

Commonwealth of Massachusetts
Date of Crash 12/19/2025 Time of Crash 1146 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 30 Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:
Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped Crash Report ID# 25-372-AC

License # St DOB/Age Reg # MPH201 Reg Type LE Reg State MA
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator **WANDELL, MICHAEL WILLIAM** Veh Year 2023 Veh Make FORD Veh Config. 1 21
Address 1 ADELAIDE ST Owner **WILMINGTON TOWN OF**
City WILMINGTON State MA Zip 01887 Address 121 GLEN RD
City WILMINGTON State MA Zip 01887-3500
Insurance Company **MLIA** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 97 23 23 23 23 Test Status: 1 28
Citation # (If Issued) Most Harmful Event 97 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
Towed from scene? 2 33

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

Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Reg # Reg Type Reg State
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator Veh Year Veh Make Veh Config. 21
Address Address
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
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

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:

On Friday, 12/19/2025, I Sergeant Wandell was assigned as the OIC on the 0800 - 1600 hrs shift. At about 1146 hrs I was traveling south on Woburn St in marked cruiser #35 near the intersection of Wildwood St. A large pine branch had fallen partially in the travel lane of the roadway. I struck the branch with the front right bumper/fender of cruiser #35, causing the branch to wedge between the fender and front grill (see photos). The branch went upwards pushing the hood open, causing damage to the locking mechanism making it inoperable in securing the hood closed. Marked Cruiser #35 has been taken out of service and brought to the DPW.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Sergeant Michael W Wandell 174 Wilmington Police Department 12/19/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-372-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/22/2025	Time of Crash 0547 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 4			Route# _____ Direction _____ Name of Roadway/Street _____ At _____				2 10 Route# <u>251</u> Direction <u>BALLARDVALE ST</u> Address # _____ Name of Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____			
2 1			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				2 11 _____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Landmark _____			
3			Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped				Crash Report ID# <u>25-373-AC</u>			
4 1			License _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>PADGETT, WILLIAM ZACHARY</u> Address <u>1 LONGFELLOW PL APT 1417</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02114</u> Insurance Company <u>GARRISON PROPERTY & CASUA</u> Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>5YEV97</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>CAPAROSO, AMANDA JEAN</u> Address <u>1 LONGFELLOW PL APT 1417</u> City <u>BOSTON</u> State <u>MA</u> Zip <u>02114-2412</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>			
6 1			Please fill out for operator and all occupants involved				1 12			
			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							
7 1			Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.				1 13			
8 2			License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator <u>ZHANG, WENYANG</u> Address <u>6 APRIL LN APT 23</u> City <u>LEXINGTON</u> State <u>MA</u> Zip <u>02421-8115</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Reg # <u>W88870</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>Freightliner</u> Veh Config. <u>8</u> <u>21</u> Owner <u>HO TOY NOODLE INC</u> Address <u>1490 CENTRAL ST</u> City <u>STOUGHTON</u> State <u>MA</u> Zip <u>02072-4414</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>			
9 2			Please fill out for operator and all occupants involved				1 14			
			Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
			Operator/Occupants See Above							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Ballardvale Street

V1  V2

250
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



Crash Narrative:

On Monday 12/22/25 at approximately 5:47am I responded to a two vehicle motor vehicle crash. Op1 stated he was stopped in traffic on Ballardvale Street waiting until it was safe for him to turn into 250 Ballardvale Street. Op1 stated while he was stopped in traffic V2 struck his vehicle from the rear. Op2 stated through his boss via telephone due to a language barrier that he was driving straight on Ballardvale and did not notice V1 stopped ahead of him and struck the vehicle in the rear. V1 was towed from the scene by A&S Towing and brought back to their yard. V2 was drivable. no injuries were reported by either OP. Information was exchanged and all units cleared.

