

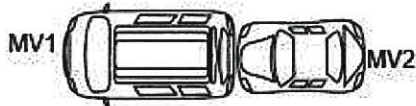
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/15/2025	Time of Crash 1102 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< 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			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# 25-361-AC	
License # St DOB/Age			Reg # 862MS2		Reg Type PC		Reg State MA			
Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023		Veh Make TOYOTA		Veh Config. 1 21			
Operator GOULD, ANDREW			Owner GOULD, ANDREW							
Address 280 MARTINS LNDG APT 102			Address 280 MARTINS LNDG APT 102							
City NORTH READING State MA Zip 01864-2170			City NORTH READING		State MA Zip 01864-2170					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 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			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		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 1KYV94		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2016		Veh Make TOYOTA		Veh Config. 1 21			
Operator DE SOUZA, BRENDA			Owner DESOUSA, PATRICIA H							
Address 8 CHAUNCY ST APT 4			Address 8 CHAUNCY ST APT 4							
City WEYMOUTH State MA Zip 02190-2316			City WEYMOUTH		State MA Zip 02190-2316					
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 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			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			
HELLEN SOUZA			36 SALEM ST ROCKLAND, MA 02370-1613		F 3		1 3			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

249 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:

Operator of motor vehicle 1, Andrew Gould stated that he was traveling east on Middlesex Avenue, slowing/stopping due to traffic ahead and was rear-ended by MV2. Op. of MV2, Brenda De Souza stated that she was traveling east on Middlesex Avenue directly behind MV1. She stated that she observed MV1 slowing/stopping, she attempted to press her vehicles brakes, but the car didn't stop, and collided into MV1 (See images). All involved parties stated no injuries, were evaluated by Wilmington Fire Department, and refused medical attention. MV2 was towed by A&S Towing (See attachments). I was later advised by Ofc. Leighton that Shaylin L. Considine called into the police station to report that she witnessed the MVC and she provided a statement. Mrs. Considine stated that she was also traveling east on Middlesex Avenue behind both MV1 and MV2. She observed MV2 rear-end MV1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CONSIDINE SHAYLIN LISA	3 PROSPECT ST WAKEFIELD MA 01880-1521		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

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/15/2025

Date

Wilmington Police Department
Images Associated with 25-361-AC



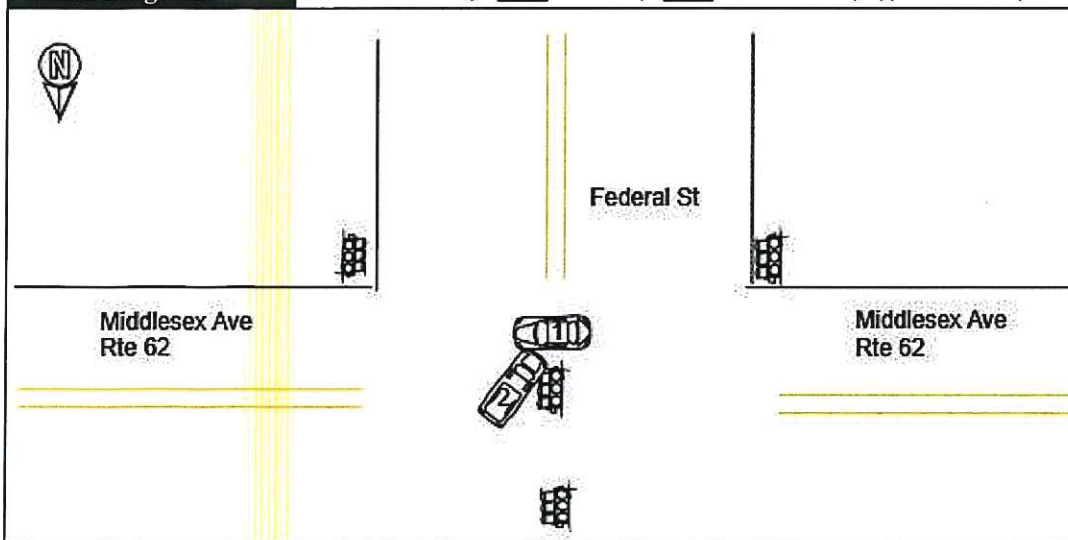
Wilmington Police Department
Images Associated with 25-361-AC



[illegible]

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was travelling straight, west bound on Middlesex Ave (Rte. 62), through the intersection. Vehicle 2 was travelling east bound on Middlesex Ave. The operator stated he was attempting to turn left onto Federal St. Vehicle 2 had a red arrow at the intersection. The operator stated he could not see the red arrow due to solar glare. Vehicle 2 turned left into oncoming traffic, crashing into vehicle 1, causing damage to the left front areas of both vehicles. Both operators declined medical assistance. Both vehicles were towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Sergeant Michael W Wandell

Police Officer Name (Please Print)

