reg # 1ZGY46		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016		Veh Make CHEVROLET		Veh Config. 1 21			
Operator JACKSON, CHRISTOPHER RICHARD			Owner JACKSON, CHRISTOPHER RICHARD							
Address 3 SUMMER ST			Address 3 SUMMER ST							
City WILMINGTON State MA Zip 01887-3820			City WILMINGTON State MA Zip 01887-3820							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 26 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 26 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		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			X X 1 1 4 0 0 10 1							
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 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			X X 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:

Operator of MV 1 stated that he was driving East on Salem Street when he struck an open manhole in the middle of his travel lane. Operator of MV 1 stated that as he drove down the road, his tire pressure light came on. He pulled over on Anthony Drive to inspect his tires and observed significant damage to his left rear rim and the same tire was flat. No injuries reported. Operator to make arrangements to get his vehicle home.

It should be noted WPD received several calls on an open manhole on Salem Street. I responded and found a fully open manhole (sewer) in the eastbound lane across from 160 Salem Street. I observed the cover approximately 20 feet away in the westbound travel lane. The cover was placed back on the hole. DPW notified.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer James R Hill

225

Wilmington Police Department

12/09/2025

Police Officer Name (Please Print)

Signature

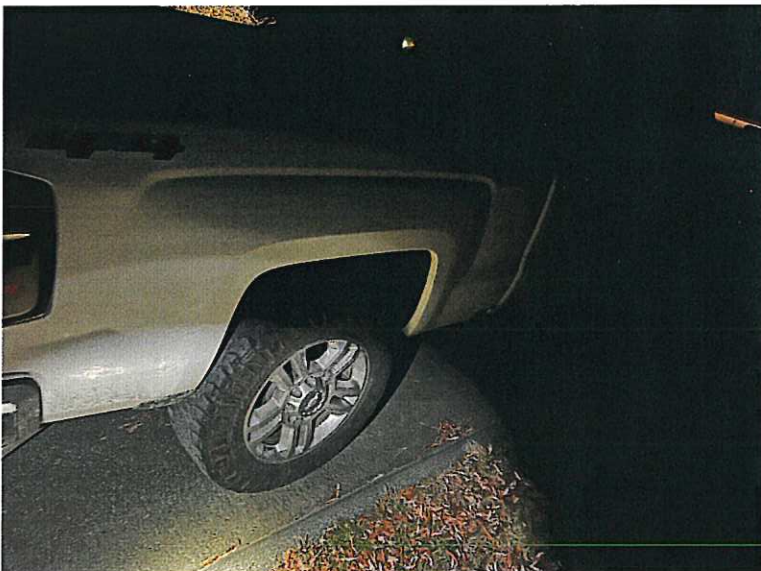
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-353-AC



Wilmington Police Department
Images Associated with 25-353-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/09/2025

Time of Crash
1544

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 **LOWELL ST**
Name of Roadway/Street

At

Route# Direction **CROSS 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# **25-354-AC**

License # S DOB/Age

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

Operator **MORENO-RIVERA, HECTOR A**
Last First Middle

Address **21 FOUNTAIN ST**

City **HAVERHILL** State **MA** Zip **01830-4003**

Insurance Company **OLD REPUBLIC 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 # **SB40196** Reg Type **SB** Reg State **MA**

Veh Year **2016** Veh Make **GMC** Veh Config. **5** 21

Owner **KUZ BUS LEASING INC**
Last First Middle

Address **52 MAIN RD**

City **GILL** State **MA** Zip **01354-9736**

Vehicle Action Prior to Crash **1** 22

Event Sequence **1** 23 23 23 23

Most Harmful Event **1** 24

Driver Contributing Code **1** 25 25

Driver Distracted by **0** 26 26

Damaged Area Code: **2** 27 27 27

Test Status: **1** 28

Type of Test: **0** 29

BAC Test Result: **1** 30

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

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

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

Operator **BOUDREAU, ARTHUR LOUIS JR**
Last First Middle

Address **20 DEERFIELD DR**

City **PEPPERELL** State **MA** Zip **01463-1470**

Insurance Company **ALLSTATE INSURANCE COMPAN**

Vehicle Travel Direction: **X 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 # **57HV74** Reg Type **PC** Reg State **MA**

