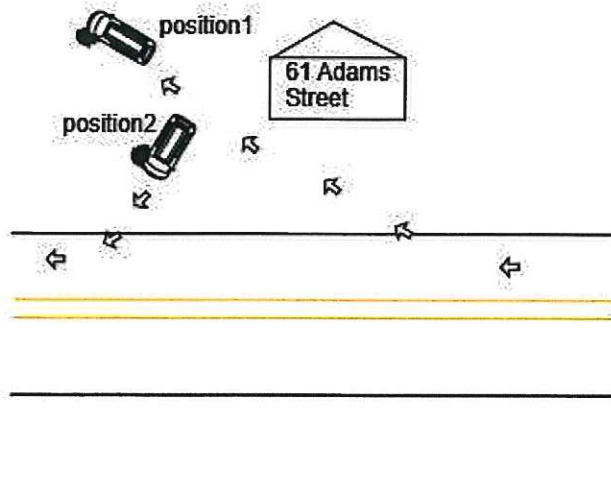


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/12/2026	Time of Crash 2228 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< 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 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# 26-21-AC	
License # S' DOB/Ag			Reg # P79971		Reg Type CO		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make CHEVROLET		Veh Config. 2 21			
Operator FRENCH, JOHN R			Owner MAHONEY'S ROCKY LEDGE LLC							
Address 11 PADDOCK ST			Address 242 CAMBRIDGE ST							
City WILMINGTON State MA Zip 01887-2990			City WINCHESTER State MA Zip 01890-2342							
Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 7 27 2 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 21 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 9 23 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			
Operator			See Above		1		99			
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Ag			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			
Operator/Occupants			See Above		1					

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

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 was traveling on Adams Street towards Parker Street. The operator left the roadway, drove across the front lawn of 61 Adams Street, crashed into a tree, backed up, drove forward and crashed into a second tree. After the vehicle crashed into the second tree, the operator drove it back onto Adams Street towards Parker Street. At the time of the crash, Adams Street was dry. The lawn of 61 Adams Street had a layer of frost. The involved vehicle left the scene prior to my arrival but both side view mirrors were still on scene.

Detectives located the involved vehicle and observed damage to the left and right sides and the left and right front. The vehicle was missing both side mirrors.

Witness observed the crash and called the police.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROCCO NICHOLAS A	66 ADAMS ST WILMINGTON MA 01887-2436		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CUMMINGS JEAN MARIE	61 ADAMS ST WILMINGTON MA 01887-24			TWO TREES