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 # **W88870** (From Vehicle Section)

Carrier Name **Ho Toy Noodles Inc**

Bus Use **0** ⁴²

Address **1490 CENTRAL ST** City **STOUGHTON** St **MA** Zip **02072**

US DOT #: **2588446** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **4** ⁴³ Cargo Body Type Code **99** ⁴⁴ GVWR/GCWR **3** 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 **3** ⁴⁹

Patrol Officer **John A Fortes**

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

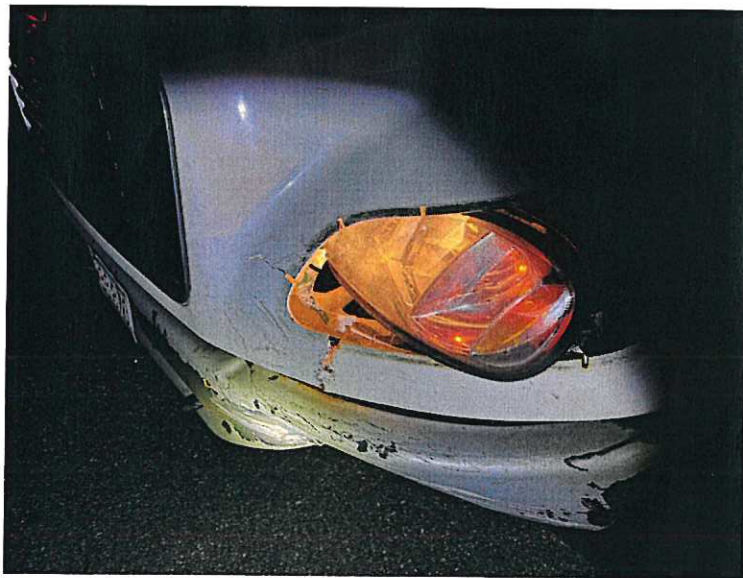
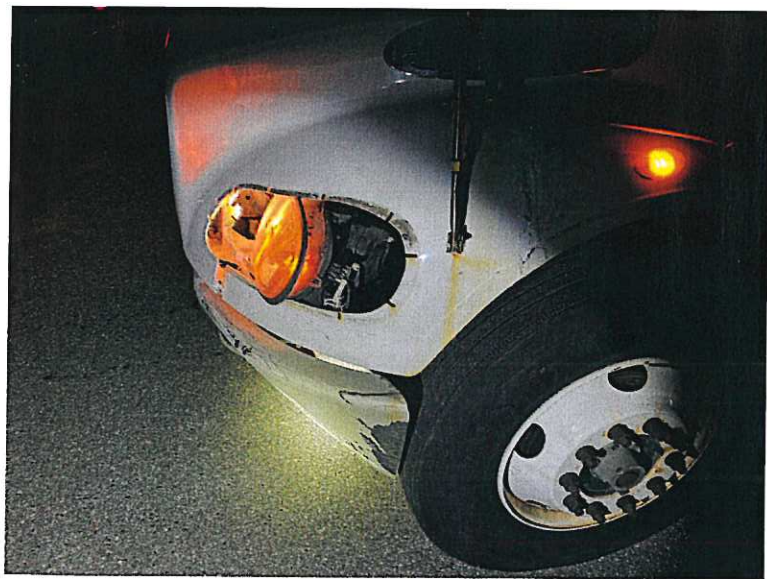
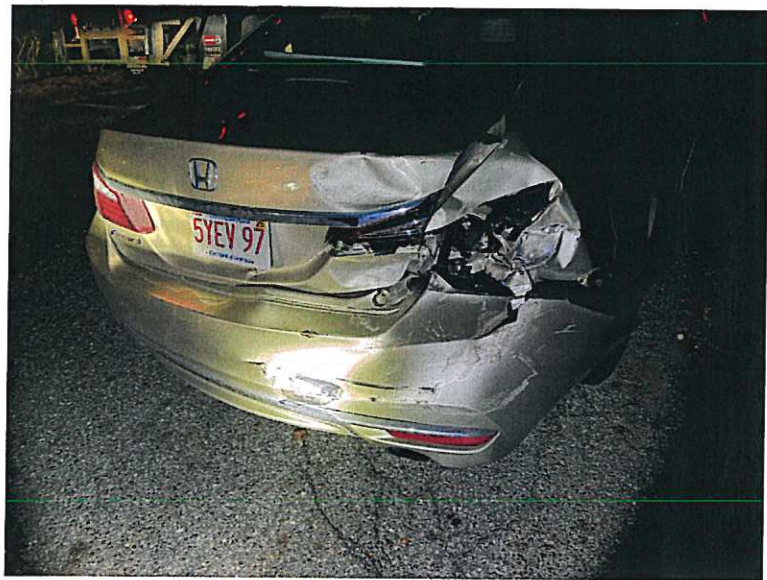
Department

