

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/04/2026

Time of Crash
1259
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 **GLEN RD**
Name of Roadway/Street

At

Route# Direction **BRATTLE 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 13 #Occupants



Hit/Run



Moped

Crash Report ID# 26-2-AC

License # St. DOB/Age

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

Operator **LLOYD, GIANNA ROSE**
Last First Middle

Address **48 FOLGER ST**

City **BILLERICA** State **MA** Zip **01821-6336**

Insurance Company **THE COMMERCE INSURANCE CO**

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

Citation # (If Issued)

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

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

Reg # **2YZL52** Reg Type **PC** Reg State **MA**

Veh Year **2025** Veh Make **MAZDA** Veh Config. **2** 21

Owner **LLOYD, JOSEPH J II**
Last First Middle

Address **48 FOLGER ST**

City **BILLERICA** State **MA** Zip **01821-6336**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27

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

Most Harmful Event **1** 24 Type of Test: **2** 29

Driver Contributing Code **1** 25 25 BAC Test Result: **3** 30

Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	10	0	
RYAN COPSON	42 BEECHING AVE WILMINGTON, MA 01887-1321		M	3	1	1	0	0	10	0	
VERONICA GARCIA	13 CONNOLLY RD BILLERICA, MA 01821-5039		F	6	1	1	0	0	10	0	

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 **JACKSON, BRADFORD LANE**
Last First Middle

Address **62 GARDEN AVE**

City **WILMINGTON** State **MA** Zip **01887-1873**

Insurance Company **ARBELLA MUTUAL INSURANCE**

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 # **349KK9** Reg Type **PC** Reg State **MA**

Veh Year **2014** Veh Make **LINCOLN** Veh Config. **2** 21

Owner **JACKSON, PATRICIA ANNE**
Last First Middle

Address **62 GARDEN AVE**

City **WILMINGTON** State **MA** Zip **01887-1873**

Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **8** 27 1 27 27

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

Most Harmful Event **1** 24 Type of Test: **2** 29

Driver Contributing Code **4** 25 **9** 25 BAC Test Result: **3** 30

Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 33

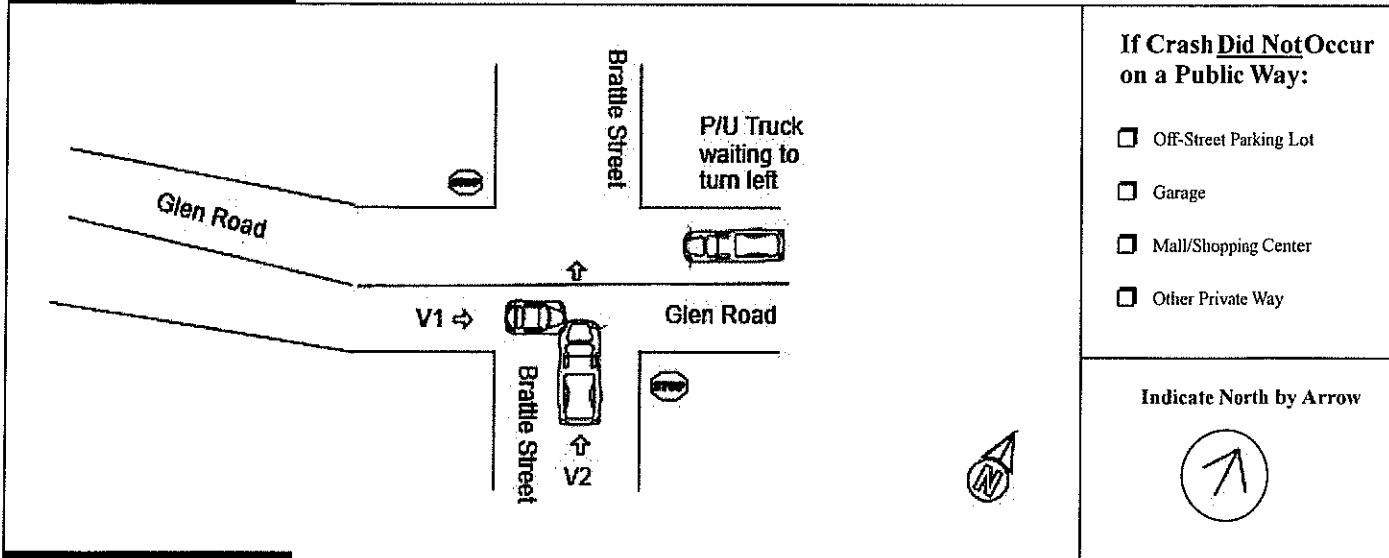
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	2	4	0	0	8	0	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 (MA-2YZL52) was traveling straight/East on Glen Road approaching intersection. V2 (MA349KK9) was stopped at stop sign on Brattle Street and attempted to go straight across Glen Road. V2 opr Jackson stated he stopped, checked left then checked right. A pick-up truck was on his right waiting to turn left on to Brattle from Glen. He stated driver of truck waived him out, and he proceeded across Glen Road without re-checking to the left when collision occurred. V1 had dual front AB deployment

V1 sustained major front right end & center damage. V2 sustained major front left end and center damage. Cain's towing removed both vehicles. V2 Opr failure to re-check left side before entering Glen Road and failure to yield ROW most probable cause of crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 01/04/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/04/2026

Time of Crash
1915

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
0

Speed Limit
30

Latitude

Longitude

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of . or

Mile Marker Exit Number

Feet N S E W of

Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

Please Select One of the Following:

☒ Vehicle 12 #Occupants

☐ Hit/Run

☐ Moped

Crash Report ID# 26-3-AC

License # St , DOB/Age

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

Operator NELSON, NICHOLAS JAMES

Address 315 BURLINGTON AVE

City WILMINGTON State MA Zip 01887-3106

Insurance Company THE STANDARD FIRE INSURAN

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

Citation # (If Issued)

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

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

Reg # 5XHC63 Reg Type PC Reg State MA

Veh Year 2007 Veh Make FORD Veh Config. 1 21

Owner IACOPUCCI, LORRAINE THERES

Address 10 RIO DR

City GLOUCESTER State MA Zip 01930-3131

Vehicle Action Prior to Crash 1 22

Event Sequence 30 23 40 23 23 23

Most Harmful Event 30 24

Driver Contributing Code 12 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 6 27 11 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	3	1	4	0	0	10	0				
---	---	---	---	---	---	----	---	--	--	--	--

Please Select One of the Following:

☐ Vehicle 2 #Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St , DOB/Age

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

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

Operator/Occupants

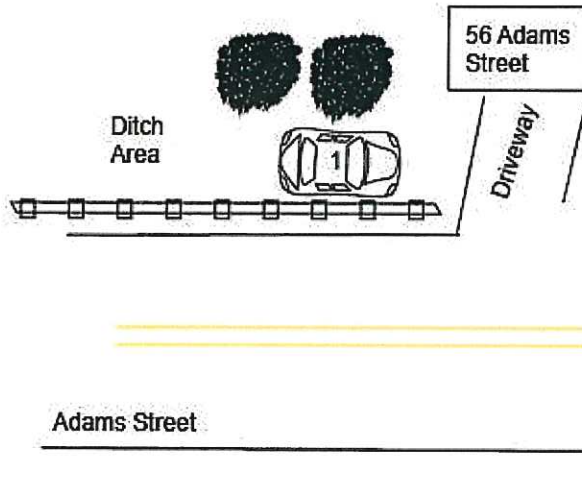
See Above

1											
---	--	--	--	--	--	--	--	--	--	--	--

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V#1 was traveling westbound on Adams Street heading towards Church Street. V#1 spun out, hit the fence that runs along the sidewalk, and went down into the ditch. O#1 reported, that he was traveling down Adams Street, at a speed of approximately 35-40 MPH, when he spun out due to the wet and icy road condition. O#1 reported, that the back of his vehicle went into the ditch first. The vehicle appeared to have traveled approximately 150 feet into the ditch before eventually being stopped by a tree. Both occupants of the vehicle reported no injuries and declined medical treatment. I observed there to be approximately 150 feet of fence damage (see image). V#1 sustained damage to all sides of the vehicle. Cain's Towing and A&S Towing arrived on scene and removed the vehicle. The Wilmington DPW was notified to treat the roadway and secure the gap between the road and the ditch.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887	978-658-3311	3	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

Detective Jonathan L Morales

Police Officer Name (Please Print)

Signature

224

ID/Badge #

Wilmington Police Department

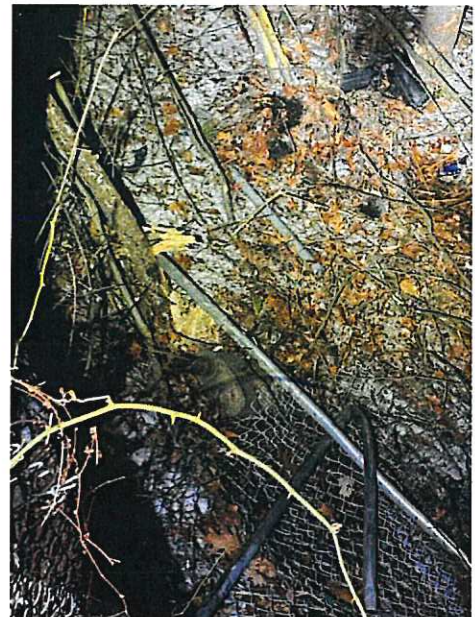
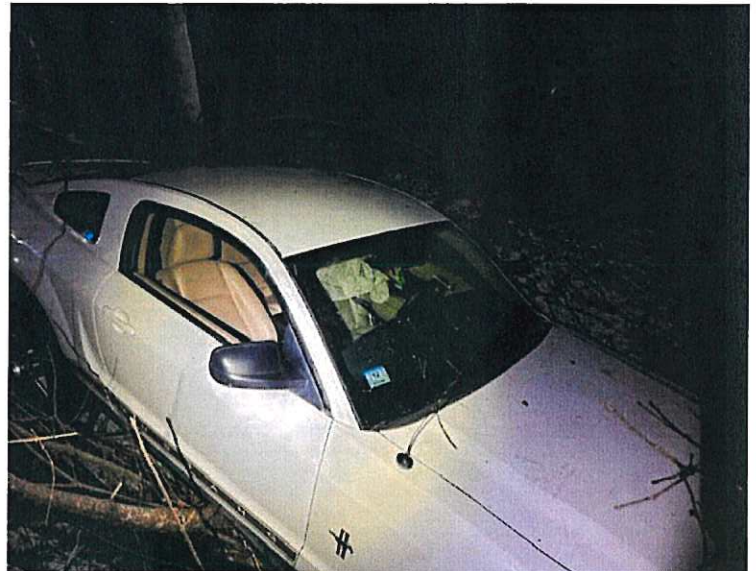
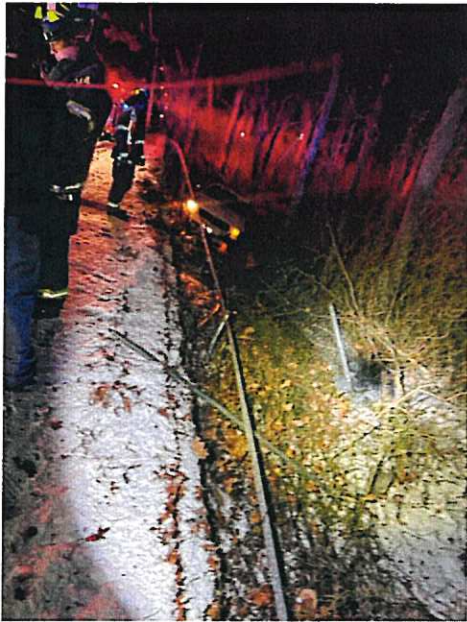
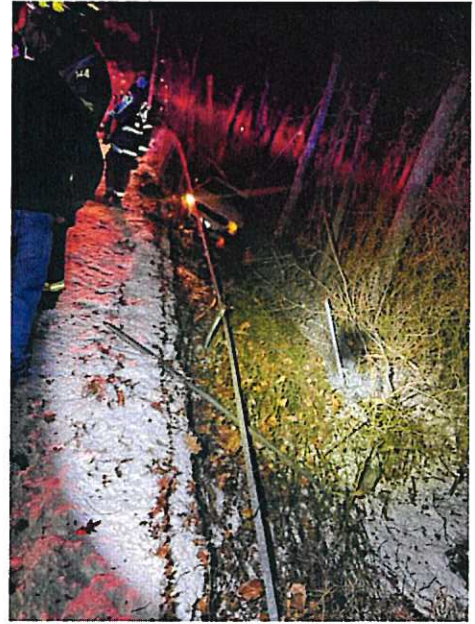
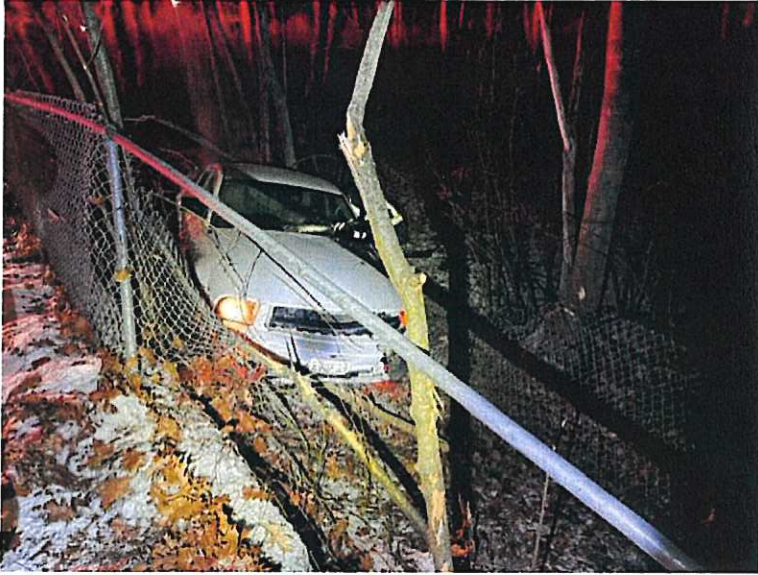
Department