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

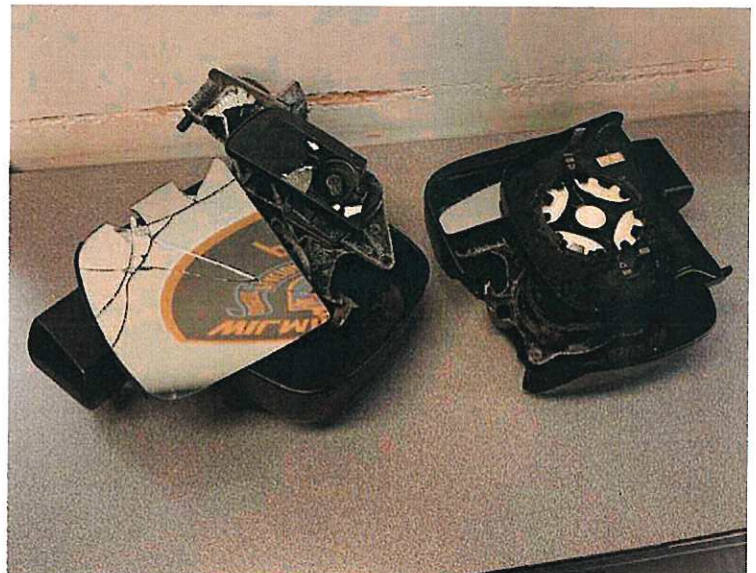
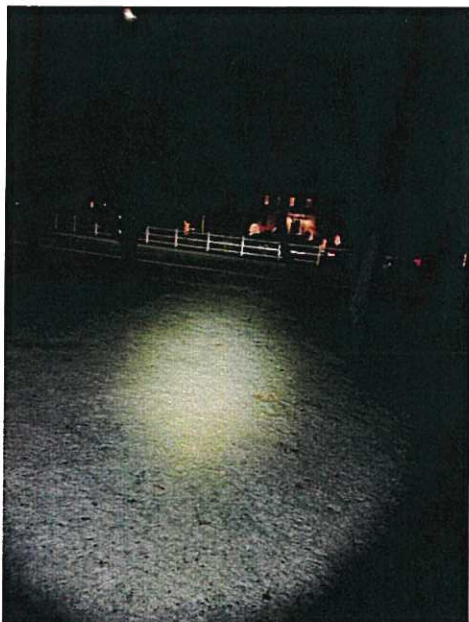
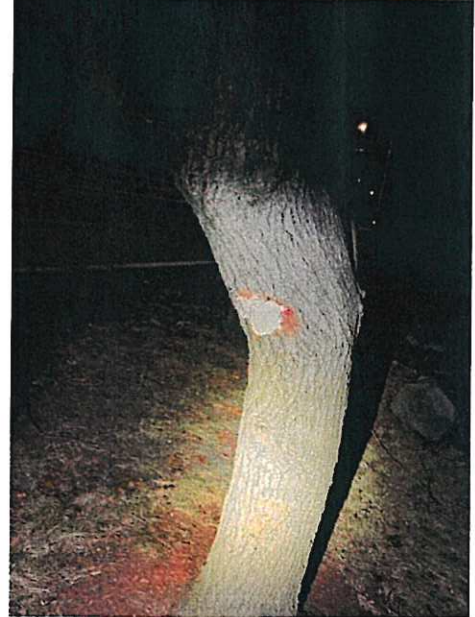
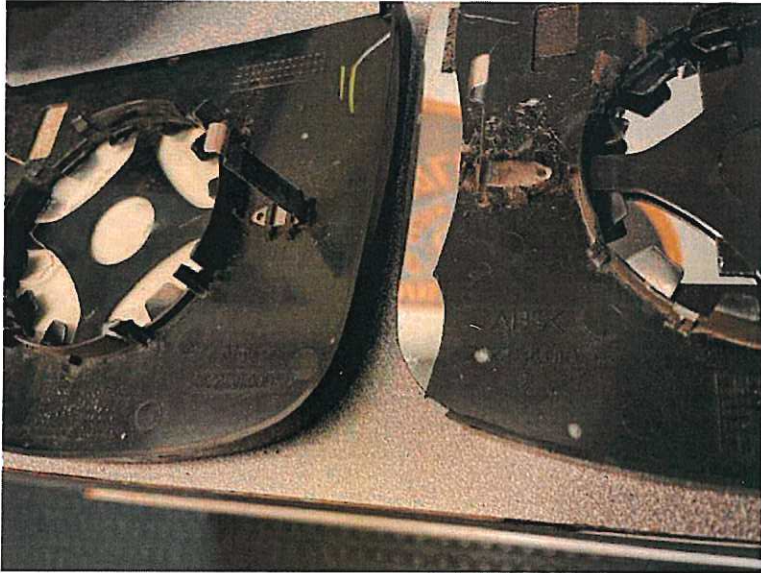
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

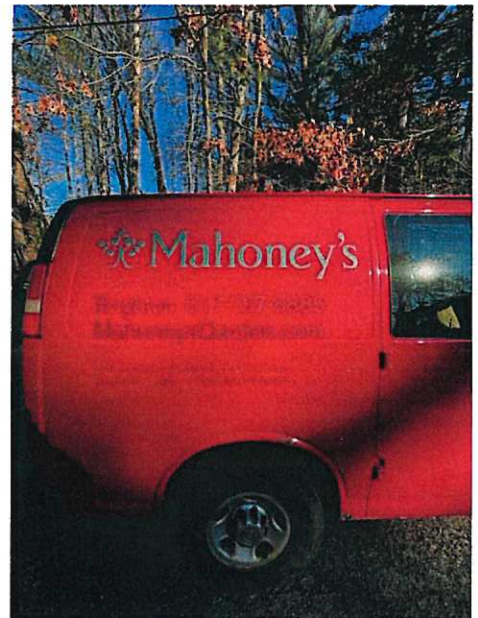
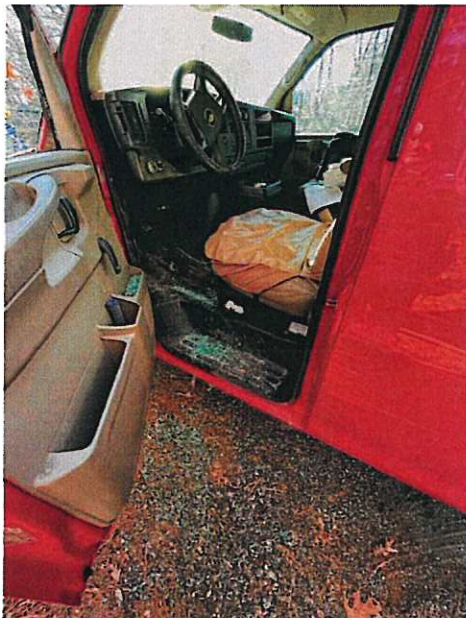
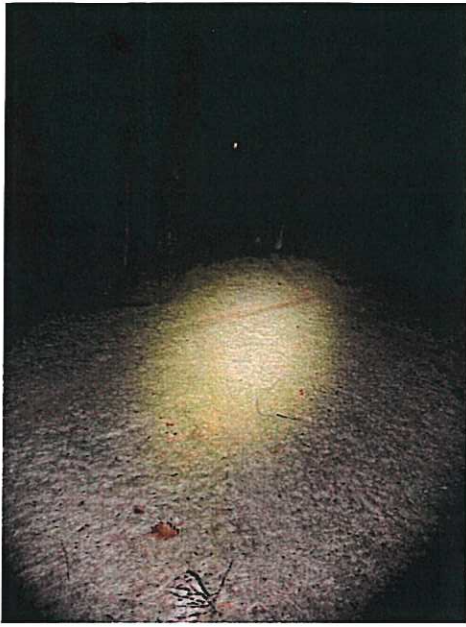
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 01/16/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