Veh Year **2019** Veh Make **FORD** Veh Config. **1** 21

Owner **BOUDREAU, ARTHUR LOUIS JR**
Last First Middle

Address **20 DEERFIELD DR**

City **PEPPERELL** State **MA** Zip **01463-1470**

Vehicle Action Prior to Crash **4** 22

Event Sequence **1** 23 23 23 23

Most Harmful Event **1** 24

Driver Contributing Code **19** 25 25

Driver Distracted by **0** 26 26

Damaged Area Code: **8** 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

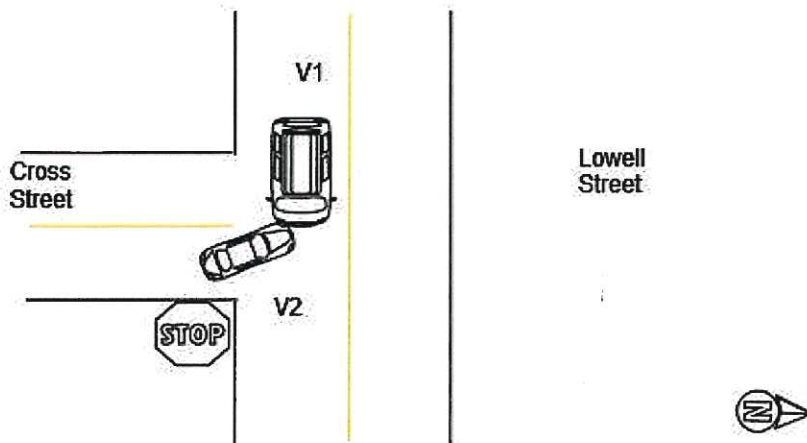
Towed from scene? **2** 33

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	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 Tuesday 12/9/25 at apporximately 3:50pm I responded to a motor vehicle crash in the area of Cross Street and Lowell Street. Upon arrival I observed two vehicles parked on Cross street, one pick up truck and one school bus.

Op1 stated he was driving on Lowell Street and V2 pulled out of Cross Street and hit his vehicle. Op2 stated he was at the stop sign on Cross Street and saw V1 on Lowell Street but thought he was turning so it would be safe for him to turn onto Lowell Street and hit V1. Information was exchanged and V1 was towed by Stoneham 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 # **SB40196** (From Vehicle Section)

Carrier Name **North Reading Transportation**

Bus Use **1** ⁴²

Address **3 PEVEY ST** City **LOWELL** St **MA** Zip **01852**

US DOT #: **519274** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **2** ⁴⁴ GVWR/GCWR **1** ⁴⁵

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

Hazmat Information:

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

Patrol Officer **John A Fortes**

228

Wilmington Police Department

12/09/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-354-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/10/2025	Time of Crash 0639 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			Route# Direction Address # Name of Roadway/Street			337 MAIN ST								
At			Feet N S E W of			Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of			Landmark								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-355-AC		
License # S DOB/Age			Reg # 6TF679			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016			Veh Make TOYOTA			Veh Config. 1 21					
Operator HANSCOM, ADDISON LEE			Owner HANSCOM, ADDISON LEE											
Address 73 JUNIPER LN			Address 73 JUNIPER LN											
City TEWKSBURY State MA Zip 01876-1271			City TEWKSBURY State MA Zip 01876-1271											
Insurance Company THE CINCINNATI INSURANCE			Vehicle Action Prior to Crash 5 22			Damaged Area Code: 0 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								
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 # S DOB/Age			Reg # M16490			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2014			Veh Make CHEVROLET			Veh Config. 1 21					
Operator BROWN, LINDSAY IRENE			Owner MARTINEAU, RONALD J											
Address 3203 POULIOT PL			Address 112 SOUTH ST											
City WILMINGTON State MA Zip 01887-4585			City TEWKSBURY State MA Zip 01876-4170											
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 0 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								
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 O X O X = Pedestrian ⚡ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ⚡

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, December 10, 2025, At approximately 640AM, Vehicle 2 was traveling in the left lane on Main Street South Bound. In the area of 335 Main Street, Vehicle 1 which was traveling in the same direction but in the right lane, began to merge into the left lane. This caused vehicle 1 to collide with vehicle 2. Vehicle 1 had damage along the drivers side of the vehicle and Vehicle 2 had damage to the front right passenger side.

Both Vehicles were able to be driven from the scene.