Precinct/Barracks

01/04/2026

Date

Wilmington Police Department
Images Associated with 26-3-AC



Wilmington Police Department
Images Associated with 26-3-AC

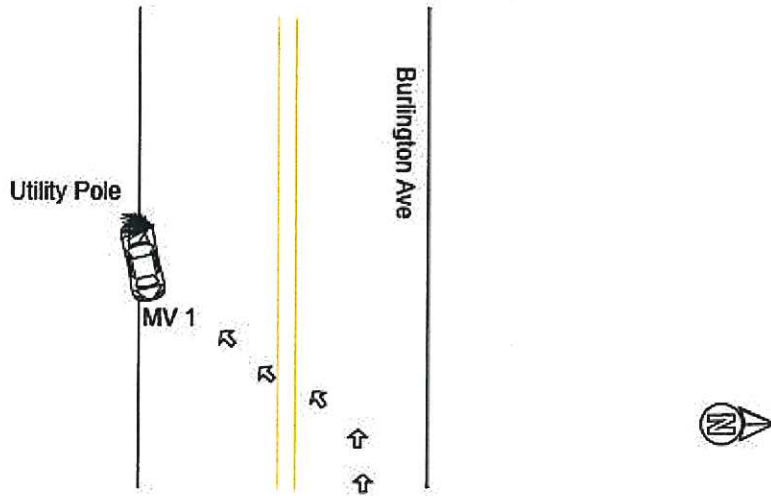


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/05/2026	Time of Crash 1450 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 3	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police 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 Mile Marker Exit Number					1 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# 26-4-AC	
License # St. DOB/Age			Reg # 5VS432		Reg Type PC		Reg State MA		7 12	
Sex M Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2018		Veh Make HYUNDAI		Veh Config. 2 21			
Operator MUTUMBA, MUZAMIL			Owner ENTERPRISE FM TRUST							
Address 499 BOSTON RD APT 1104			Address 600 CORPORATE PARK DR							
City BILLERICA State MA Zip 01821-2731			City SAINT LOUIS State MO Zip 63105-4204							
Insurance Company NATIONWIDE PROPERTY AND C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 2 27 8 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 22 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 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		22 13			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		Lahey Clinic	
VINCENT DEFRANCO			17 BROOKSIDE LN BURLINGTON, MA 01803		M 4		1 4		Lahey Clinic	
ERIC NELSON			17 BROOKSIDE LN BURLINGTON, MA 01803		M 6		1 4		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		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		1		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:

The operator of MV 1 stated that as he was driving westbound on Burlington Ave there was a vehicle on the other side of the road "coming at him." The operator stated he needed to swerve to his left to move out of the way and ended up crashing into the utility pole. There were no yaw marks on the ground that would suggest there was a sharp turn or over corrections. I spoke with the operator a second time and this time he stated there was a vehicle close to his side of the road but not driving directly at him. There were a few motorists who stopped to assist but there was no other vehicle on scene that was involved in the incident. The vehicle was towed by Cains.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST READING MA 01867		3	UTILITY POLE

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

01/05/2026

Date

Wilmington Police Department
Images Associated with 26-4-AC



[illegible]

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B

Route 62

Woburn St

island with granite curbing

North Arrow

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 EAST ON ROUTE 62 BEFORE TAKING A RIGHT TURN TO HEAD SOUTH ON WOBURN ST.

IT WAS SNOWING AND THE ROADS WERE SLICK. WHILE TAKING THE RIGHT TURN, MV1 STRUCK THE GRANITE CURBING OF THE TRAFFIC ISLAND LOCATED AT THE ENTRANCE TO WOBURN ST. MV1 BECAME DISABLED IN THE SOUTHBOUND LANE OF WOBURN STREET. MV1 SUSTAINED DAMAGE TO ITS FRONT AXLE.

THERE WAS NO DAMAGE TO THE CURB. NO INJURIES REPORTED, NO AIRBAGS DEPLOYED. THE VEHICLE WAS TOWED BY CAINS.

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

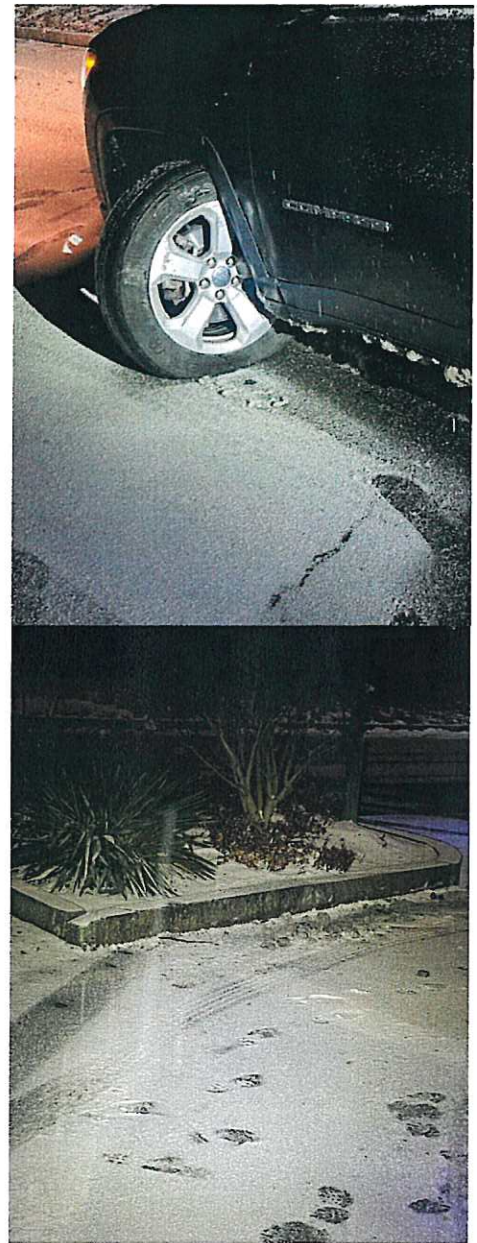
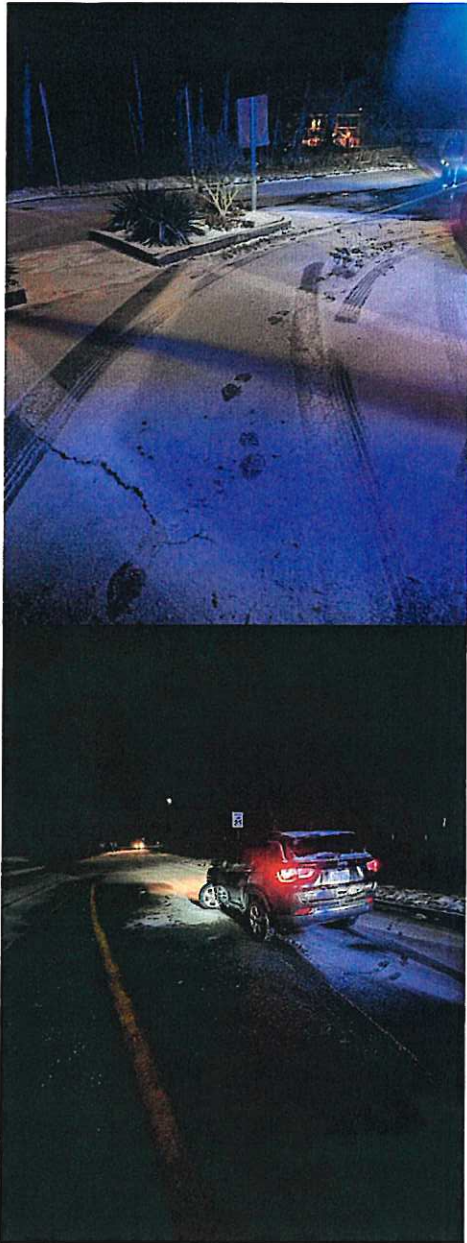
Department