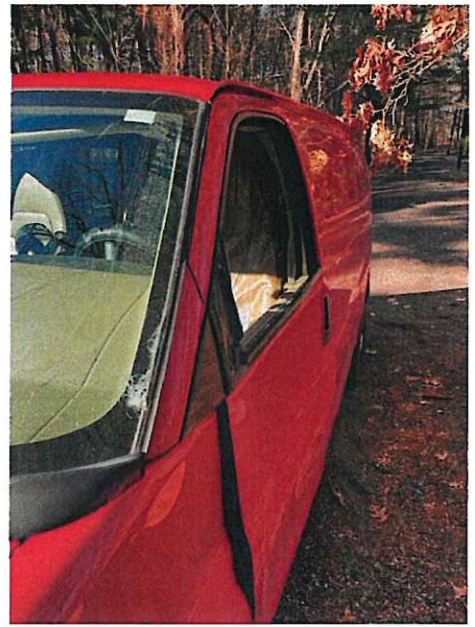
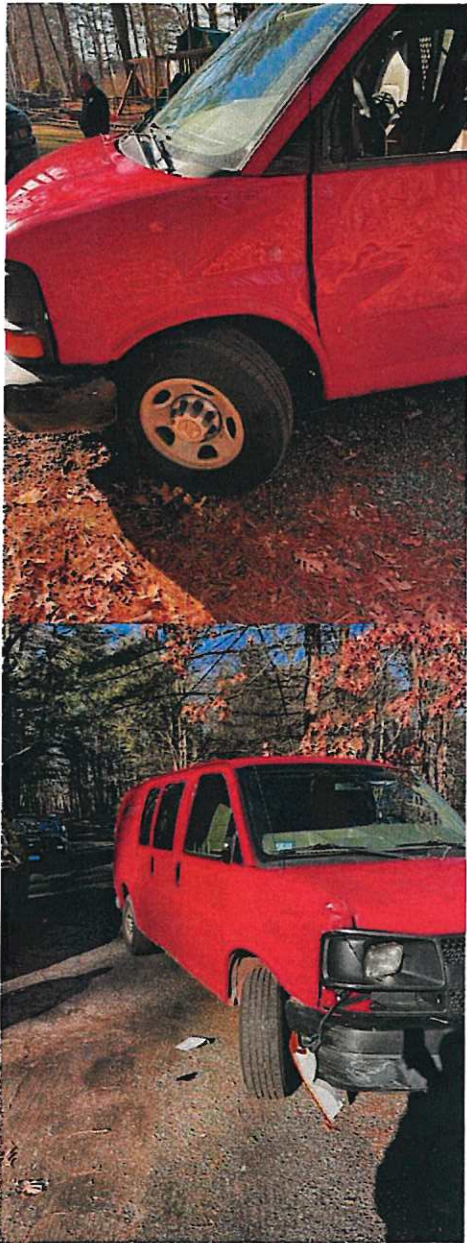
Wilmington Police Department
Images Associated with 26-21-AC



Wilmington Police Department
Images Associated with 26-21-AC



Wilmington Police Department
Images Associated with 26-21-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/13/2026	Time of Crash 1944 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 2	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			137 ALDRICH RD								
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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-17-AC		
License # S DOB/Age			Reg # 5FGV92 Reg Type PC Reg State MA											
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025 Veh Make HONDA Veh Config. 1 21											
Operator BURGESS, MARISSA R			Owner BURGESS, MARISSA R											
Address 4 SUMMIT DR APT 507			Address 4 SUMMIT DR APT 507											
City READING State MA Zip 01867-4053			City READING State MA Zip 01867-4053											
Insurance Company PROGRESSIVE DIRECT INSURA			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 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 24 (2) 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 4 26 26			Susp. Alcohol: 2 31 Susp. Drug: 1 32								
Please fill out for operator and all occupants involved						Towed from scene? 1 33								
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility								
Operator See Above			1 1 3 0 0 7 2			Lahey Clinic								
ROBERT BARTON 85 COURT ST WHITMAN, MA 02382			M 3 1 3 0 0 8 0											
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			1											

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

137 Aldrich Road

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 traveling east in the area of 137 Aldrich Road. The operator of vehicle 1 stated they were distracted by the GPS when it veered over the double yellow line crossing into the opposite lane of travel. Vehicle continued veering left until it crashed head on into the tree in front of 137 Aldrich. The vehicle suffered heavy damage to its front and had front and side airbag deployment.