Precinct/Barracks

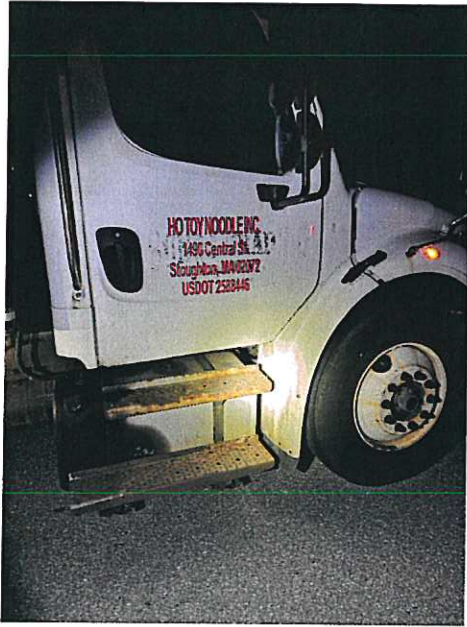
12/22/2025

Date

Wilmington Police Department
Images Associated with 25-373-AC



Wilmington Police Department
Images Associated with 25-373-AC



Police Use Only			Commonwealth of Massachusetts				Number Vehicles		Number Injured		Speed Limit 30		State Police ☐	
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				2		0		Latitude		Local Police ☐	
12/22/2025	1258	Wilmington									Longitude		MBTA Police ☐	
		24HR											Campus Police ☐	
													Other ☐	

AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
Route# Direction Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street	
At		316 LOWELL ST		316 LOWELL ST	
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Mile Marker Exit Number		Feet N S E W of Mile Marker Exit Number	
Also at Intersection with		Route# Intersecting Roadway/Street		Route# Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street		Landmark		Landmark	

Please Select One of the Following:		☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-374-AC	
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License # S DOB/Ag		Reg # WEMBV		Reg Type DL		Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2025		Veh Make TOYOTA		Veh Config. 2 21	
Operator RODRIGUEZ, MARCOS A		Owner WOBURN FOREIGN MOTORS INC		City WOBURN		State MA Zip 01801-2110	
Address 645 ROBBINS AVE APT 49		Address 394 WASHINGTON ST		Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 1 27 2 27	
City DRACUT State MA Zip 01826-5164		Event Sequence 1 23 23 23 23		Test Status: 1 28		Type of Test: 0 29	
Insurance Company THE TRAVELERS INDEMNITY C		Most Harmful Event 1 24		BAC Test Result: 1 30		Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Vehicle Travel Direction: N S E X Responding to Emergency? 2		Driver Contributing Code 1 25 25		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		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		1		1		4		0		0		10		1			

Please Select One of the Following:		☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
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License # St DOB/Ag		Reg # 259WE2		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2015		Veh Make CHRYSLER		Veh Config. 1 21	
Operator KUHNS, ANTHONY J		Owner KUHNS, CLIFFORD BRUCE JR		City WINCHENDON		State MA Zip 01475-1875	
Address 262 TEMPLE ST		Address 99 HALE ST		Vehicle Action Prior to Crash 3 22		Damaged Area Code: 1 27 8 27 2 27	
City GARDNER State MA Zip 01440-2442		Event Sequence 1 23 23 23 23		Test Status: 1 28		Type of Test: 0 29	
Insurance Company THE STANDARD FIRE INSURAN		Most Harmful Event 1 24		BAC Test Result: 1 30		Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Vehicle Travel Direction: N X E W Responding to Emergency? 2		Driver Contributing Code 4 25 25		Towed from scene? 2 33			
Citation # (If Issued)		Driver Distracted by 99 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		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		1		1		1		0		0		10		0			

Crash Diagram:

ie: → 1 → 2 → 3 → 4 → 5 → 6 → 7 → 8 → 9 → 10 → 11 → 12 → 13 → 14 → 15 → 16 → 17 → 18 → 19 → 20 → 21 → 22 → 23 → 24 → 25 → 26 → 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

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 he was traveling westbound on Lowell St when MV 2 exited the driveway of 316 Lowell St causing the two vehicles to strike each other. The operator of MV 1 tried to swerve out of the way but was unsuccessful. The operator of MV 1 stated the MV 2 just pulled out in front of him and there wasn't much he could do.