Precinct/Barracks

01/05/2026

Date

Wilmington Police Department
Images Associated with 26-5-AC

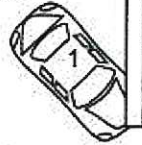


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/06/2026	Time of Crash 0629 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		226 LOWELL 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# 26-7-AC	
License # St DOB/Age			Reg # 3YEM59		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2015		Veh Make BMW		Veh Config. 1 21			
Operator REYES, JENNY			Owner MARTINEZ, GUADALUPE							
Address 55 STRATHAM ST			Address 55 STRATHAM ST							
City LOWELL State MA Zip 01852			City LOWELL State MA Zip 01852-4839							
Insurance Company MAIN STREET AMERICA PROTE			Vehicle Action Prior to Crash 9 22		Damaged Area Code: 1 27 0 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 20 23 22 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 22 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 10 25 2 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 3 0 0 8 2		Lahey Clinic			
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			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
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

226 Lowell St



Verizon Utility Pole #46

curb

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:

Driver of vehicle 1 admitted to passing vehicle and going into opposite land of travel causing her to crash into verizon utility pole #46.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SPOUSTA SUSAN E	301 SANDY LN WILMINGTON MA 01887-6238		
GREEN EDMUND JOSEPH JR	77 CITY HALL AVE Apt. #A GARDNER MA 01440-2698		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LUCCI JOHN ANTHONY	44 PRINCE ST Apt. #206 BOSTON MA 0			LAWN
VERIZON	16 CHURCH ST WILMINGTON MA 01887			UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

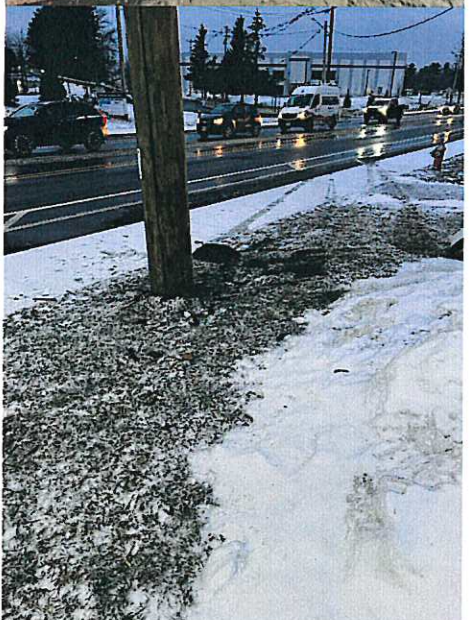
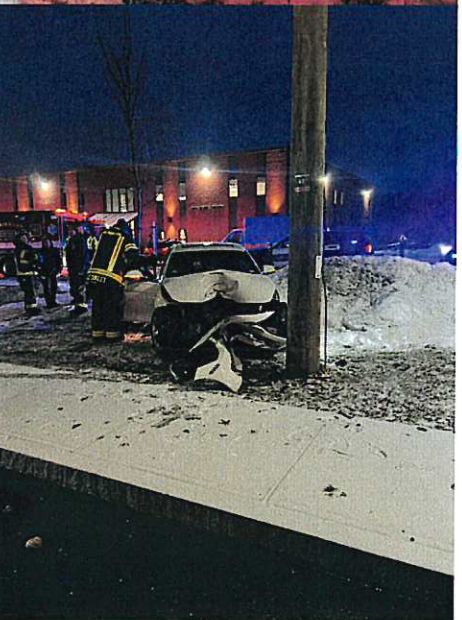
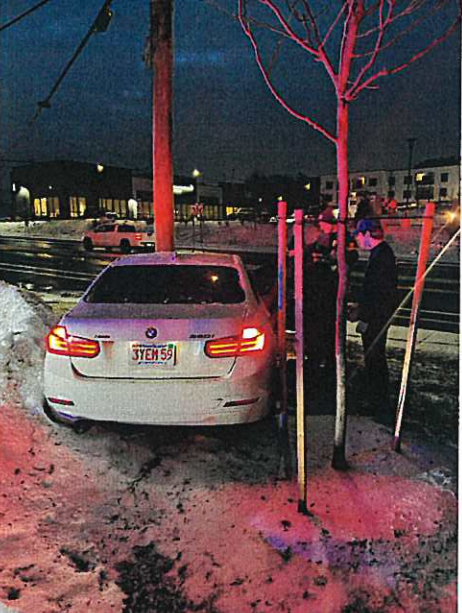
Department

Precinct/Barracks

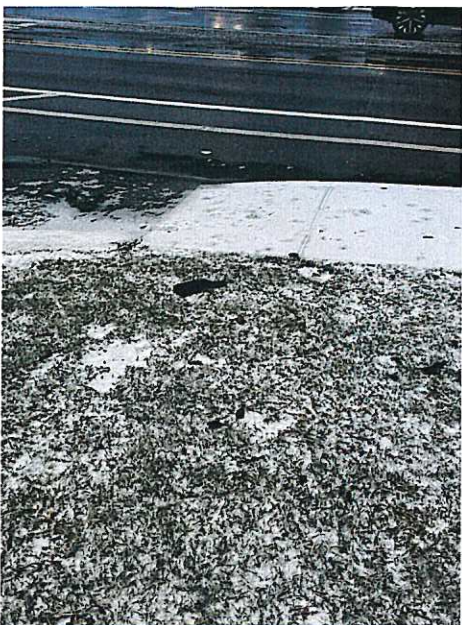
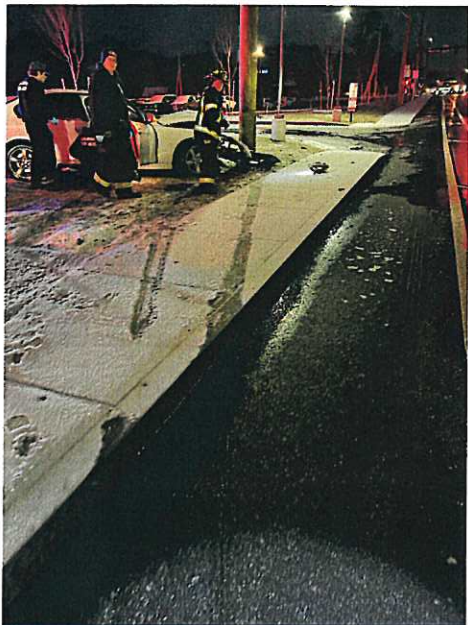
01/06/2026