The vehicle 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 Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

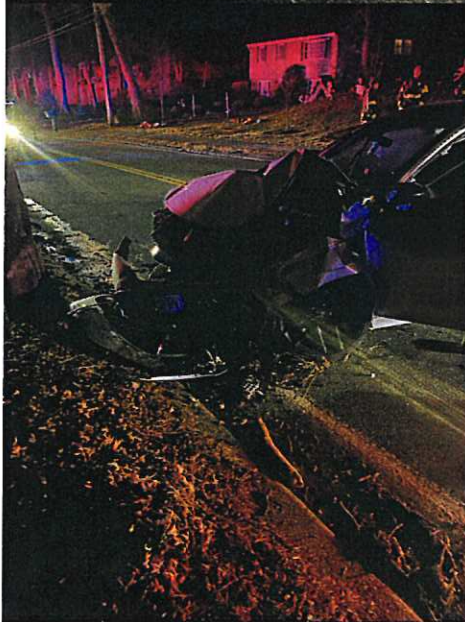
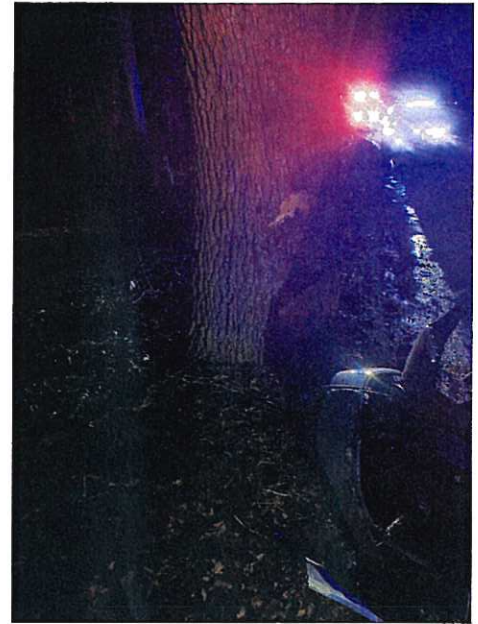
Department

Precinct/Barracks

01/13/2026

Date

Wilmington Police Department
Images Associated with 26-17-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/14/2026	Time of Crash 0736 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:						
1 1 SHAWSHEEN AVE Route# Direction Name of Roadway/Street			2 10										
At													
2 5 HOPKINS ST Route# Direction Name of Intersecting Roadway/Street			2 11										
Also at Intersection with													
3 LAKE ST Route# Direction Name of Intersecting Roadway/Street			Landmark										
Please Select One of the Following:			Crash Report ID# 26-18-AC										
☒ Vehicle 1 Occupants			☐ Hit/Run										
☐ Moped													
License #, St, DOB/Age			Reg # 6RSW77 Reg Type PC Reg State MA										
Sex Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2018 Veh Make HYUNDAI Veh Config. 1 21										
Operator			Owner MAGUIRE, BRIAN M										
Address			Address 109 COOLIDGE ST										
City, State Zip			City TEWKSBURY State MA Zip 01876-4013										
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 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 20 25 25										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26										
Please fill out for operator and all occupants involved			Towed from scene? 1 33										
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	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 # TC1714 Reg Type PC Reg State MA										
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018 Veh Make FORD Veh Config. 1 21										
Operator IPPOLITO, LISA MARIE			Owner IPPOLITO, LISA MARIE										
Address 15 HEATH ST			Address 15 HEATH ST										
City TEWKSBURY State MA Zip 01876-4015			City TEWKSBURY State MA Zip 01876-4015										
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 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			Towed from scene? 2 33										
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	0	0	8	2	Lahey Clinic

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 operator stated she noticed the light was green and proceeded driving forwards, then did not notice everyone "slamming on their breaks" when she rear ended operator 2's vehicle.