The operator of MV 2 stated that traffic in the right lane had stopped so he started to pull out of the driveway to make a right hand turn to head back to Tewksbury. The operator of MV 2 stated because everyone was stopped he thought he could go but was hit by MV 1 traveling in the left-hand lane.

The vehicle was not in operable condition and was towed by A&S. There were 2 witnesses on scene whose statements were consistent with the operator of MV 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ALLEN CONNOR WILLIAM	101 MAGNOLIA RD MANCHESTER NH 03104		
ISRAELSON EVAN MYLES	22 SHELDON AVE WILMINGTON MA 01887-2921		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42
 Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

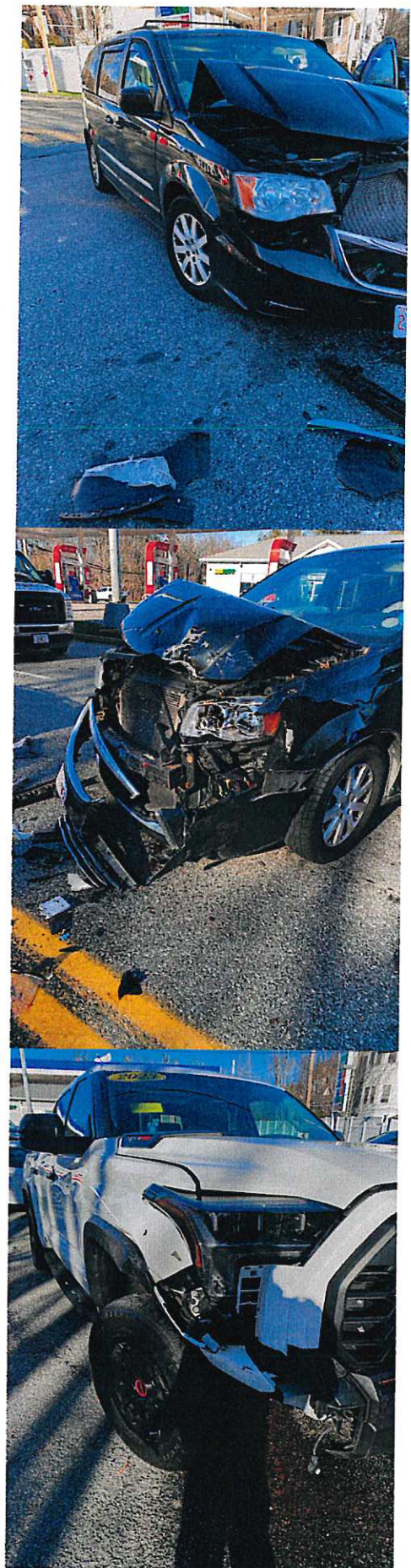
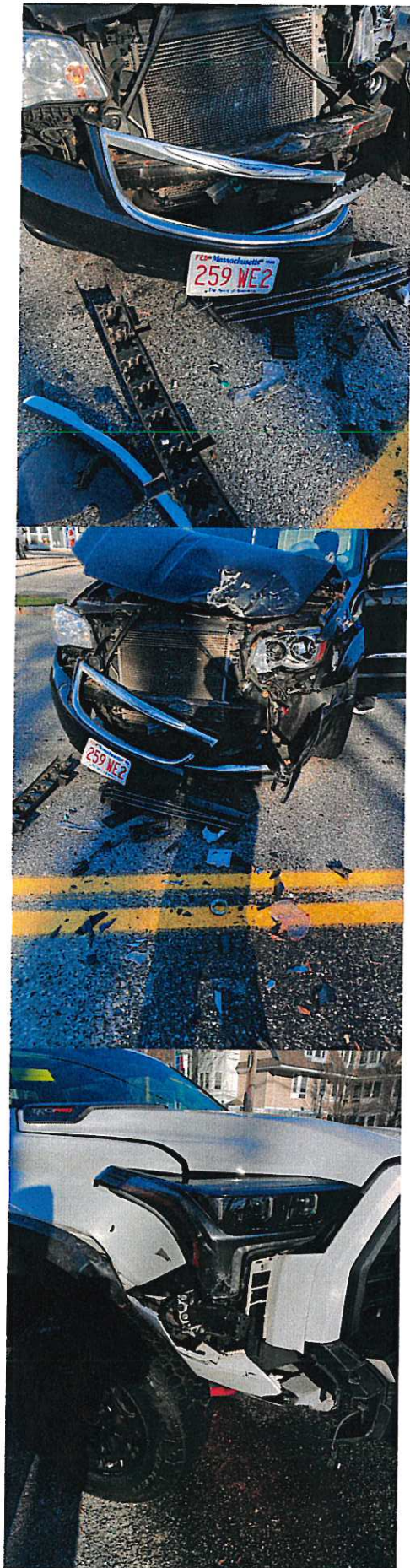
Department