Signature

174

ID/Badge #

Wilmington Police Department

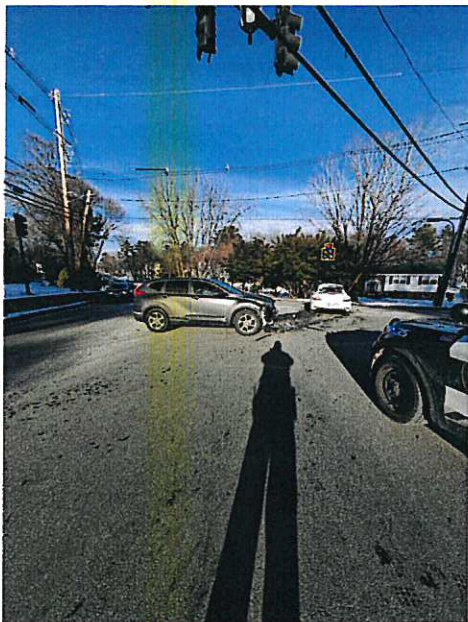
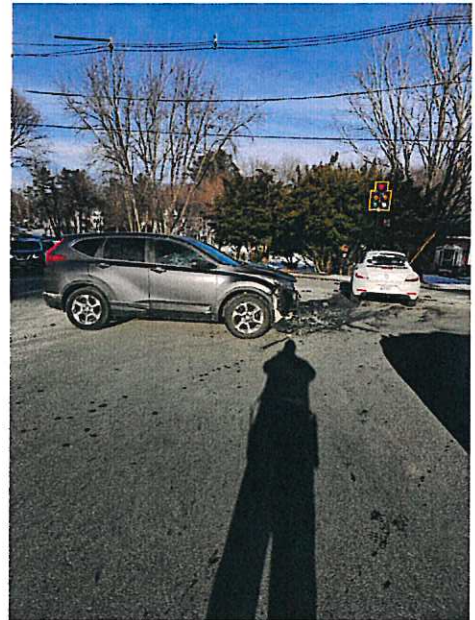
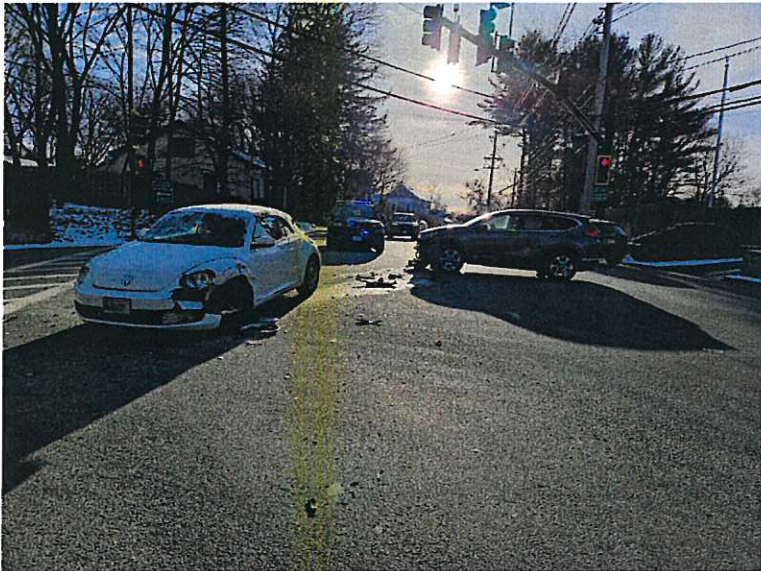
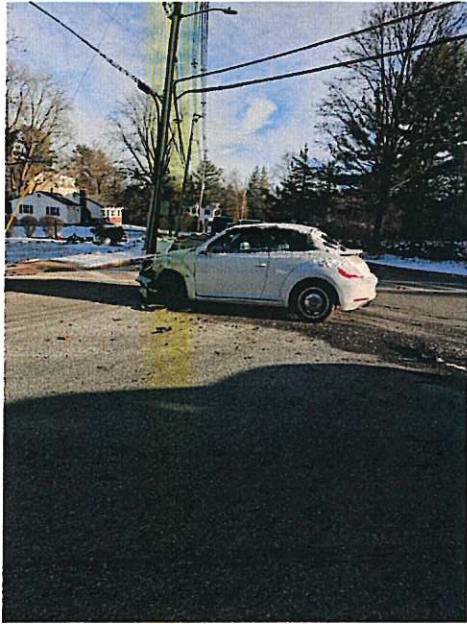
Department

Precinct/Barracks

12/15/2025

Date

Wilmington Police Department
Images Associated with 25-362-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/16/2025	Time of Crash 1143 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 Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				2 11			
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 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-363-AC							
License # Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 8168LG Reg Type PC Reg State MA				1 12			
Operator IASONE, NIKOLAOS RICHARD			Veh Year 2017 Veh Make RAM Veh Config. 2 21				1 12			
Owner IASONE, DAVID PAUL			Address 247 WOBURN ST							
City WILMINGTON State MA Zip 01887-2105			City WILMINGTON State MA Zip 01887-2105							
Insurance Company QUINCY MUTUAL FIRE INSURA			Vehicle Action Prior to Crash 10 22				Damaged Area Code: 6 27 0 27 27			
Vehicle Travel Direction: X S 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			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				1 13			
Operator			See Above							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 6JNA24 Reg Type PC Reg State MA				1 14			
License # Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21				1 14			
Operator TIERNEY, ALEXANDER RUSSELL			Owner TIERNEY, ALEXANDER RUSSELL							
Address 22 CHARNOCK ST APT 2			Address 22 CHARNOCK ST APT 2							
City BEVERLY State MA Zip 01915-3530			City BEVERLY State MA Zip 01915-3530							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: X S 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			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				1 14			
Operator/Occupants			See Above							

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

Crash Diagram:

Woburn St

247 Woburn St

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

V1 was reverse out of 247 Woburn St and V2 was traveling northbound on Woburn St. As V1 reversed out of 247 Woburn St V2 collided into the rear of V1. Operator of V1 said the roadway was clear when he went to reverse out of 247 Woburn St. V2 operator said he did not see V1 and when he did he attempted to break and was unable to stop. V1 sustained rear left damage and V2 sustained front right damage.

V1 was towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

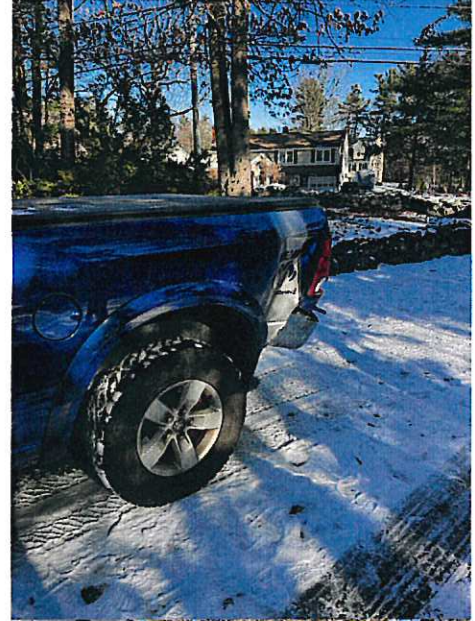
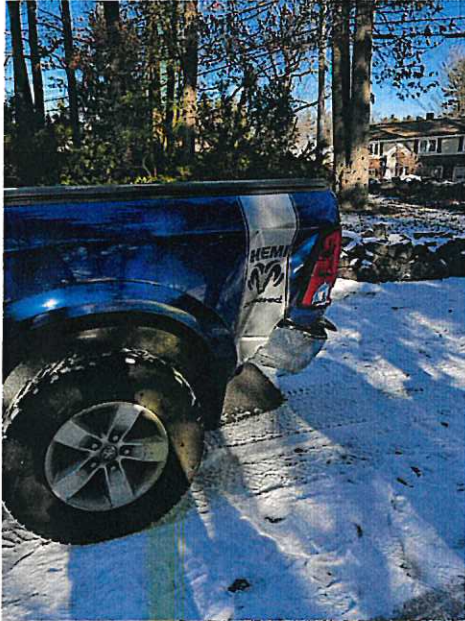
Department