Vehicle 2 operator stated she began to drive through green light and was rear ended by operator 2's vehicle.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MICHAUD ERIC J	35 DORCHESTER ST WILMINGTON MA 01887-2253		2

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Seth A Mucha-Kangas

235

Wilmington Police Department

01/14/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-18-AC



Wilmington Police Department
Images Associated with 26-18-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/14/2026	Time of Crash 1905 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>892</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u>							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ 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 _____ ☐ Hit/Run ☐ Moped			Crash Report ID# <u>26-19-AC</u>							
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____			Reg # <u>309TXF</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2000</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>							
Operator <u>YEH, ALEXANDER S</u> Last First Middle			Owner <u>YEH, ALEXANDER S</u> Last First Middle							
Address <u>28 PATHWOOD AVE</u>			Address <u>28 PATHWOOD AVE</u>							
City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2437</u>			City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-2437</u>							
Insurance Company <u>AMICA MUTUAL INSURANCE CO</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>26</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>26</u> <u>24</u> Type of Test: <u>0</u> <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			BAC Test Result: <u>1</u> <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
Please fill out for operator and all occupants involved			Towed from scene? <u>3</u> <u>33</u>							
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			<u>1</u> <u>1</u> <u>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 _____ ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>							
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>24</u> Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			BAC Test Result: <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>							
Please fill out for operator and all occupants involved			Towed from scene? <u>33</u>							
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			<u>1</u>							

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

Crash Diagram:

892 Main St Parking Lot

Ditch

V1

Gym Street USA Parking Lot

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:

On January 14, 2026, I was dispatched to 892 Main St. regarding a vehicle stuck in a ditch. Upon arrival, a vehicle was observed in a ditch between 892 Main St. and Gym Street, USA, 1 Jewel Dr. The operator of the vehicle said that he turned into 892 Main St. and believed he could cut across the grass into Gym Street's parking lot. He then said he did not see the ditch because his headlights were not bright enough. A&S Towing towed the vehicle out of the ditch, and the operator drove it back home.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

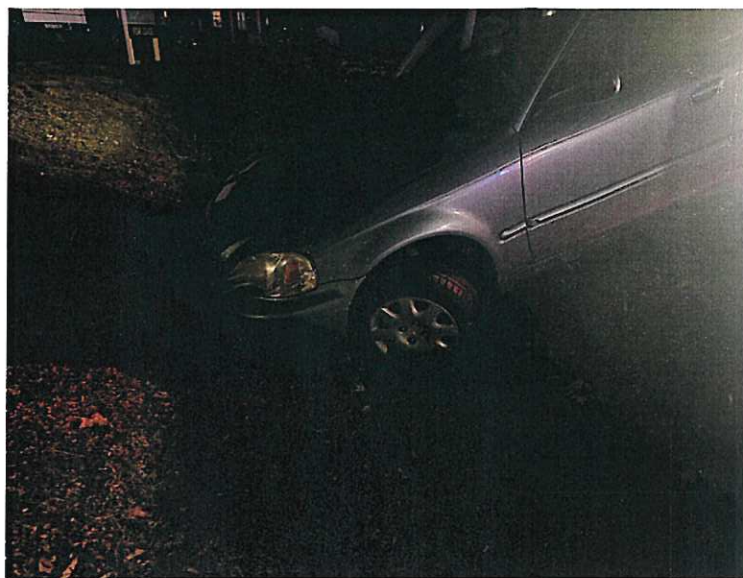
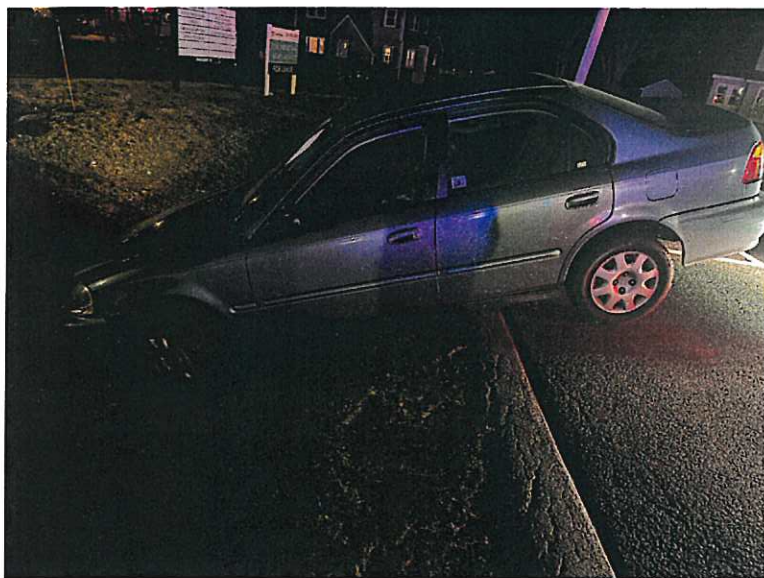
Department