Precinct/Barracks

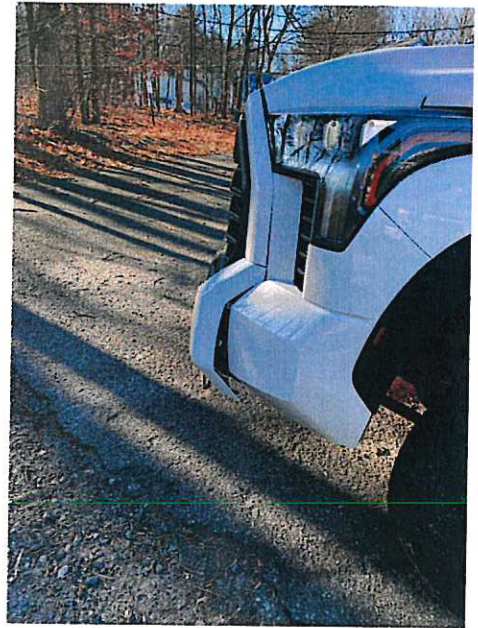
12/22/2025

Date

Wilmington Police Department
Images Associated with 25-374-AC



Wilmington Police Department
Images Associated with 25-374-AC

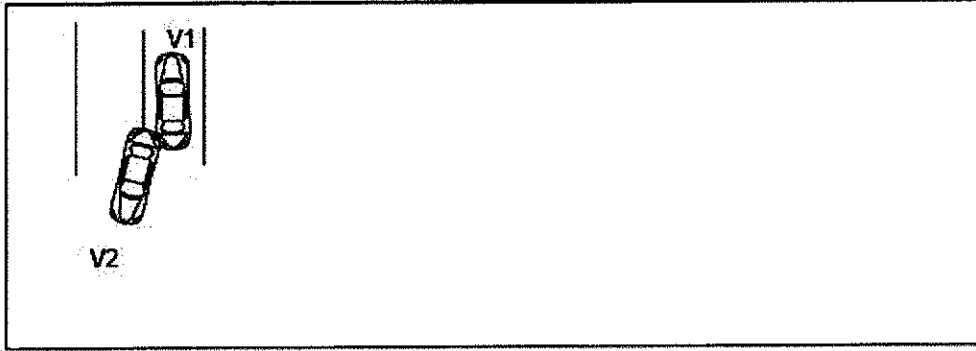


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/22/2025	Time of Crash 1346 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-375-AC	
License # St DOB/Age			Reg # PM1064		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make LINCOLN		Veh Config. 1 21			
Operator STEINER, CHRISTINE MARIE Last First Middle			Owner CAB EAST LLC Last First Middle		Address 200 QUALITY CIR ST APT 100		City COLLEGE STATION		State TX Zip 77845-4468	
City BURLINGTON State MA Zip 01803-1904			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27		Event Sequence 1 23 23 23 23		Test Status: 1 28	
Insurance Company THE COMMERCE INSURANCE CO			Most Harmful Event 1 24		Type of Test: 0 29		BAC Test Result: 1 30		Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Driver Contributing Code 1 25 25		Towed from scene? 2 33		Citation # (If Issued)			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address		DOB/Age		Sex		36 Airbag Status	
Operator			See Above		1		0		4	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 5BMD34		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2023		Veh Make TOYOTA		Veh Config. 1 21			
Operator CHAMPOUX, ROBERT E Last First Middle			Owner CHAMPOUX, ROBERT E Last First Middle		Address 135 PRINGLE ST		City TEWKSBURY		State MA Zip 01876-2428	
City TEWKSBURY State MA Zip 01876-2428			Vehicle Action Prior to Crash 10 22		Damaged Area Code: 6 27 27 27		Event Sequence 2 23 23 23 23		Test Status: 1 28	
Insurance Company GEICO GENERAL INSURANCE C			Most Harmful Event 2 24		Type of Test: 0 29		BAC Test Result: 1 30		Susp. Alcohol: 2 31 Susp. Drug: 2 32	
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Driver Contributing Code 19 25 25		Towed from scene? 2 33		Citation # (If Issued)			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26				Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address		DOB/Age		Sex		36 Airbag Status	
Operator/Occupants			See Above		1		99		4	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Target Parking Lot
210 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



Crash Narrative:

On Monday 12/22/25 I responded to a motor vehicle crash at the Target parking lot 210 Ballardvale Street. Upon arrival I spoke to Op1 who stated she was inside the store and her parked vehicle was struck. Target loss prevention showed me camera footage which showed V2 attempting to back into a parking spot strike V1, leave that spot and circle around the lot and get out to look at his vehicle then leave the parking lot. I made contact with the registered owner of V2 via telephone who stated he was driving the vehicle and acknowledged he struck V1.