Date

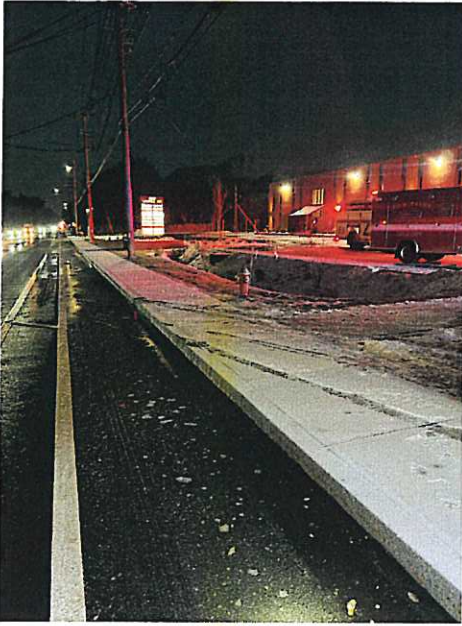
Wilmington Police Department
Images Associated with 26-7-AC



Wilmington Police Department
Images Associated with 26-7-AC



Wilmington Police Department
Images Associated with 26-7-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/07/2026	Time of Crash 0555 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of or		1 11					
Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of		Route# Intersecting Roadway/Street					
Route# Direction Name of 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# 26-8-AC	
License # St. DOB/Age			Reg # 6MRV29 Reg Type PC Reg State MA		7 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make CHEVROLET Veh Config. 1 21							
Operator MACGREGOR, CHARLES WILLIAM			Owner MACGREGOR, CHARLES WILLIAM							
Address 28 LINDA RD			Address 28 LINDA RD							
City WILMINGTON State MA Zip 01887-1442			City WILMINGTON State MA Zip 01887-1442							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 1 27 8 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 42 23 41 23 30 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 30 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		30 13			
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # Reg Type Reg State		21					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.							
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			1							

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

Crash Diagram:

North Street, Wilmington, MA

Carolyn Road

6 North Street

Fence

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 turning right from Carolyn Road onto North Street. At the bottom of Carolyn Rd, his pickup truck did not stop due to the icy conditions. The vehicle slid into the fence in the front yard of 6 North Street. The homeowner came out to check on MV 1 and was shown the damage to the fence. No reported injuries. MV 1 was able to free the vehicle without assistance. Homeowner was understanding due to roadway condition.

Road conditions were significantly icy on North Street and throughout the neighborhood/Town of Wilmington. At the crash location, the roadway was dangerous to walk on and was fully covered in a layer of ice. DPW was notified about the condition of North Street at the time of the crash.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CLOSSON HENRY MARK	6 NORTH ST WILMINGTON MA 01887-211		97	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 James R Hill 225 Wilmington Police Department 01/07/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-8-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 01/07/2026		Time of Crash 0541 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____		State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐													
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																			
Route# Direction GLEN RD				Name of Roadway/Street		Route# Direction Address #				Name of Roadway/Street															
At						Feet N S E W of _____				Mile Marker _____ Exit Number _____															
Route# Direction FAULKNER AVE				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# 26-9-AC															
License # _____ St _____ DOB/Age _____				Reg # 4DXC85		Reg Type PC		Reg State MA																	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____				Veh Year 2023		Veh Make Jeep		Veh Config. 1 21																	
Operator GRAHAM, MICHAEL JAMES				Owner GRAHAM, MICHAEL JAMES																					
Address 6 ALLSTON AVE				Address 6 ALLSTON AVE																					
City WILMINGTON State MA Zip 01887-1332				City WILMINGTON		State MA Zip 01887-1332																			
Insurance Company PROGRESSIVE CASUALTY INSU				Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 8 27 27																			
Vehicle Travel Direction: N X E W Responding to Emergency? 2				Event Sequence 30 23 23 23 23		Test Status: 1 28																			
Citation # (If Issued) _____				Most Harmful Event 30 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		99		4		0		0		10		1			
Please Select One of the Following:				☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User		Complete the Vulnerable User section.													
License # _____ St _____ DOB/Age _____				Reg # _____		Reg Type _____		Reg State _____																	
Sex _____ Lic. Class _____ 19 19 Lic. Restrictions _____ 20 CDL _____				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
 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 travelling south on Faulkner Ave at the intersection of Faulkner Ave & Glen Rd. When V1 attempted to stop at the stop sign, the vehicle was unable to stop due to the extremely icy road conditions. As a result, V1 collided with the front fence at 136 Glen Rd. The weather was freezing rain/ice that created a dangerous driving condition. The fence sustained major damage and V1 sustained damage to the front end/left front (no tow). The operator of V1 was the lone occupant and he sustained no apparent injuries. The property owner of 136 Glen Rd was made aware and each party was provided with the other's information.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NEWHOUSE MICHAEL JOHN	136 GLEN RD WILMINGTON MA 01887-35			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

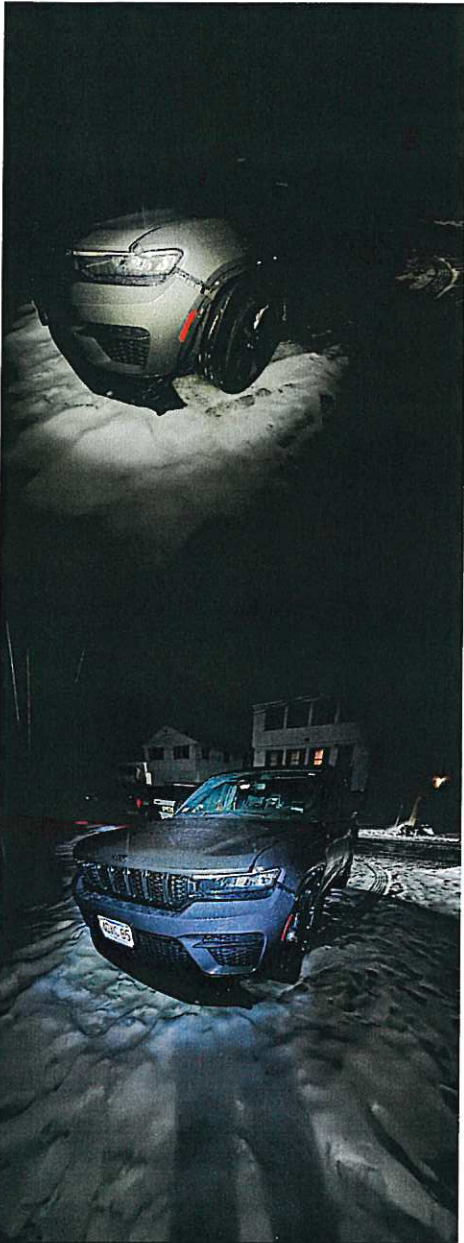
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Michael W Powers 231 Wilmington Police Department 01/07/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-9-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/08/2026	Time of Crash 1554 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 211 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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-11-AC							
License #. St. DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 3LRT69 Reg Type PC Reg State MA							
Operator SALDIVAR, CRISTIAN			Veh Year 2014 Veh Make HONDA Veh Config. 1 21							
Address 496 MAIN ST APT 2			Owner SALDIVAR, CRISTIAN							
City HAVERHILL State MA Zip 01830-3285			Address 496 MAIN ST APT 2							
Insurance Company PROGRESSIVE DIRECT INSURA			City HAVERHILL State MA Zip 01830-3285							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 97 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 2 27 1 27 27							
Name (Last First Middle) Address DOB/Age Sex			Test Status: 1 28							
Operator See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 1 33							
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License #. St. DOB/Age. Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 915HW6 Reg Type PC Reg State MA							
Operator MATTHEW, SIMI			Veh Year 2014 Veh Make LEXUS Veh Config. 1 21							
Address 2 WHITTIER RD			Owner MATTHEW, SIMI							
City BILLERICA State MA Zip 01821-2849			Address 2 WHITTIER RD							
Insurance Company SAFETY INSURANCE COMPANY			City BILLERICA State MA Zip 01821-2849							
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22							
Citation # (If Issued)			Event Sequence 1 23 23 23 23							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 5 27 27 27							
Name (Last First Middle) Address DOB/Age Sex			Test Status: 1 28							
Operator/Occupants See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 3 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			Test Status: 1 28							
Operator/Occupants See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 3 33							