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

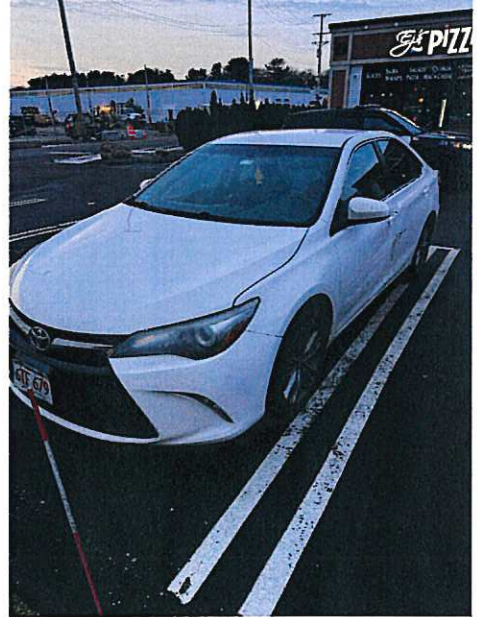
Department

Precinct/Barracks

12/10/2025

Date

Wilmington Police Department
Images Associated with 25-355-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/10/2025	Time of Crash 0627 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 Address # Name of Roadway/Street 316 LOWELL ST					2 10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number					9 11		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of 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# 25-356-AC							
License S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 646JA5 Reg Type PC Reg State MA Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 21					1 12		
Operator BATTITE, ROBERTA M Last First Middle Address 65 FORD WAY EXT APT 1107 City DERRY State NH Zip 03038			Owner BATTITE, ROBERTA M Last First Middle Address 65 FORD WAY EXT APT 1107 City DERRY State NH Zip 03038							
Insurance Company THE STANDARD FIRE INSURAN			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: 8 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		
Vehicle Travel Direction: N X E W Responding to Emergency? 2								1 13		
Citation # (If Issued)										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
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			Reg # T68061 Reg Type CO Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 2 21							
Operator RAPOSO, JIMMY Last First Middle Address 310 LAWRENCE ST			Owner BROX INDUSTRIES INC Last First Middle Address 1476 METHUEN ST							
City LOWELL State MA Zip 01852-3510			City DRACUT State MA Zip 01826-5434					1 14		
Insurance Company ACADIA INSURANCE COMPANY			Vehicle Action Prior to Crash: 3 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26					Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33		
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										
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 Street

Trailer V1 V2

316 Lowell Street
Mobil

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 and V2 were traveling southbound on Lowell Street. V2 began turning into 316 Lowell Street. V1 struck V2 with their front driver's side into V2's front passenger side. V1 had damage to the front bumper and driver side door. V2 had damage to the front passenger side door and rear-view mirror. No injuries. Both vehicles were operable and 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 # **T68061** (From Vehicle Section)

Carrier Name **Brox Industries Inc.**

Bus Use **0** ⁴²

Address **1 TECH DRIVE SITE 310** City **ANDOVER** St **MA** Zip **01810**

US DOT #: **031281** State Number _____ Issuing State **MA** MC/MX/ICC #: _____

Interstate **1** ⁴³ Cargo Body Type Code **0** ⁴⁴ GVWR/GCWR **1** ⁴⁵

Trailer Reg #: **C92787** Reg Type **TR** Reg State **MA** Reg Year **2025** Trailer Length **97** ⁴⁶

Hazmat Information:

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

Patrol Officer **Justin T Crowley**

240

Wilmington Police Department

12/10/2025

Police Officer Name (Please Print)