Precinct/Barracks

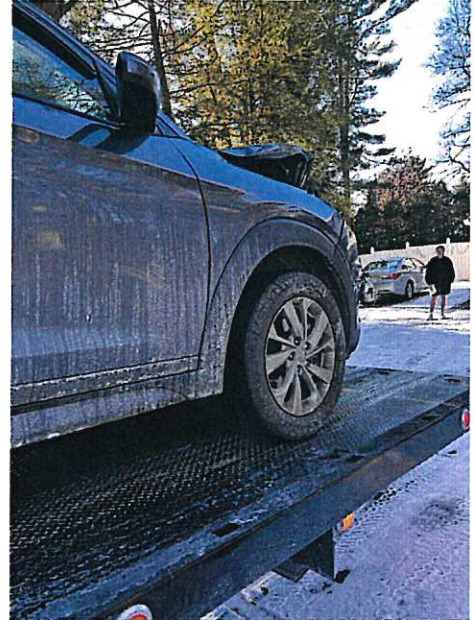
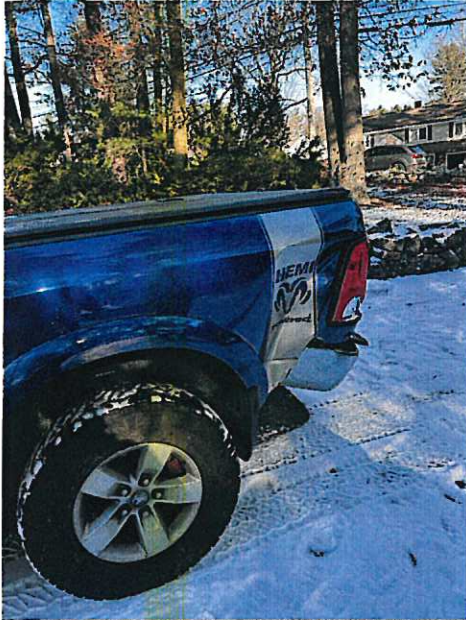
12/16/2025

Date

Wilmington Police Department
Images Associated with 25-363-AC



Wilmington Police Department
Images Associated with 25-363-AC



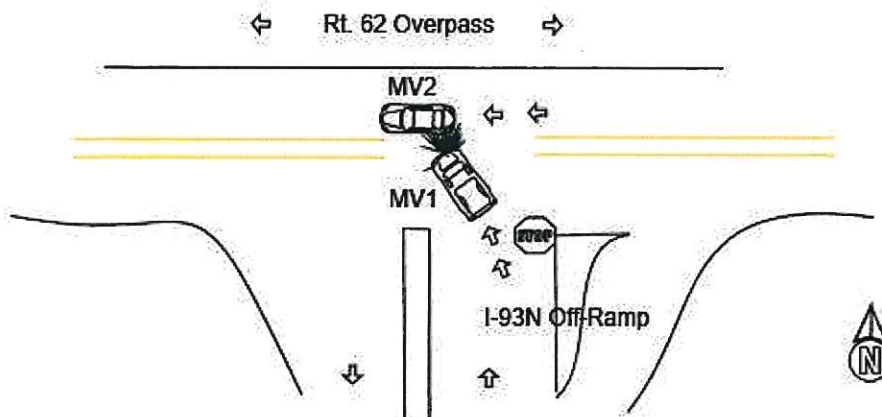
Wilmington Police Department
Images Associated with 25-363-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 12/16/2025		Time of Crash 1609 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit <u>40</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>34</u> Direction _____ Address # <u>ROUTE 62 HWY</u> Name of Roadway/Street _____ _____ Feet <u>N S E</u> of _____ Mile Marker _____ or _____ Exit Number _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____																	
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped						Crash Report ID# 25-364-AC																	
License _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>WELCH, MICHAEL JOHN JR</u> Address <u>6 PINERIDGE RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1428</u> Insurance Company <u>PROGRESSIVE CASUALTY INSU</u> Vehicle Travel Direction: <u>N S E</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>VT44671</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WELCH, MICHAEL JOHN JR</u> Address <u>6 PINERIDGE RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1428</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>0</u> <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>																	
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Sent Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		~~XXXX~~		~~XX~~		<u>1</u>		<u>1</u>		<u>4</u>		<u>0</u>		<u>0</u>		<u>10</u>		<u>0</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 # _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>CARROLL, WAYNE MICHAEL</u> Address <u>713 W ROYALSTON RD</u> City <u>ATHOL</u> State <u>MA</u> Zip <u>01331-9760</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N S E</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>1PWS35</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MAGLIO-CARROLL, KIM I</u> Address <u>713 W ROYALSTON RD</u> City <u>ATHOL</u> State <u>MA</u> Zip <u>01331-9760</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>0</u> <u>29</u> BAC Test Result: <u>1</u> <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>									
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Sent Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Occupants		See Above		~~XXXX~~		~~XX~~		<u>1</u>		<u>1</u>		<u>4</u>		<u>0</u>		<u>0</u>		<u>10</u>		<u>1</u>			

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

Crash Diagram:



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:

After speaking with both parties and observing the damage, it can be seen that MV1 was turning left onto Rt. 62 in the direction west from the I-93 northbound off-ramp. MV1 did not see MV2 traveling west on Rt. 62 in the direction he was turning. MV1 took a left hand turn and collided with MV2's rear driver's side door and fender. MV1 had slight damage to the front right of the vehicle. The damage is accurate to the story that both parties explained. A paper exchange was provided to both parties and both vehicles were driveable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