Precinct/Barracks

01/14/2026

Date

Wilmington Police Department
Images Associated with 26-19-AC

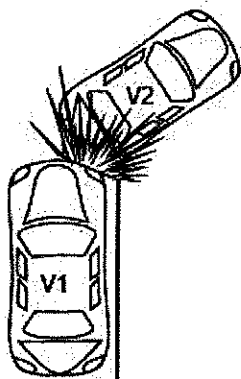


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/16/2026	Time of Crash 0746 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit Latitude Longitude	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of 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 10 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-20-AC	
License # St. DOB/Age			Reg # 3KDF53		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2014		Veh Make FORD		Veh Config. 1 21			
Operator Driverless M.V.			Owner GROGAN, DUSTIN FRANCIS PHILIP							
Address			Address 1212 HORSESHOE LN							
City State Zip			City WILMINGTON		State MA		Zip 01887-6002			
Insurance Company GARRISON PROPERTY & CASUA			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/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 5 3 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 # 4YY511		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make CHEVROLET		Veh Config. 1 21			
Operator KENNEY, JENNIFER ANNE			Owner KENNEY, JOHN MICHAEL							
Address 400A ANDOVER ST			Address 400A ANDOVER ST							
City WILMINGTON			City WILMINGTON		State MA		Zip 01887-1005			
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 10 22		Damaged Area Code: 4 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			1 99 4 0 0 10 1							

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

Crash Diagram:

Horseshoe Lane
Parking Lot



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 parked at 1212 Horseshoe Lane at 6:00pm on Thursday. Between 6:00pm and 7:30am today, V1 was struck while parked by V2. V2 is unknown at this time. V1 had significant rear end damage on the driver's side with the trunk being partially lodged shut, cracked taillight, and dislodged bumper. V1 was noticeably angled most likely from the impact of the rear end. V2 was operated by Jennifer Kenney. Jennifer stated that she "bumped" another vehicle but didn't believe she left any major damage. She was operating MA 4YY511.

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 Justin T Crowley

240

Wilmington Police Department

01/16/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

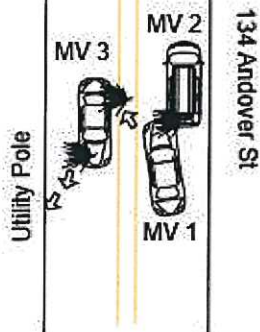
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/17/2026	Time of Crash 1407 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		134 ANDOVER ST					
At										
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		Feet N S E W of 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-22-AC	
License #			DOB/Age		Reg # 3KGA48		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 20		Veh Year 2021		Veh Make HONDA		Veh Config. 1 21	
Operator GLOVER, RENEE MICHELE					Owner GLOVER, JEFFREY THOMAS					
Address 10 MARTIN ST					Address 10 MARTIN ST					
City DANVERS State MA Zip 01923-1855					City DANVERS State MA Zip 01923-1855					
Insurance Company USAA CASUALTY INSURANCE C					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 2 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 2 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 97 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		Medical Facility	
Operator			See Above							
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			DOB/Age		Reg # V85104		Reg Type CO		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions 20		Veh Year 2021		Veh Make Freightliner		Veh Config. 8 21	
Operator DAROCHA, JAMES MANUEL					Owner AMAZON LOGISTICS INC					
Address 39 OAKHILL DR					Address 410 TERRY N AVE					
City METHUEN State MA Zip 01844-5520					City SEATTLE State WA Zip 98109-5210					
Insurance Company OLD REPUBLIC INSURANCE CO					Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 2 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 2 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 1 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/17/2026	Time of Crash 1407 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	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			134 ANDOVER ST								
At						Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Intersecting Roadway/Street								
Also at Intersection with						Landmark								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-22-AC		
License # St DOB/Age			Reg # 3XEV73 Reg Type PC Reg State MA			Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012 Veh Make ACURA Veh Config. 2 21					
Operator ORGANISCIAC, KEVIN T			Owner ORGANISCIAC, KEVIN T			City ANDOVER State MA Zip 01810-6031			City ANDOVER State MA Zip 01810-6031					
Address 150 WOBURN ST			Address 150 WOBURN ST			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 3 27 27					
City ANDOVER State MA Zip 01810-6031			City ANDOVER State MA Zip 01810-6031			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Insurance Company USAA CASUALTY INSURANCE C			Most Harmful Event 1 24			Type of Test: 0 29			BAC Test Result: 1 30					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 2 33					
Citation # (If Issued)			Driver Distracted by 0 26 26											
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator		See Above				1	1	4	0	0	10	1		
LEAH ORGANISCIAC		150 WOBURN ST ANDOVER, MA 01810-6031		F	3	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														
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														
City State Zip														
Insurance Company														
Vehicle Action Prior to Crash 22														
Damaged Area Code: 27 27 27														
Event Sequence 23 23 23 23														
Test Status: 28														
Type of Test: 29														
BAC Test Result: 30														
Susp. Alcohol: 31 Susp. Drug: 32														
Towed from scene? 33														
Citation # (If Issued)														
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
Operator/Occupants		See Above				1								

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

Crash Diagram:

ie: → 1 → 2 → O → B



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:

See supplemental narrative.