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

Crash Diagram:

Lowell St

Driveway to
211 Lowell
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:

Both vehicles were traveling northbound in the area of 211 Lowell Street. The vehicles were in stop and go traffic. Vehicle 1 (V1) rear ended Vehicle (V2). V1's operator stated that the bottom of his boots were wet and his foot slipped off the break and hit the accelerator. This caused the vehicle to accelerate forward striking the rear of V2. V1 had front airbag deployment, and V2 had no airbag deployment.

V1 was towed

V2 was towed

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/08/2026

Date

Wilmington Police Department
Images Associated with 26-11-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/08/2026	Time of Crash 1612 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-12-AC	
License # St DOB/Age			Reg # 5JNN64		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2005		Veh Make TOYOTA		Veh Config. 1 21			
Operator LUA LIMA SANTOS, JANIS BARBARA			Owner LUA LIMA SANTOS, JANIS BARBARA							
Address 334 FERRY ST			Address 334 FERRY ST							
City EVERETT State MA Zip 02149-5647			City EVERETT State MA Zip 02149-5647							
Insurance Company INCLINE CASUALTY COMPANY			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 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 2 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 99 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. 1 1 4 0 0 10 1	
Operator			See Above							
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # 6 St DOB/Age			Reg # 72XC71		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2021		Veh Make HYUNDAI		Veh Config. 1 21			
Operator DIAZ, JOHN			Owner DIAZ, JOHN							
Address 10 WHITEGATE RD			Address 10 WHITEGATE RD							
City N BILLERICA State MA Zip 01862-1610			City N BILLERICA State MA Zip 01862-1610							
Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 1 27 5 27 27					
Vehicle Travel Direction: ☒ 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)			Address		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1	
Operator/Occupants			See Above							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/08/2026

Time of Crash
1612
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
3

Number Injured
0

Speed Limit 40

Latitude

Longitude

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 59 LOWELL ST

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

Landmark

Please Select One
of the Following:☒ Vehicle 31 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-12-AC

License # St DOB/Age

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

Operator DEADY, SEAN W

Address 277 ANDOVER RD

City BILLERICA State MA Zip 01821-0000

Insurance Company

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

Citation # (If Issued)

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

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

Reg # 5610671 Reg Type PC Reg State NH

Veh Year 2025 Veh Make RAM Veh Config. 1 21

Owner BEARING DISTRIBUTORS INC

Address 8000 HUB PKWY

City CLEVELAND State OH Zip 44125

Vehicle Action Prior to Crash 2 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: 5 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Please Select One
of the Following:☐ Vehicle 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

59 Lowell Street	Cross 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 N
---	--

Crash Narrative:

Vehicle 1 was traveling West on Lowell Street when it was approaching The Cross Street intersection by 59 Lowell Street. Vehicle 2 was ahead of vehicle 1 in the same lane of travel stopped in traffic. Vehicle 3 was ahead of vehicle 2 also stopped in traffic. Vehicle 1 reportedly had their head down not looking ahead and did not see vehicle 2 had stopped in front of them. Vehicle 1 rear ended vehicle 2 which push them into vehicle 3. no party was injured and all vehicles recieved minor damage and were still in driveable condition.

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:

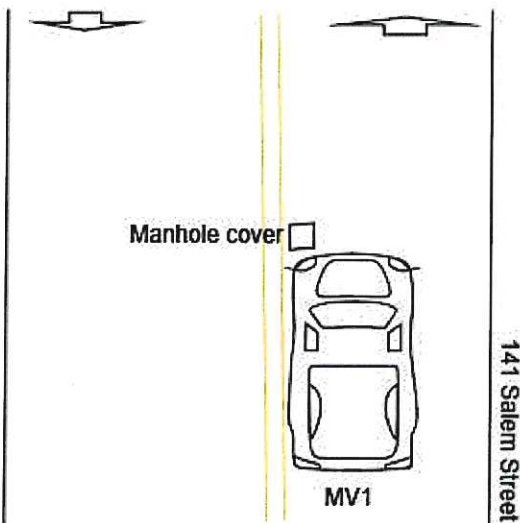
Registration # _____ (From Vehicle Section)	
Carrier Name _____	Bus Use 42
Address _____ City _____ St _____ Zip _____	
US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____	
Interstate 43	Cargo Body Type Code 44 GVWR/GCWR 45
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46	
Hazmat Information:	
Placard 47	Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Thomas Lawrenson	222	Wilmington Police Department	01/08/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/09/2026	Time of Crash 0723 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 . or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with			Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 26-13-AC				
License # St DOB/Age			Reg # 6YS453			Reg Type PC		Reg State MA						
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2006			Veh Make CHEVROLET		Veh Config. 1						
Operator RAMSDELL, CHAD EMERY			Owner RAMSDELL, CHAD EMERY											
Address 125A SALEM ST			Address 125A SALEM ST											
City WILMINGTON State MA Zip 01887-4003			City WILMINGTON State MA Zip 01887-4003											
Insurance Company PREFERRED MUTUAL INSURANC			Vehicle Action Prior to Crash 1			Damaged Area Code: 10 27 97 27 27								
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 10 23 44 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			Driver Contributing Code 99 25 25			BAC Test Result: 1 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? 99 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	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						Towed from scene? 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							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of motor vehicle number 1, Chad E. Ramsdell stated that he was traveling east on Salem Street. He stated that he heard and felt a loud bang as if he struck something on the ground. He then observed that he blew out his driverside tire and had major damage to the wheels rim (See images). There was a prior call of a manhole cover that was off at 141 Salem Street. Prior to my arrival, someone had put the manhole cover back on. However, Mr. Ramsdell was unsure if the manhole cover was off before or after he ran over it. Mr. Ramsdell stated no injuries and refused medical attention. He also stated that he would arrange for his own tow truck if needed.