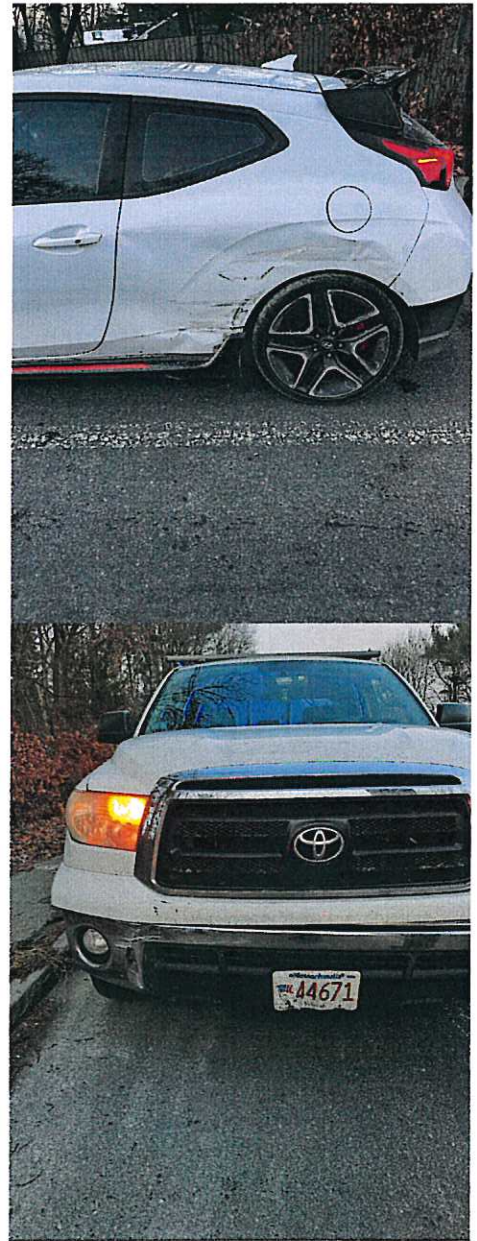
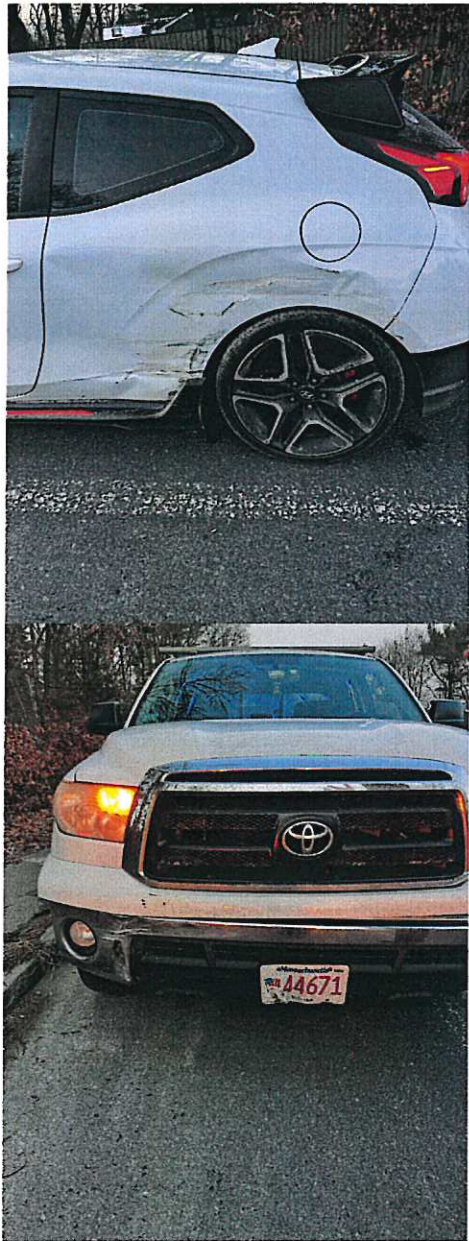
Department

Precinct/Barracks

12/16/2025

Date

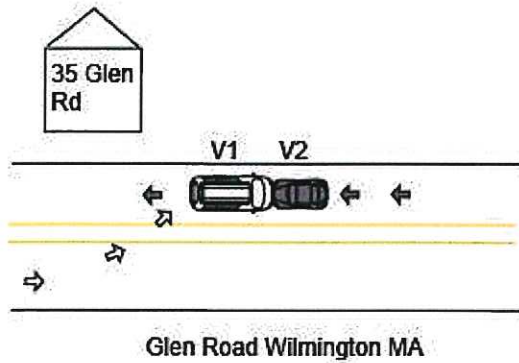
Wilmington Police Department
Images Associated with 25-364-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/17/2025	Time of Crash 1303 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			2 10								
At						Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			6 11								
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			Landmark								
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-365-AC		
License # S DOB/Age			Reg # R10521 Reg Type CO Reg State MA			Veh Year 2020 Veh Make FORD Veh Config. 2			1 12					
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Owner CONTROLAIR SYSTEMS LLC			Address 25 RAY AVE			City BURLINGTON State MA Zip 01803-4762					
Operator LYON, KEVIN G			Vehicle Action Prior to Crash 1			Damaged Area Code: 1 27 27 27			Test Status: 1 28 29 30					
Address 31 MAIN ST			Event Sequence 1 23 23 23 23			Type of Test: 1 28 29 30			BAC Test Result: 30					
City WILMINGTON State MA Zip 01887-1728			Most Harmful Event 1 24			Driver Contributing Code 14 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Insurance Company FEDERATED MUTUAL INSURANC			Driver Distracted by 0 26 26			Towed from scene? 1 33			1 13					
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											
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 # S DOB/Age			Reg # 6GS596 Reg Type PC Reg State MA			Veh Year 2024 Veh Make HONDA Veh Config. 1			1 21					
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Owner BURNS, DONNA MARIE			Address 86 FLORENCE AVE			City TEWKSBURY State MA Zip 01876-4416					
Operator BURNS, DONNA MARIE			Vehicle Action Prior to Crash 1			Damaged Area Code: 1 27 27 27			Test Status: 1 28 29 30					
Address 86 FLORENCE AVE			Event Sequence 1 23 23 23 23			Type of Test: 1 28 29 30			BAC Test Result: 30					
City TEWKSBURY State MA Zip 01876-4416			Most Harmful Event 1 24			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Insurance Company THE COMMERCE INSURANCE CO			Driver Distracted by 0 26 26			Towed from scene? 1 33			1 14					
Vehicle Travel Direction: N S E X 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					
Operator/Occupants			See Above			1			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:

V1 was traveling east on Glen Rd towards Rt. 62. V2 was traveling west on Glen Rd towards Rt. 38. V1 crossed the double yellow line and entered the lane of V2 and crashed into V2 head-on. Opr1 stated he attempted to stay in his lane but he was not able to because one of his arms was in a sling. Opr2 stated she was traveling in her lane but the V1 came into her lane and crashed into her head-on.

W1 stated she was behind V1 and she saw V1 start to swerve into the other lane. She stated she beeped her horn at him but he continued into the other lane then crashed into V2. W2 stated she was behind V2 and observed V1 leave his lane and crash into V2 head-on.