Signature

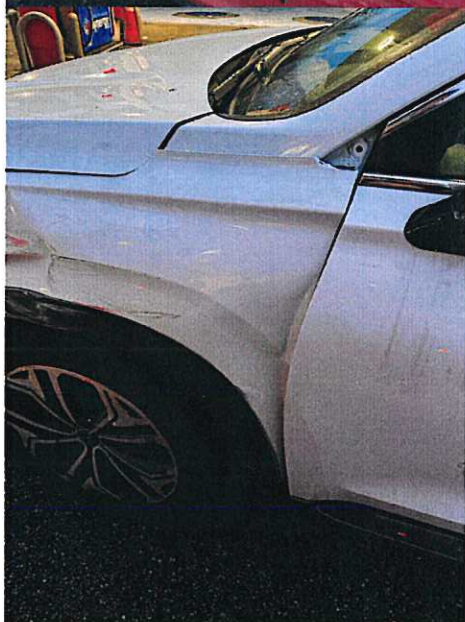
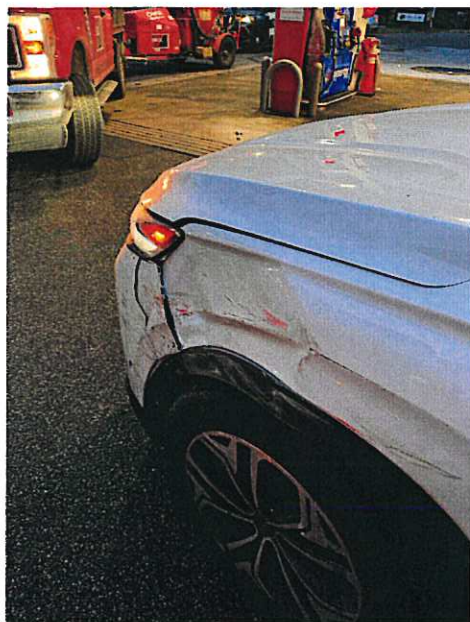
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-356-AC



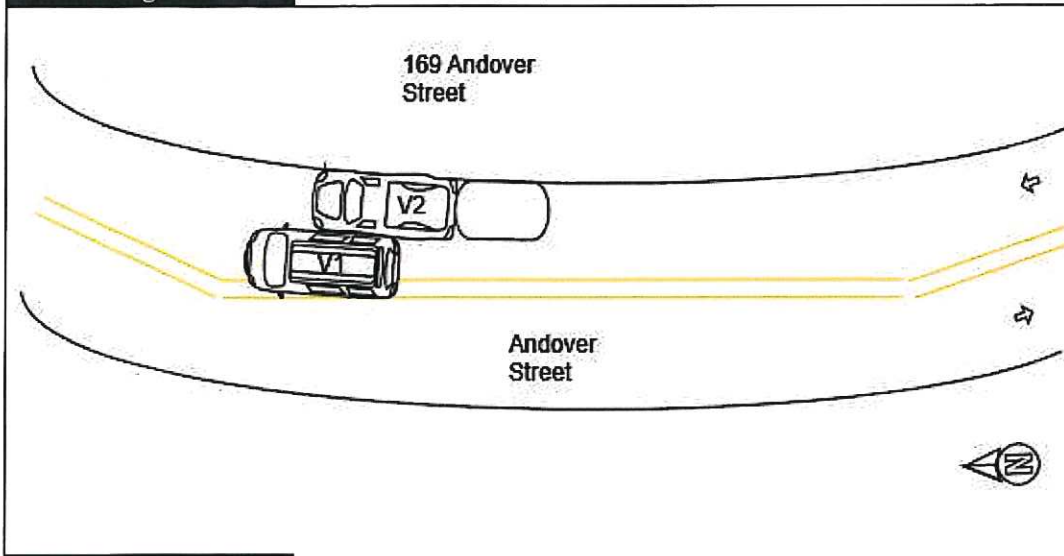
Wilmington Police Department
Images Associated with 25-356-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/10/2025	Time of Crash 0830 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			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								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 25-357-AC								
License S DOB/Ag			Reg # Y49422 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 1995 Veh Make FORD Veh Config. 2 21								
Operator VITALE, KEMBERLY SOUSA			Owner DEONHUANG LEASING LLC								
Address 65 WILDWOOD ST			Address 27 WINDSOR ST								
City WILMINGTON State MA Zip 01887-2524			City ARLINGTON State MA Zip 02474-5519								
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 9 22			Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address DOB/Ag 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/Ag			Reg # M8444A Reg Type CI Reg State MA								
Sex M Lic. Class B 19 19 Lic. Restrictions E 20 CDL Endorsement			Veh Year 2021 Veh Make FORD Veh Config. 8 21								
Operator MOON, SEAN MATTHEW			Owner WILMINGTON TOWN OF								
Address 121 GLEN RD			Address 121 GLEN RD								
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3500								
Insurance Company MIIA			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 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/Ag 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



Crash Narrative:

Vehicle 2 (V2) is a Wilmington DPW Highway Department vehicle that was stationary roadside about to begin a pothole patch. Vehicle 1 (V1) was traveling northbound on Andover St and attempted to pass V2 on the left. Both operators stated that the oncoming lane was clear and as V1 began to pass an vehicle traveling at a high rate of speed was in the oncoming lane that caused V1 to swerve right and sideswipe the drivers side mirror of V2. V1 sustained scuffs to the right side and V2 sustained damage to the drivers side mirror. No injuries were reported and no airbags were deployed. Both vehicles were 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 # **M8444A** (From Vehicle Section)