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 # **V85104** (From Vehicle Section)

Carrier Name **Amazon Logistics** Bus Use **42**

Address **410 TERRY AVE N** City **SEATTLE** St **WA** Zip **98104**

US DOT #: **2881058** State Number _____ Issuing State **MA** MC/MX/ICC #: **N/A**

Interstate **4**⁴³ Cargo Body Type Code **97**⁴⁴ GVWR/GCWR **2**⁴⁵

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

Hazmat Information:

Placard **3**⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer Robert M DeGregorio III

223

Wilmington Police Department

01/17/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER ROBERT M DEGREGORIO III

Ref: 26-22-AC

Entered: 01/17/2026 @ 1618	Entry ID: 223
Modified: 01/21/2026 @ 0850	Modified ID: 223
Approved: 01/26/2026 @ 1018	Approval ID: 185

The operator of MV 2 stated he pulled to the side of the road to deliver a package to a home in the area. When he got back to the truck and entered, he was hit from behind by MV 1. MV 2 had its hazards activated while on the side of the road. MV 2 was operable and the operator was not injured. MV 2 sustained left rear damage.

The operator of MV 1 stated as she was traveling southbound on Andover St, she saw MV 2 pulled to the side of the road. MV 1 began to apply it brakes but started to slide due to the ice and snow on the road. MV 1 struck the left rear of MV 2. MV 1 possible side swiped MV 3 while it was traveling southbound on Andover St. The operator of MV 1 was not injured but the vehicle was towed from the scene by Cains Towing. MV 1 sustained front right damage.

The operator of MV 3 stated as he was traveling northbound on Andover St, he saw MV 1 hit the back of MV 2. MV 3 attempted to move out of the way and side swiped a utility pole. The operator of MV 3 stated that MV 1 side swiped the left rear quarter panel when it came onto his side of the road. The operator and passenger were not injured. The vehicle was in operable condition. MV 3 sustained right-side damage and minor left side damage.

Wilmington Police Department
Images Associated with 26-22-AC



Wilmington Police Department
Images Associated with 26-22-AC

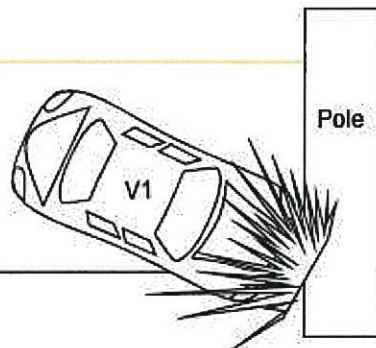


Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/17/2026	Time of Crash 1446 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of 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# 26-23-AC					
License # S DOB/Age				Reg # 3SEY38 Reg Type PC Reg State MA					
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2008 Veh Make FORD Veh Config. 1 21					
Operator DOS SANTOS, GUILHERME ENRIQUE				Owner SANTOS, REGIANE APARECIDA					
Address 43 RIVER ST				Address 12 UNION ST APT 3					
City DANVERS State MA Zip 01923-3354				City PEABODY State MA Zip 01960-4432					
Insurance Company SAFETY INSURANCE COMPANY				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 27 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 1 25 25				BAC Test Result: 1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Please fill out for operator and all occupants involved								Towed from scene? 1 33	
Name (Last First Middle) Address DOB/Age Sex				34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator See Above				1 1 1 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				1					

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

Crash Diagram:

Ballardvale 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



340 Ballardvale Street

Crash Narrative:

V1 was traveling southbound on Ballardvale Street into Wilmington having just past 340 Ballardvale. V1 lost control of the vehicle and swerved into a utility pole. The front steering wheel airbag deployed and the front end of the vehicle was caved in from impact. The operator, Guilherme Dos Santos, stated that he was not injured and did not require medical attention. The vehicle was towed by Cains from the scene. It should be noted that there was heavy snow at this 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