Both vehicles towed by Cain's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FOLK MELANIE SARAH	50 PAULIES PL TEWKSBURY MA 01876-0803		
DESHARNAIS KAREN ELIZABETH	96 GROVE AVE WILMINGTON MA 01887-3721		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

12/17/2025

Police Officer Name (Please Print)

Signature

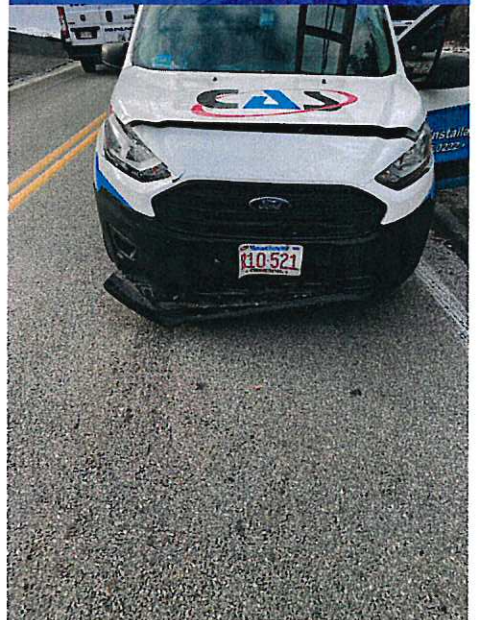
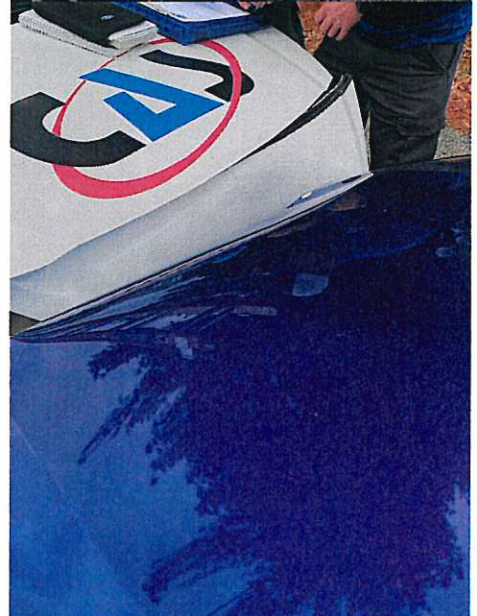
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-365-AC



Wilmington Police Department
Images Associated with 25-365-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/17/2025	Time of Crash 2104 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 MIDDLESEX AVE At GLEN RD Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker 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# 25-366-AC							
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator SHANNING, JAMIE RENEE Address 68 LOWELL ST City WILMINGTON State MA Zip 01887-2911 Insurance Company THE HANOVER INSURANCE COM Vehicle Travel Direction: N S E X 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 # 3ETC15 Reg Type PC Reg State MA Veh Year 2018 Veh Make MITSUBISHI Veh Config. 1 21 Owner SHANNING, JAMIE RENEE Address 68 LOWELL ST City WILMINGTON State MA Zip 01887-2911 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 2 27 8 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			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 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 M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator NAGRAJ, DINESH SHARAD Address 2 ROBIN HOOD LN City BURLINGTON State MA Zip 01803-1741 Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Travel Direction: N S E X 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			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 1 1 4 0 0 10 1 DIPTI NAGRAJ 2 ROBIN HOOD LN BURLINGTON, MA 01803-1741 F 3 1 4 0 0 10 1							

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

Crash Diagram:

Glen Rd →

↑
Middlesex Ave
↓

MV2 ↑
MV1 ↑

N

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:

After speaking with both parties, it was learned that MV2 was stopped at the red light at 200 Middlesex Ave heading west towards Church St. MV1 stated that she was coming from the gym traveling west on Middlesex Ave and when she went to brake her shoes lace was untied which obstructed her ability to brake. MV1 stated that her other foot was on the shoe lace which affected her ability to reach the brake in time. This led to MV1 rear ending MV2 at the stop light. MV1 stated that her speed was no more than 10 MPH. MV1 had damaged to the front end of the vehicle majority of the damage was to he drivers side headlight. The damage on MV2 matches as there was a dent on the drivers side of the trunk. Both parties stories are accurate to the damage of the vehicles.

both vehicles were operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

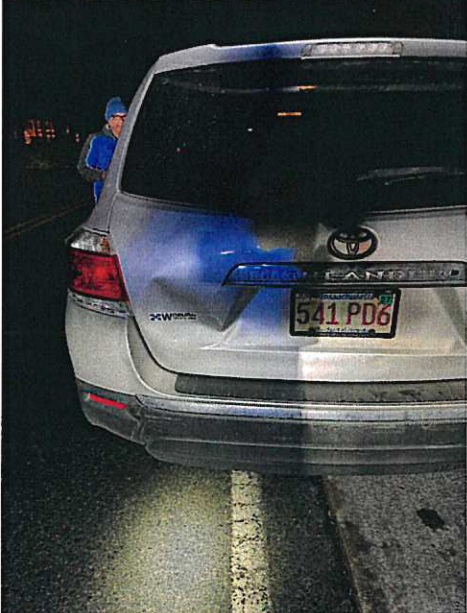
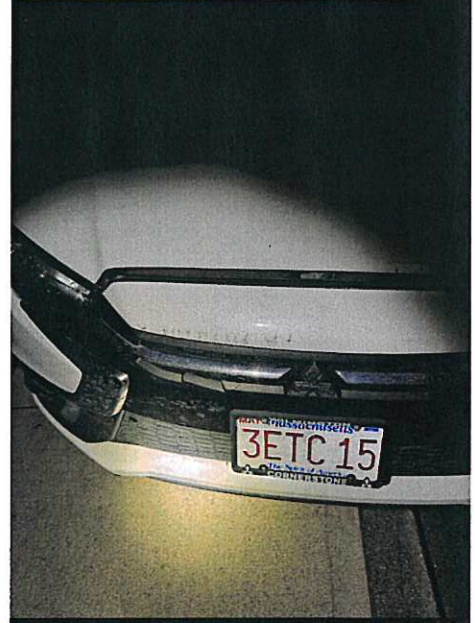
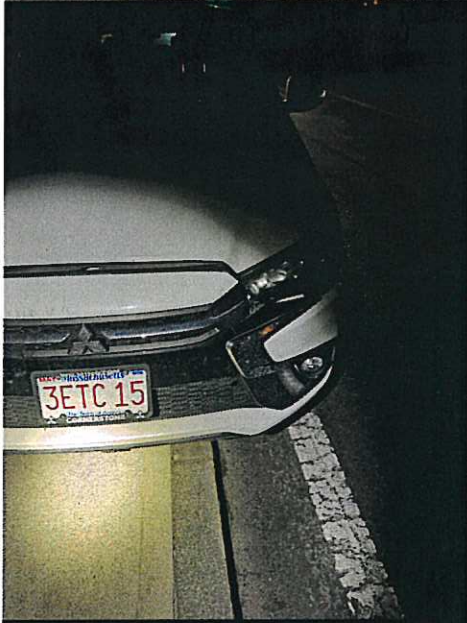
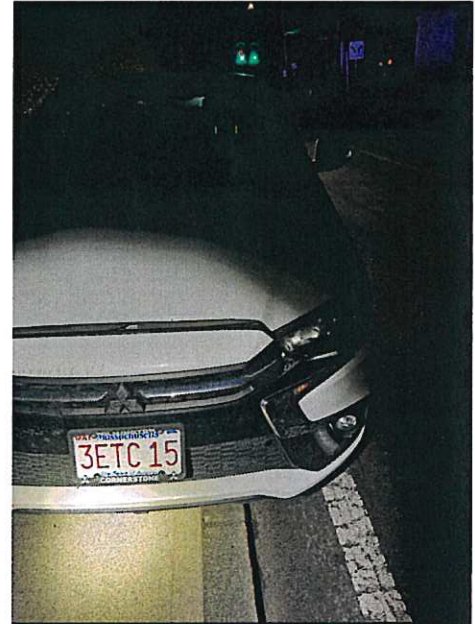
Department