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 Julio J Quiles

197

Wilmington Police Department

01/09/2026

Police Officer Name (Please Print)

Signature

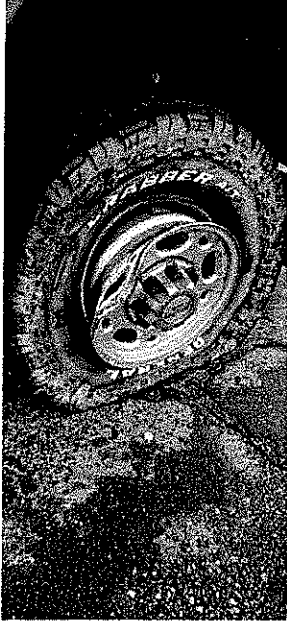
ID/Badge #

Department

Precinct/Barracks

Date

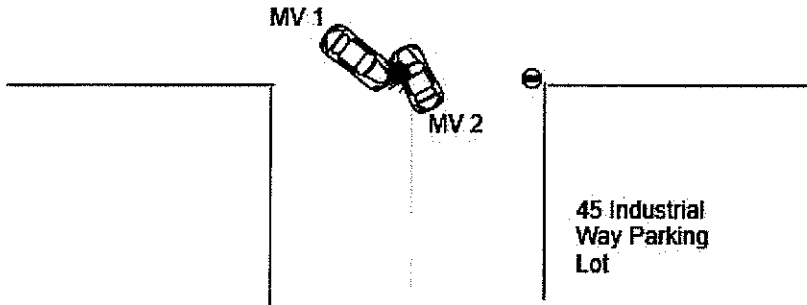
Wilmington Police Department
Images Associated with 26-13-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/09/2026	Time of Crash 1501 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 15	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			45 INDUSTRIAL WAY								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number			5 11					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of 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# 26-14-AC								
License # S DOB/Age			Reg # 32SZ70 Reg Type PC Reg State MA			7 12					
Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2013 Veh Make CHEVROLET Veh Config. 1 21								
Operator CARBONE, JORDAN T			Owner CARBONE, MICHAEL ROBERT								
Address 297 MIDDLESEX ST			Address 297 MIDDLESEX ST								
City NORTH ANDOVER State MA Zip 01845-3437			City NORTH ANDOVER State MA Zip 01845-3437								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 8 27 7 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 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			1 13		
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 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator See Above			X X 1 1 4 0 0 9 0								
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped		
			☐ Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # 5WEL25 Reg Type PC Reg State MA			1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2015 Veh Make DODGE Veh Config. 2 21								
Operator SUSANA JIMENEZ, MANNY DANIEL			Owner SUSANA JIMENEZ, MANNY DANIEL								
Address 537 ANDOVER ST			Address 537 ANDOVER ST								
City LAWRENCE State MA Zip 01843-2001			City LAWRENCE State MA Zip 01843-2001								
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 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? 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 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility		
Operator/Occupants See Above			X X 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:

The operator of MV 1 stated as she was pulling into the parking lot, MV 2 drove through the stop sign and hit her vehicle while she was turning. MV 1 sustained left side damage and left front damage.

The operator of MV 2 stated that MV 1 drove into him while he was turning left out of the parking lot. The operator of MV 2 stated that MV 1 and his motor vehicle may have been encroaching on each other side of the road causing them to hit each other. MV 2 sustained left side damage.

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

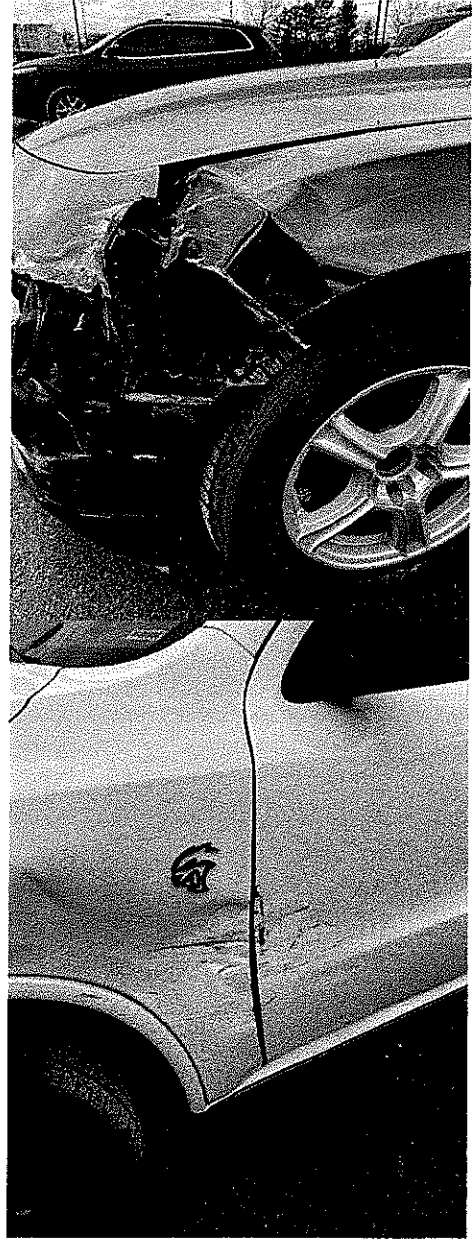
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III 223 Wilmington Police Department 01/09/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-14-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/10/2026	Time of Crash 1730 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 Address # Name of Roadway/Street 294 SALEM ST					10		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number					11		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street					12		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark					13		
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-15-AC					14		
License # St DOB/Age			Reg # 5TPM70 Reg Type PC Reg State MA					15		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21					16		
Operator REIDY, VERONICA JOYCE Last First Middle			Owner REIDY, RICHARD J JR Last First Middle					17		
Address 221 SALEM ST			Address 221 SALEM ST					18		
City WILMINGTON State MA Zip 01887-1123			City WILMINGTON State MA Zip 01887-1123					19		
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22					20		
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23					21		
Citation # (If Issued)			Most Harmful Event 1 24					22		
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25					23		
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26					24		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved					25		
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex					26		
Operator See Above			Operator See Above					27		
								28		
								29		
								30		
								31		
								32		
								33		
								34		
								35		
								36		
								37		
								38		
								39		
								40		
								41		
								42		
								43		
								44		
								45		
								46		
								47		
								48		
								49		
								50		
								51		
								52		
								53		
								54		
								55		
								56		
								57		
								58		
								59		
								60		
								61		
								62		
								63		
								64		
								65		
								66		
								67		
								68		
								69		
								70		
								71		
								72		
								73		
								74		
								75		
								76		
								77		
								78		
								79		
								80		
								81		
								82		
								83		
								84		
								85		
								86		
								87		
								88		
								89		
								90		
								91		
								92		
								93		
								94		
								95		
								96		
								97		
								98		
								99		
								100		
								101		
								102		
								103		
								104		
								105		
								106		
								107		
								108		
								109		
								110		
								111		
								112		
								113		
								114		
								115		
								116		
								117		
								118		
								119		
								120		
								121		
								122		
								123		
								124		
								125		
								126		
								127		
								128		
								129		
								130		
								131		
								132		
								133		
								134		
								135		
								136		
								137		
								138		
								139		
								140		
								141		
								142		
								143		
								144		
								145		
								146		
								147		
								148		
								149		
								150		
								151		
								152		
								153		
								154		
								155		
								156		
								157		
								158		
								159		
								160		
								161		
								162		
								163		
								164		
								165		
								166		
								167		
								168		
								169		
								170		
								171		
								172		
								173		
								174		
								175		
								176		
								177		
								178		
								179		
								180		
								181		
								182		
								183		
								184		
								185		
								186		
								187		
								188		
								189		
								190		
								191		
								192		
								193		
								194		
								195		
								196		
								197		
								198		
								199		
								200		
								201		
								202		
								203		
								204		
								205		
								206		
								207		
								208		
								209		
								210		
								211		
								212		
								213		
								214		
								215		
								216		
								217		
								218		
								219		
								220		
								221		
								222		
								223		
								224		
								225		
								226		
								227		
								228		
								229		
								230		
								231		
								232		
								233		
								234		
								235		
								236		
								237		
								238		
								239		
								240		
								241		
								242		
								243		
								244		
								245		
								246		
								247		
								248		
								249		
								250		
								251		
								252		
								253		
								254		
								255		
								256		
								257		
								258		
								259		
								260		
								261		
								262		
								263		
								264		
								265		
								266		
								267		
								268		
								269		
								270		
								271		
								272		
								273		
								274		
								275		
								276		
								277		
								278		
								279		
								280		
								281		
								282		
								283		
								284		
								285		
								286		
								287		
								288		
								289		
								290		
								291		
								292		
								293		
								294		
								295		
								296		
								297		
								298		
								299		
								300		
								301		
								302		
								303		
								304		
								305		
								306		
								307		
								308		
								309		
								310		
								311		
								312		
								313		
								314		
								315		
								316		
								317		
								318		
								319		
								320		
								321		
								322		
								323		
								324		
								325		
								326		
								327		
								328		
								329		
								330		
								331		
								332		
								333		
								334		
								335		
								336		
								337		
								338		
								339		
								340		
								341		
								342		
								343		
								344		
								345		
								346		
								347		
								348		
								349		
								350		
								351		
								352		
								353		
								354		
								355		
								356		
								357		
								358		
								359		
								360		
								361		
								362		
								363		
								364		
								365		
								366		
								367		
								368		
								369		
								370		
								371		
								372		
								373		
								374		
								375		
								376		
								377		
								378		
								379		
								380		
								381		
								382		
								383		
								384		
								385		
								386		
								387		
								388		
								389		
								390		
								391		
								392		
								393		
								394		
								395		
								396		
								397		
								398		
								399		
								400		
								401		
								402		
								403		
								404		
								405		
								406		
								407		
								408		
								409		
								410		
								411		
								412		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