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

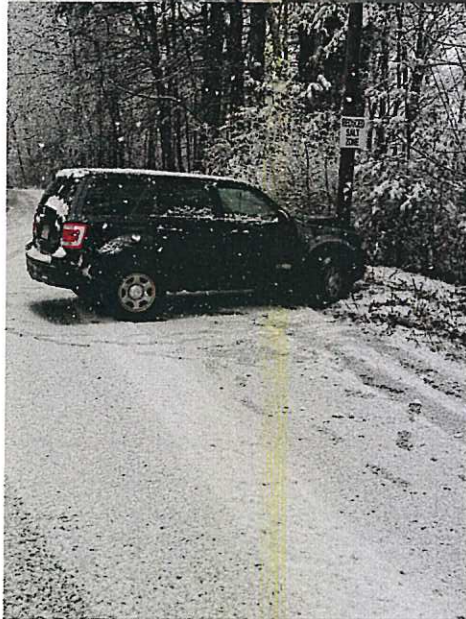
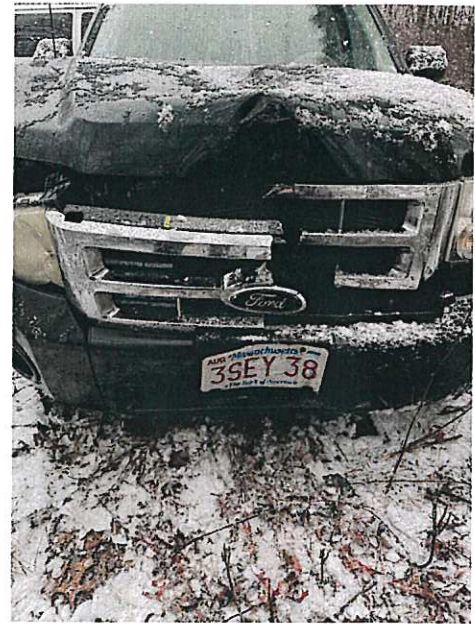
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Justin T Crowley 240 Wilmington Police Department 01/17/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-23-AC

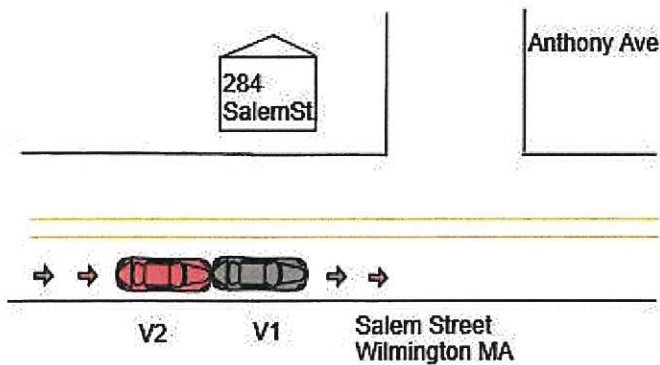


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/17/2026	Time of Crash 1341 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 284 SALEM 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# 26-24-AC							
License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 2YHB87 Reg Type PC Reg State MA							
Operator MCKENZIE, SHONELLE Last First Middle			Veh Year 2021 Veh Make AUDI Veh Config. 1 21							
Address 330 ANDOVER ST			Owner NAKOMA, CLEOPASS DENNIS Last First Middle							
City NORTH ANDOVER State MA Zip 01845-5202			Address 330 ANDOVER ST							
Insurance Company SAFETY INSURANCE COMPANY			City NORTH ANDOVER State MA Zip 01845-5202							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25 BAC Test Result: 30							
			Driver Distracted by 0 26 26 Susp. Alcohol 2 31 Susp. Drug 2 32							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions I 20 CDL Endorsement			Reg # 5YKZ31 Reg Type PC Reg State MA							
Operator ANAJARIAN, ARIANA SILVA Last First Middle			Veh Year 2012 Veh Make SUBARU Veh Config. 1 21							
Address 17 PINES RD			Owner ANAJARIAN, ARIANA SILVA Last First Middle							
City BILLERICA State MA Zip 01821-5177			Address 17 PINES RD							
Insurance Company THE COMMERCE INSURANCE CO			City BILLERICA State MA Zip 01821-5177							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 27							
Citation # (If Issued)			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 Type of Test: 29							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25 BAC Test Result: 30							
			Driver Distracted by 0 26 26 Susp. Alcohol 2 31 Susp. Drug 2 32							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1 1 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 and V2 were both traveling east on Salem Street. In the vicinity of 284 Salem Street, V2 rear-ended V1. Opr1 stated V2 hit her from behind. Opr2 stated she tried to stop but her tires did not work well in snow so she struck V1. Operators denied medical attention from on scene Fire Chief and Firefighters. Very minor damage, if any, to the rear of V1. V1 damage was unclear due to snow conditions. V2 had moderate damage to the front right and right side bumper. Both vehicles operable and left the scene under their own power.

Anthony Ave is depicted in the diagram above but it was not involved in the crash as both vehicles were traveling eastbound on Salem Street.

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 Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/17/2026

Date

Wilmington Police Department
Images Associated with 26-24-AC