Precinct/Barracks

12/17/2025

Date

Wilmington Police Department
Images Associated with 25-366-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/18/2025	Time of Crash 0818 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 4	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							
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			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 13 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-367-AC	
License #, St, DOB/Age			Reg # 6APC67		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019		Veh Make TOYOTA		Veh Config. 1 21			
Operator FARRELL, TIMOTHY MARK			Owner FARRELL, TIMOTHY MARK							
Address 43 SHADYLANE DR			Address 43 SHADYLANE DR							
City WILMINGTON State MA Zip 01887-1931			City WILMINGTON State MA Zip 01887-1931							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 8 27 7 27					
Vehicle Travel Direction: X S 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)			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		1 99 4 0 0 8 2			
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #, S, DOB/Age			Reg # 8KD513		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2015		Veh Make TOYOTA		Veh Config. 1 21			
Operator KORDOSKY, KEVIN			Owner KORDOSKY, AMANDA LEE							
Address 14 LEE ST			Address 14 LEE ST							
City WILMINGTON State MA Zip 01887-1863			City WILMINGTON State MA Zip 01887-1863							
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 2 27 3 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 18 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)			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		1 99 4 3 0 8 2			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/18/2025	Time of Crash 0818 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 4	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 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-367-AC	
License # St DOB/Age			Reg # W53323		Reg Type CO		Reg State MA			
Sex M Lic. Class C 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2022		Veh Make CHEVROLET		Veh Config. 8 21			
Operator MORENO, ELJINHO L			Owner INDEPENDENT ELECTRIC SUPPLY CORP							
Address 8 GROTTA AVE APT 1			Address 41 INNER BELT RD							
City PAWTUCKET State RI Zip 02860			City SOMERVILLE State MA Zip 02143-4417							
Insurance Company THE CHARTER OAK FIRE INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 4 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 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	34 Seat Pos.	35 Safety System	36 Airbag Status	
Operator			See Above				1	99	4	
Please Select One of the Following:										
☐ Vehicle 4 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	
Operator/Occupants			See Above				1			

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

Crash Diagram:

Main St

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 (right lane) and V3 (left lane) were traveling north on main st and were moving slowing towards the traffic light at the intersection of Main St & Richmond St. V2 was in the opposite side of traffic and attempted to make a left turn into the McDonalds parking lot in which V1 & V3 were in front of. In the process. V2 collided with the left side of V1, which then subsequently collided with the right side of V3. The operators of V1 & V3 were the lone occupants while V2 also had 2 small children in the backseats. The visibility of V2 may have been blocked by the rear of V3 when it was making the left turn, which may have caused the collision into V1. V1 & V2 were both towed from the scene by Cain's Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WINKLE SOPHIE LYNN	36 ASHBURTON AVE WOBURN MA 01801-1357		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael W Powers 231 Wilmington Police Department 12/18/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/18/2025	Time of Crash 1620 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			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# 25-368-AC	
License # St DOB/Age			Reg # 5EMX83			Reg Type PC		Reg State MA			
Sex Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Veh Year 2009			Veh Make HONDA		Veh Config. 2 21			
Operator Last First Middle			Owner PETERSON, STEPHANIE HART			Last First Middle					
Address			Address 4 WOODLAND RD			Last First Middle					
City State Zip			City WILMINGTON			State MA		Zip 01887-3429			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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			See Above			X		X		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 # St DOB/Age			Reg # 2KNY75			Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017			Veh Make FORD		Veh Config. 2 21			
Operator SILVA, ADEMIR ALVES			Owner SILVA, ADEMIR ALVES			Last First Middle					
Address 6 WESTGATE DR APT 103			Address 6 WESTGATE DR APT 103			Last First Middle					
City WOBURN			City WOBURN			State MA		Zip 01801-6420			
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 5 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: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 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? 3 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			X		X		1 99 4 0 0 10 1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 12/18/2025		Time of Crash 1620 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:											
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street						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 31 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 25-368-AC																	
License # St DOB/Age						Reg # 2FVT27 Reg Type PC Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement						Veh Year 2016 Veh Make MAZDA Veh Config. 2 21																	
Operator CANNEY, ALISA JOAN						Owner CANNEY, MELISSA																	
Address 8 SPARHAWK DR						Address 8 SPARHAWK DR																	
City BURLINGTON State MA Zip 01803						City BURLINGTON State MA Zip 01803																	
Insurance Company AMICA MUTUAL INSURANCE CO						Vehicle Action Prior to Crash 2 22																	
Vehicle Travel Direction: N S X W Responding to Emergency? 2						Event Sequence 1 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 1 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator		See Above		X		X		1		99		4		0		0		10		1			
Please Select One of the Following: ☐ Vehicle 4 #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																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23																	
Citation # (If Issued)						Most Harmful Event 24																	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26																	
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40																	
Name (Last First Middle)		Address		DOB/Age		Sex		Seat Pos.		Safety System		Airbag Status		Eject Code		Trap Code		Injury Status		Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1															

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

Crash Diagram:

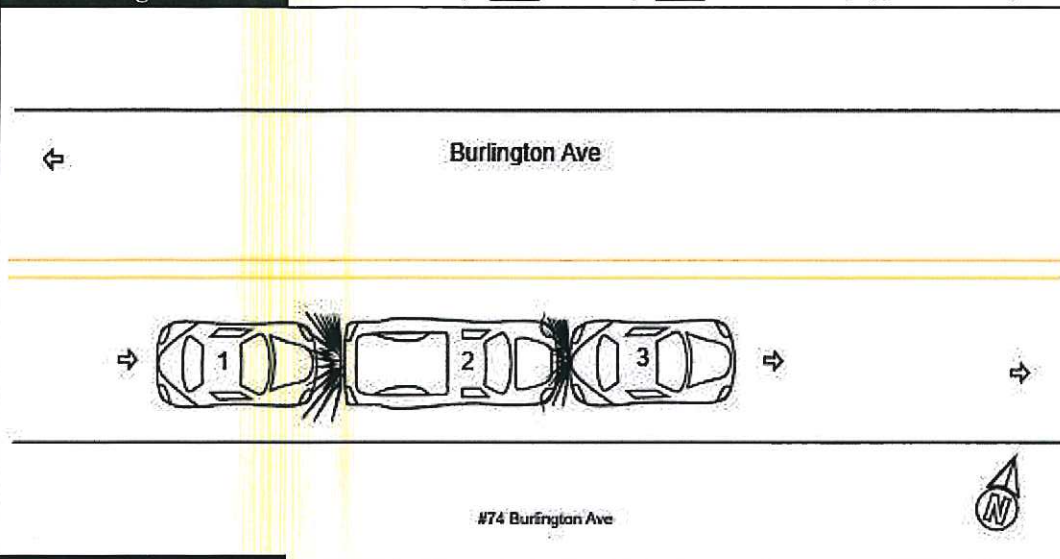
ie: →

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:

MV1, MV2, AND MV3 WERE ALL TRAVELING EAST ON BURLINGTON AVE DURING TRAFFIC HOUR. MV1 STRUCK THE BACK END OF MV2, WHICH CAUSED MV2 TO COLLIDE WITH THE BACK END OF MV3. NO AIRBAGS, NO INJURIES. MV2 WAS OPERABLE, BUT WAS TOWED BY CAINS TOWING

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson

230

Wilmington Police Department

12/18/2025

Police Officer Name (Please Print)

Signature

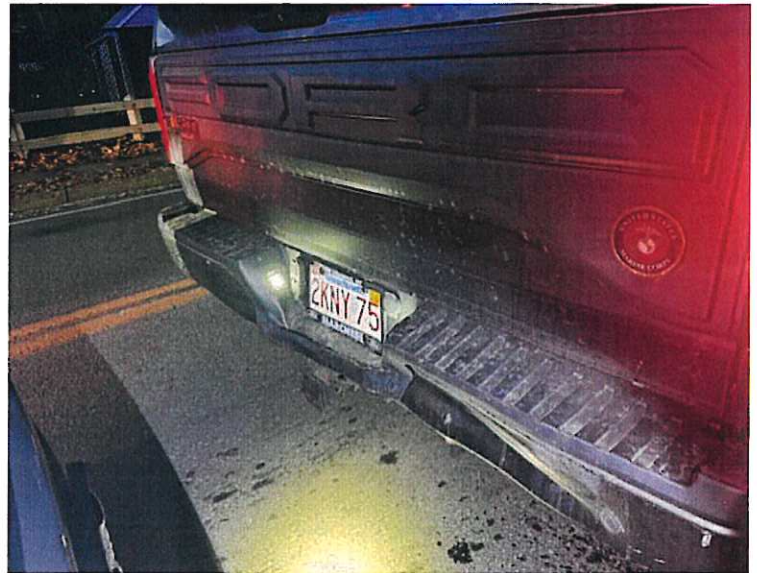
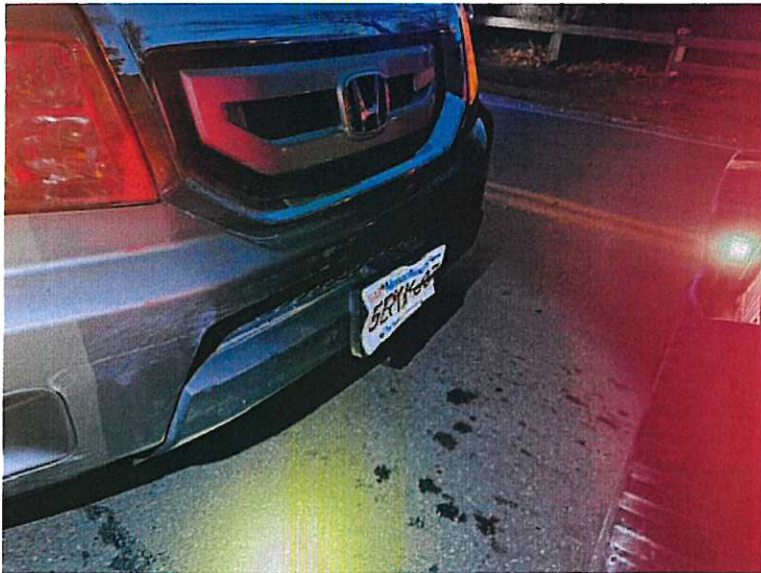
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-368-AC

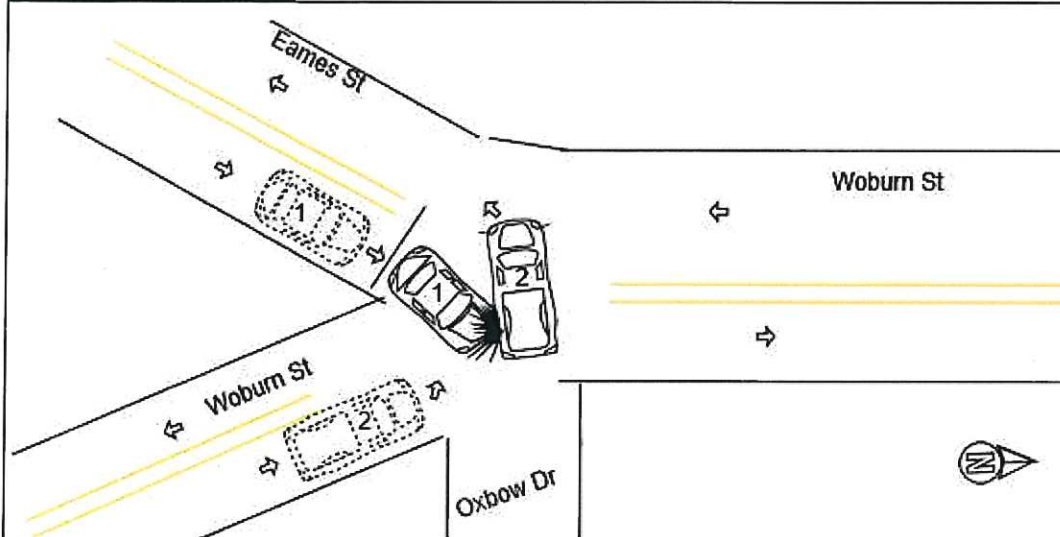


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/18/2025	Time of Crash 1746 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker 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 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-369-AC							
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator NAJARIAN, ABIGAIL M Address 2 MUSEUM SQ APT 614 City LAWRENCE State MA Zip 01840-1538 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 # 9AC299 Reg Type PC Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 21 Owner NAJARIAN, ABIGAIL M Address 2 MUSEUM SQ APT 614 City LAWRENCE State MA Zip 01840-1538 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 99 26 26 Damaged Area Code: 8 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved			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			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			Operator See Above							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			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 HIGGINS, KEVIN E Address 1924 INDEPENDENCE RD City INDEPENDENCE State KY Zip 41051 Insurance Company TOKIO MARINE AMERICA Vehicle Travel Direction: N S E X 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 # PNV6491 Reg Type PC Reg State OH Veh Year 2026 Veh Make CHEVROLET Veh Config. 2 21 Owner EAN HOLDINGS LLC Address 11783 READING RD City CINCINNATI State OH Zip 45241 Vehicle Action Prior to Crash 4 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: 9 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
Please fill out for operator and all occupants involved			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			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			Operator/Occupants See Above							