294
Salem
Street

Salem 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:

Vehicle 1 (V1) was traveling behind Vehicle 2 (V2) in the area of 294 Salem Street eastbound. V2 was slowing for stopped traffic in front of him. Vehicle 1's operator stated that she saw V2 slowing down and when she went to press the break she pressed the accelerator instead. This caused her to rear end V2. No airbags were deployed and both operators declined injuries. V1 sustained front end damage and V2 sustained rear end damage. 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 # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

01/10/2026

Police Officer Name (Please Print)

Signature

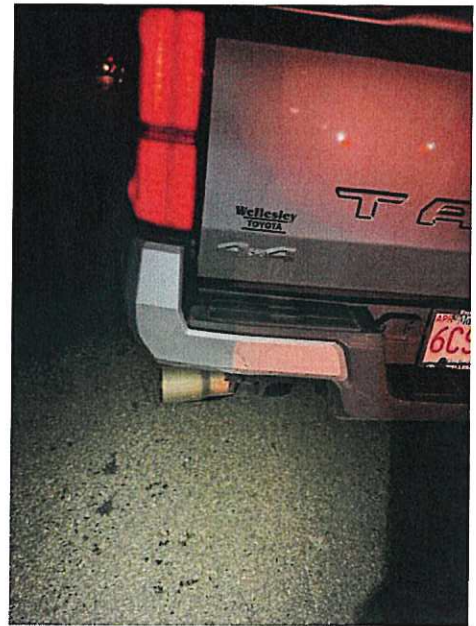
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-15-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/10/2026	Time of Crash 1821 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 25	State Police ☐	Local Police ☐	MBTA Police ☐	Campus Police ☐	Other ☐	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street												
At			Feet N S E W of or Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street												
Also at Intersection with			Landmark												
Route# Direction Name of Intersecting Roadway/Street															
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-16-AC			
License # St. DOB/Age			Reg # 613JD8			Reg Type PC			Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016			Veh Make TOYOTA			Veh Config. 1 21						
Operator BURNS, NANCY ANNE			Owner BURNS, NANCY ANNE												
Address 443 MIDDLESEX AVE			Address 443 MIDDLESEX AVE												
City WILMINGTON State MA Zip 01887-1105			City WILMINGTON State MA Zip 01887-1105												
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 E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 3 28									
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 2 29									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 10 25 19 25			BAC Test Result: 5 30									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 1 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 3 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 # BR86NF			Reg Type PC			Reg State MA						
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022			Veh Make ACURA			Veh Config. 1 21						
Operator BEAUPRE, VIRGINIA M			Owner BEAUPRE, TODD R												
Address 49 LONGWOOD RD			Address 49 LONGWOOD RD												
City READING State MA Zip 01867-2224			City READING State MA Zip 01867-2224												
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 1 27 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									
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												
OLIVIA BEAUPRE 49 LONGWOOD RD READING, MA 01867-2224			F 3 99 4 0 0 10 1												

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

230 Lowell Street

Lowell Street

Woburn 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:

Vehicles 2 and 3 (V2 & V3) were stationary on Lowell Street at the intersection with Woburn St. Both vehicles were in the westbound travel lane. Vehicle 1 (V1) was also traveling westbound approaching the intersection when she did not stop and rear ended V2. V2 then was pushed forward into V3. V3's operator stated that she believed she was also pushed into the vehicle in front of her but this vehicle left the scene and was not identified. Airbags deployed on V1 but did not deploy on V2 and V3. All parties signed medical refusals with the Wilmington Fire Department. V1 was towed due to damage, and the other vehicles were able to be driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MANDELL NICHOLAS ALLEN	441 LOWELL ST READING MA 01867-1533		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

01/10/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
01/10/2026

Time of Crash
1821
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

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 230 LOWELL ST

Name of Roadway/Street

Feet N S E W of or Mile Marker Exit Number

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

Feet N S E W of

Landmark

Please Select One of the Following:

☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-16-AC

License # St. DOB/Age

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

Operator CAPOZZI, ROCHELLE MARIA

Address 10 WOODLAND RD

City WILMINGTON State MA Zip 01887-3429

Insurance Company FARMERS PROPERTY & CASUAL

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

Citation # (If Issued)

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

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

Reg # 2VHD91 Reg Type PC Reg State MA

Veh Year 2025 Veh Make AUDI Veh Config. 1 21

Owner CAPOZZI, ROCHELLE MARIA

Address 10 WOODLAND RD

City WILMINGTON State MA Zip 01887-3429

Vehicle Action Prior to Crash 2 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: 5 27 1 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	
			M	3	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

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

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

Wilmington Police Department
Images Associated with 26-16-AC