Carrier Name **Town of Wilmington**

Bus Use **0** ⁴²

Address **121 GLEN RD** City **WILMINGTON** St **MA** Zip **01887**

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

Interstate **2** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **1** ⁴⁵

Trailer Reg #: **M9376A** Reg Type **CI** Reg State **MA** Reg Year **2021** Trailer Length **97** ⁴⁶

Hazmat Information:

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

Patrol Officer **Michael R DiLorenzo**

217

Wilmington Police Department

12/10/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

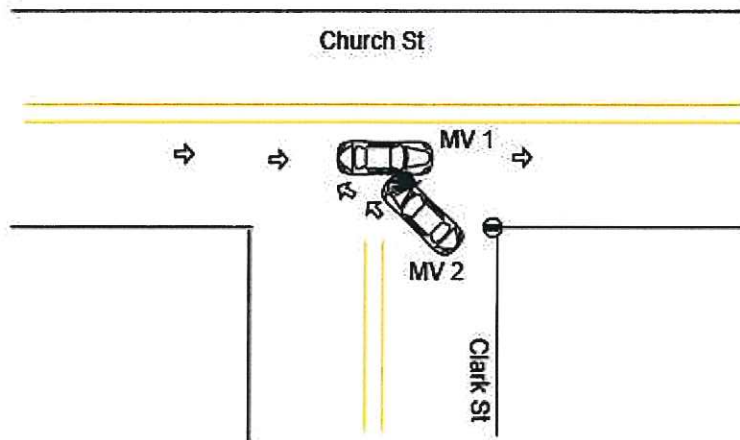
Wilmington Police Department
Images Associated with 25-357-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/10/2025	Time of Crash 1452 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐
							Latitude	Longitude	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 Mile Marker Exit Number		5 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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 13 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-358-AC	
License # St DOB/Age			Reg # 4DBS67 Reg Type PC Reg State MA		1 12					
Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21							
Operator MCGUINNESS, MARY A			Owner MCGUINNESS, MARY A							
Address 222 PELHAM ST APT 118			Address 222 PELHAM ST APT 118							
City METHUEN State MA Zip 01844-1467			City METHUEN State MA Zip 01844-1467							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 6 27 7 27 8 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 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			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					
LAURA MURPHY			8 CARSON ST BILLERICA, MA 01821		F 6 1 4 0 0 10 0					
MILDRED OWEN			222 PELHAM ST METHUEN, MA 01844-1472		F 3 1 4 0 0 10 0					
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # S' DOB/Age			Reg # 2BJL34 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21							
Operator LOGRASSO, SALVATORE			Owner LOGRASSO, SALVATORE							
Address 131 CHURCH ST			Address 131 CHURCH ST							
City WILMINGTON State MA Zip 01887-2734			City WILMINGTON State MA Zip 01887-2734							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 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			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 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



Crash Narrative:

The operator of MV 1 stated that as she was traveling westbound on Church St she was struck on the right side of her vehicle by MV 2. The operator nor the 2 passengers in MV 1 were injured. The vehicle was not operable and towed from the scene by A&S.

The operator of MV 2 stated that after he stopped at the stop sign on Clark St, he started to yield onto Church St. MV 2 stated he looked to his left and then looked to his right to make sure it was safe to turn onto Church St. The operator of MV 2 stated that visibility to the left was limited due to the 2 pine trees that are close to the roadway. The operator of MV 2 stated that as he began to make the left hand turn onto Church St, he struck MV 1. The operator of MV 2 was not injured. The vehicle was towed by A&S.