→ = 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:

MV1 WAS TRAVELING NORTHEAST ON EAMES ST, TOWARDS WOBURN ST. MV2 WAS TRAVELING NORTH ON WOBURN ST, TAKING A LEFT TURN ON TO EAMES ST. MV1 WAS ATTEMPTING TO TAKE A LEFT TURN ON TO WOBURN ST AND STRUCK THE DRIVERS SIDE REAR TIRE RIM OF MV2 AS MV2 WAS TAKING THE SHARP TURN ON TO EAMES ST. NO AIRBAGS, NO INJURIES REPORTED, NO TOWS. FORREST TOWING RESPONDED TO JUMP START MV1 AFTER ITS BATTERY DIED ROADSIDE.

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 Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

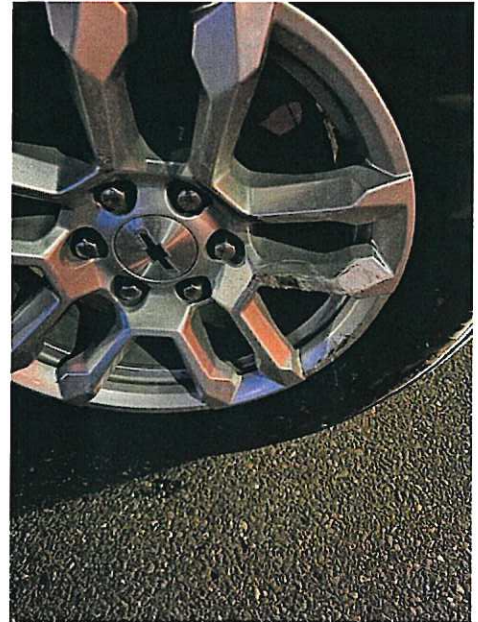
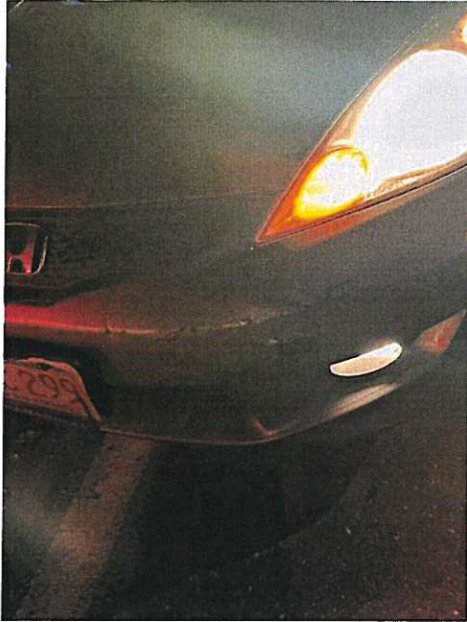
Department

Precinct/Barracks

12/18/2025

Date

Wilmington Police Department
Images Associated with 25-369-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/18/2025	Time of Crash 1800 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 20 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 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# 25-370-AC							
License # St. DOB/Age			Reg # 4SMT88 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make Jeep Veh Config. 1 21							
Operator DUPRAS-STCYR, MICHELLE A			Owner DUPRAS-STCYR, MICHELLE A							
Address 170 COUNTY RD			Address 170 COUNTY RD							
City TEWKSBURY State MA Zip 01876-2445			City TEWKSBURY State MA Zip 01876-2445							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 21 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 21 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 10 25 1 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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 3 0 2 8 2 Lahey Clinic							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St. DOB/Age			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							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26							
Please fill out for operator and all occupants involved			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:

3 Ballardvale St

Ballardvale 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:

After speaking with witnesses, I learned that MV1 was traveling at high rates of speed when the vehicle passed a witness in front crossing the double yellow lines. The operator lost control of the vehicle. Witnesses stated that the vehicle struck a tree and flipped onto its side. They stated that the vehicle immediately caught fire. Witness stated he helped pull the operator out of the vehicle, but was unable to get the operator away from the vehicle.

The vehicle was removed from the woods by Cain's Towing as well as in Cain's possession.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CERAT MATTHEW MICHAEL	4 RHODE ISLAND RD WILMINGTON MA 01887-1664		
NEVILLE SCOTT PATRICK	215 CHESTNUT ST WILMINGTON MA 01887-3303		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MCEWEN LINDA MARIE	3 BALLARDVALE ST WILMINGTON MA 018			WHITE FENCE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky 238 Wilmington Police Department 12/18/2025

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

Wilmington Police Department
Images Associated with 25-370-AC



Wilmington Police Department
Images Associated with 25-370-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/19/2025	Time of Crash 1117 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 30	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				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet ☒ S ☒ E ☒ W of Mile Marker Exit Number				1 11			
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 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 25-371-AC							
License # S DOB/Age			Reg # 2VWZ15 Reg Type PC Reg State MA				1 12			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 21				1 12			
Operator LUONGO, CHRISTIAN JAMES Last First Middle			Owner LUONGO, JAMES J JR Last First Middle							
Address 415 ANDOVER ST			Address 415 ANDOVER ST							
City WILMINGTON State MA Zip 01887-1031			City WILMINGTON State MA Zip 01887-1031							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? 2			Event Sequence 21 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 21 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 20 25 10 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 1 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved							21 13			
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 1 0 0 7 2 Lahey Clinic							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator Last First Middle			Owner Last First Middle							
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? 4			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							4 14			
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 12/19/25, I was dispatched to 110 Fordham Rd. for a vehicle that collided with a tree. Upon arrival, I found Vehicle 1 collided with a tree on the opposite side of the road. The operator of the vehicle stated that he was distracted by his phone while trying to contact his mother. The operator then said it was too late, and that is when he collided with the tree. The operator was found on the passenger side of his vehicle. The vehicle's windshield was cracked, and the rear-view mirror was broken. The operator also said that he took off his seatbelt before driving

Forrest towed the vehicle 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 Kyle P Collins	239	Wilmington Police Department	12/19/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-371-AC