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

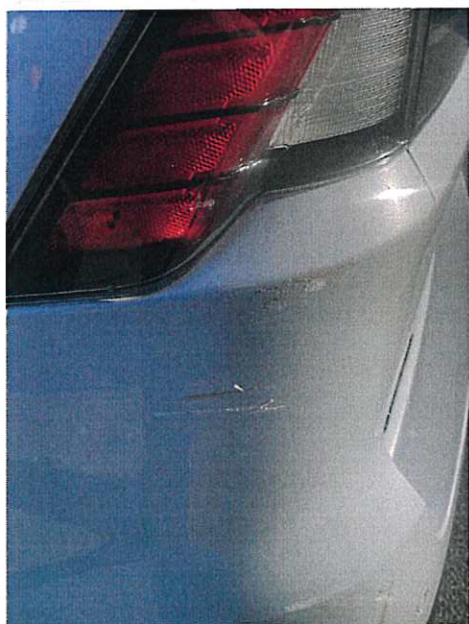
Precinct/Barracks

12/22/2025

Date

Wilmington Police Department
Images Associated with 25-375-AC

12729 : P12 - Exterior (AP 2050) : 12/22/2025 1:29:54 PM



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/22/2025	Time of Crash 1651 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction SHAWSHEEN AVE			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of Mile Marker Exit Number		3 11					
Route# Direction ALDRICH RD			Route# Direction Address # Name of Roadway/Street		3 11					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street		3 11					
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# 25-376-AC	
License # St DOB/Age			Reg # 7FRE60		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2016		Veh Make TOYOTA		Veh Config. 2 21		1 12	
Operator MACKEY, LOIS MILDRED			Owner MACKEY, JOSEPH D		Last First Middle		Last First Middle		1 12	
Address 87 CHERRY RD			Address 87 CHERRY RD		Last First Middle		Last First Middle		1 12	
City TEWKSBURY State MA Zip 01876-4050			City TEWKSBURY State MA Zip 01876-4050		Last First Middle		Last First Middle		1 12	
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 2 27 27 27		Test Status: 1 28		1 13	
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Type of Test: 29		BAC Test Result: 30		1 13	
Citation # (If Issued)			Most Harmful Event 1 24		Driver Contributing Code 4 25 25		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 13	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Towed from scene? 2 33				1 13	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub									1 13	
Please fill out for operator and all occupants involved									1 13	
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility		1 13	
Operator See Above			X X 1 99 4 0 0 10 1						1 13	
									1 13	
									1 13	
									1 13	
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 1KHV35		Reg Type PC		Reg State MA		1 14	
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2022		Veh Make Infinity		Veh Config. 2 21		1 14	
Operator RAMESH KUMAR, SHUBHA			Owner MOCHERLA, RAGHURAM		Last First Middle		Last First Middle		1 14	
Address 5 DARBY LN			Address 5 DARBY LN		Last First Middle		Last First Middle		1 14	
City WILMINGTON State MA Zip 01887-1197			City WILMINGTON State MA Zip 01887-1197		Last First Middle		Last First Middle		1 14	
Insurance Company GREEN MOUNTAIN INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 27 27		Test Status: 1 28		1 14	
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Type of Test: 29		BAC Test Result: 30		1 14	
Citation # (If Issued)			Most Harmful Event 1 24		Driver Contributing Code 1 25 25		Susp. Alcohol: 2 31 Susp. Drug: 2 32		1 14	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Towed from scene? 2 33				1 14	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub									1 14	
Please fill out for operator and all occupants involved									1 14	
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility		1 14	
Operator/Occupants See Above			X X 1 99 4 0 0 10 1						1 14	
			F 3 99 4 0 0 10 1						1 14	
									1 14	
									1 14	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

141 Shawsheen Ave

← Shawsheen Ave

Aldrich Rd

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:

MV2 WAS TRAVELING EAST ON SHAWSHEEN AVE, TOWARDS MAIN ST. MV1 WAS TRAVELING NORTH ON ALDRICH ROAD, CAME TO A STOP, AND PROCEEDED TO TAKE A LEFT TURN ONTO SHAWSHEEN AVE, TO HEAD WEST. THE FRONT RIGHT END OF MV1 COLLIDED WITH THE RIGHT SIDE OF MV2. THERE WAS DAMAGE TO THE FRONT RIGHT AREA OF MV1. THERE WAS DAMAGE TO THE RIGHT SIDE, RIGHT FRONT FENDER AND PASSENGER DOORS OF MV2. NO AIRBAGS DEPLOYED, NO INJURIES REPORTED. NO TOWS.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