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

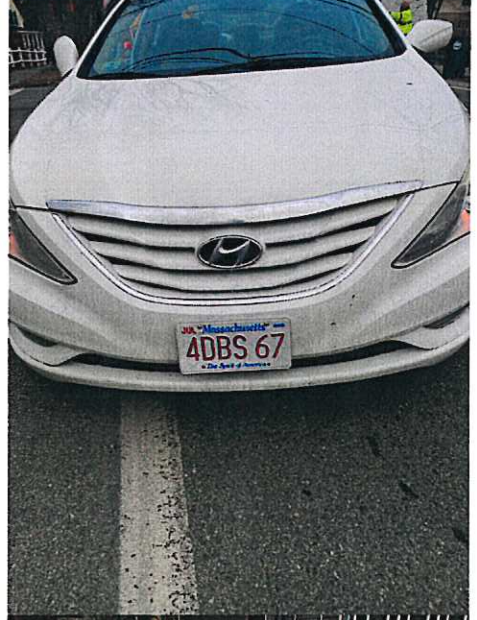
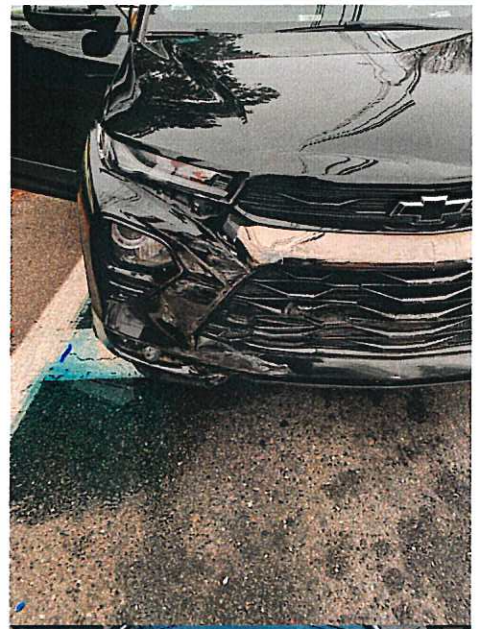
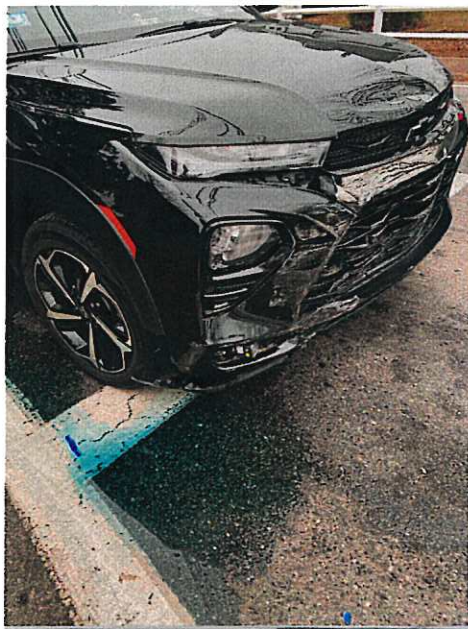
Department

Precinct/Barracks

12/10/2025

Date

Wilmington Police Department
Images Associated with 25-358-AC



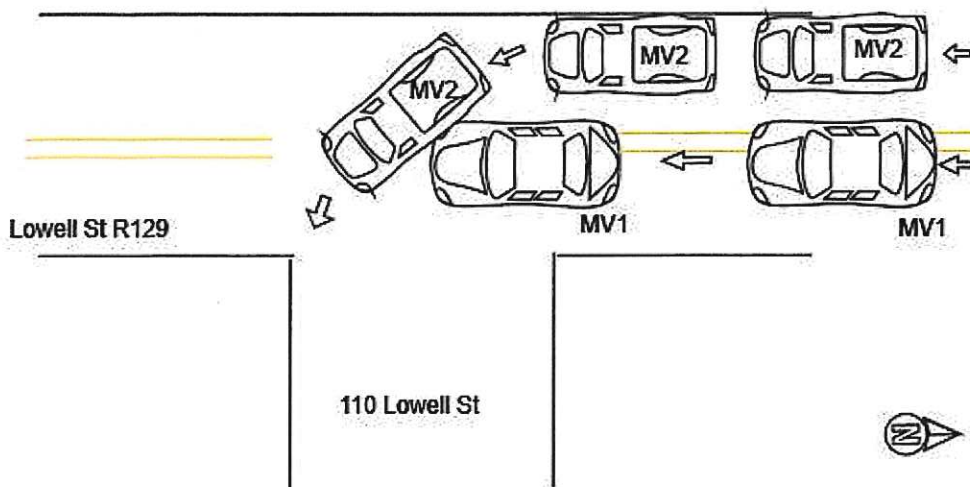
Wilmington Police Department
Images Associated with 25-358-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/12/2025	Time of Crash 0701 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 35	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 110 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-359-AC							
License S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # MPM288 Reg Type LF Reg State MA Veh Year 2023 Veh Make FORD Veh Config. 2 21							
Operator WIIG, CALEB ANDREW Last First Middle			Owner WILMINGTON TOWN OF DEPT POLICE Last First Middle							
Address 1 ADELAIDE ST			Address 121 GLEN RD							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3542							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 7 27 3 27							
Vehicle Travel Direction: N X E W Responding to Emergency? 1			Event Sequence 10 23 41 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 10 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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 5 0 0 9 2 Lahey Clinic							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License : DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 220ANS Reg Type PC Reg State MA Veh Year 2015 Veh Make GMC Veh Config. 2 21							
Operator RHINE, RICHARD CARL Last First Middle			Owner RHINE, RICHARD CARL Last First Middle							
Address 29 YOUNG ST			Address 29 YOUNG ST							
City TEWKSBURY State MA Zip 01876-3335			City TEWKSBURY State MA Zip 01876-3335							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 8 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 10 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 10 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Su Viol. 2: Ch/Sec/Sub			BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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 1 4 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



Crash Narrative:

Operator #1 was proceeding south on Lowell St to a medical emergency call in a marked Wilmington Police cruiser with its siren and emergency lights activated. Traffic in front of vehicle #1 was pulling over to the side of the roadway as vehicle #1 passed. As vehicle #1 approached Vehicle #2 from the rear, the witness below states that vehicle #2 began to pull to the right of the roadway and then immediately made a left turn in front of vehicle #1, attempting to enter the driveway of the restaurant at 110 Lowell St, as vehicle #1 was attempting to overtake vehicle #2. Vehicle #1 struck the drivers side of vehicle #2. Operator of vehicle #2 stated that he observed Veh #1 with its lights and siren on, but "thought he could make the left turn in time..." Both vehicles came to rest in front of, and in the driveway of, 110 Lowell St.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
COOPER CHARLES ROBERT	34 SALEM RD NORTH BILLERICA MA 01862-2705		

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

Sergeant David M McCue Jr

Police Officer Name (Please Print)

Signature

159

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

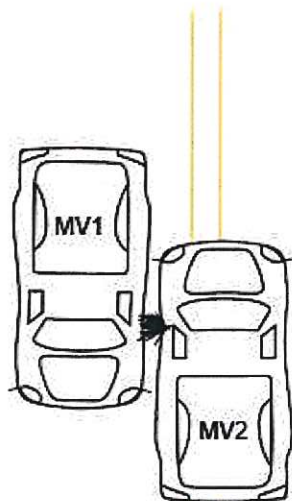
12/12/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/13/2025	Time of Crash 2119 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 Exit Number				5 11							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of				Landmark							
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-360-AC		
License # S DOB/Ag			Reg # 256FF8			Reg Type PC			Reg State MA			1 12		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020			Veh Make FORD			Veh Config. 2 21			1 12		
Operator HAWKINS, DAVID M			Owner HAWKINS, DAVID M											
Address 13 VIRGINIA AVE			Address 13 VIRGINIA AVE											
City WOBURN State MA Zip 01801-1331			City WOBURN State MA Zip 01801-1331											
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 9 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			Medical Facility		
Operator			See Above			X			X					
DIANA HAWKINS			13 VIRGINIA AVE WOBURN, MA 01801			F			3					
Please Select One of the Following:			☐ Vehicle 21 #Occupants			☒ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Ag			Reg # unknown			Reg Type			Reg State					
Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21					
Operator unknown			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Occupants			See Above			X			X					

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

Crash Diagram:



Main Street

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 traveling south on Main Street in the town of Wilmington when MV2 who was traveling north on Main Street side swiped MV1, making contact with MV1's mirror. MV2 did not stop and continued traveling north. MV1 stated MV2 was a dark colored pickup truck but could not provide any further information. MV1 sustained damage to the driver side mirror and window (see images). MV1 was able to be driven and there were no reported injuries. The airbags did not deploy.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HAWKINS DIANA TOPPI	13 VIRGINIA AVE WOBURN MA 01801-1331		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HAWKINS DAVID M	13 VIRGINIA AVE WOBURN MA 01801-13		97	DRIVER SIDE WINDOW AND MIRROR

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 Joshua I DeBarros

234

Wilmington Police Department

12/14/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-360-AC