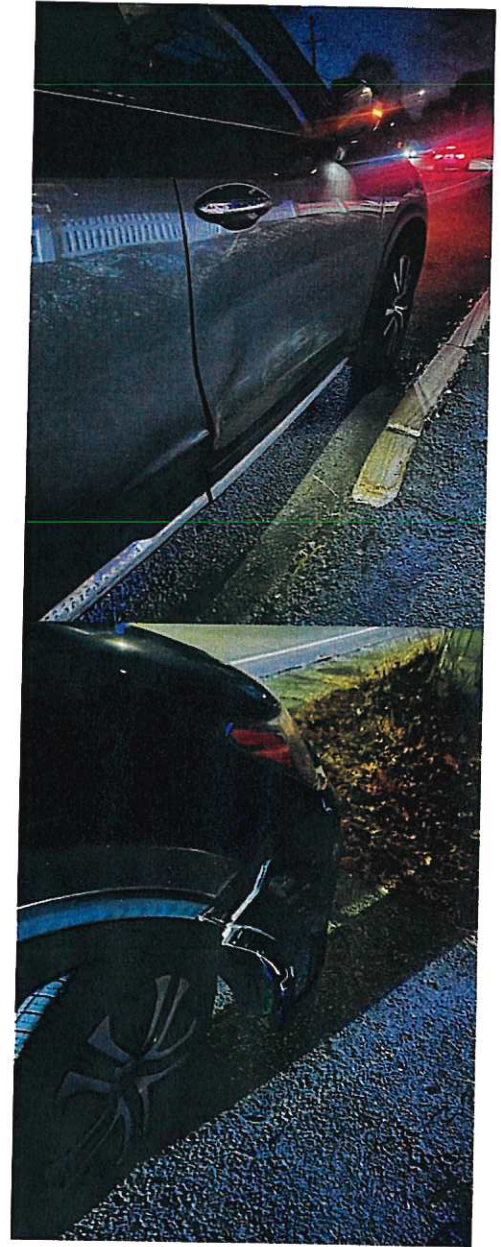
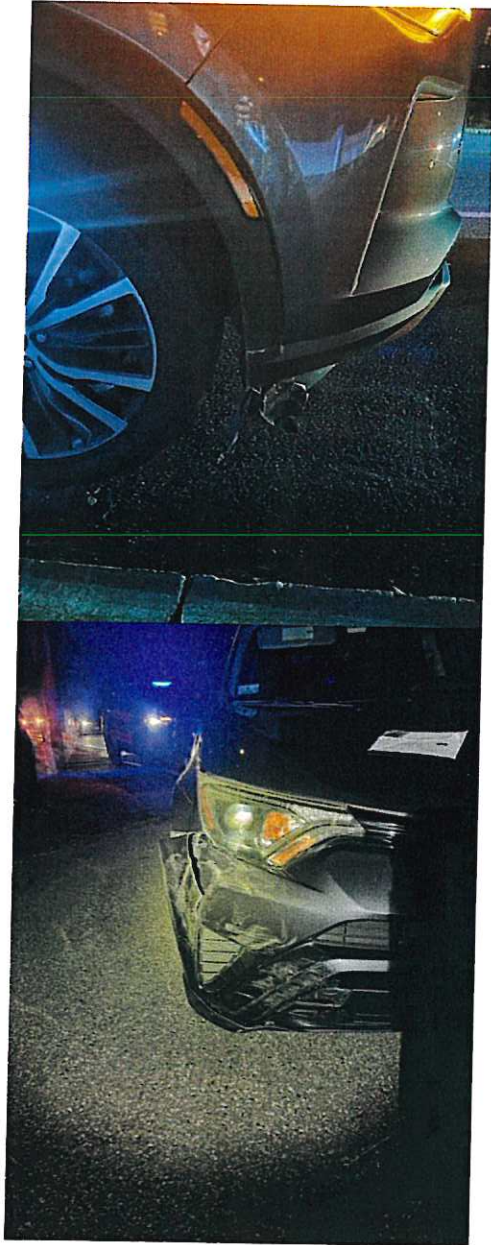
Hazmat Information:

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

Patrol Officer Kayla M Hanson 230 Wilmington Police Department 12/22/2025

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

Wilmington Police Department
Images Associated with 25-376-AC



Date of Crash
12/23/2025

Time of Crash
1527
24HR

City/Town
Wilmington

Motor Vehicle Crash Police Report

Number
Vehicles
2

Number
Injured
1

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 _____

At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# 272 Direction _____ Address # BURLINGTON AVE Name of Roadway/Street _____

_____ Feet N S E W of _____ or _____

_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____

Route# _____ Intersecting Roadway/Street _____

_____ Feet N S E W of _____

Landmark _____

Please Select One of the Following:

☒ Vehicle 12 #Occupants 20 ☐ Hit/Run ☐ Moped

Crash Report ID# **25-377-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D Lic. Restrictions 20 CDL _____

Operator CAPPARELLI, NANCY GOLD

Address 9 SCOTT AVE

City BURLINGTON State MA Zip 01803-2117

Insurance Company LIBERTY MUTUAL INSURANCE

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 # 9PY198 Reg Type PC Reg State MA

Veh Year 2019 Veh Make SUBARU Veh Config. 1

Owner CAPPARELLI, ROBERT JOSEPH

Address 9 SCOTT AVE

City BURLINGTON State MA Zip 01803-2117

Vehicle Action Prior to Crash 1

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: 6 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	
			M	3	1	4	0	0	10	1	

Please Select One of the Following:

☒ Vehicle 21 #Occupants 20 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ S _____ OB/Age _____

Sex F Lic. Class D Lic. Restrictions 20 CDL _____

Operator MEARLS, MARIA JOANNE

Address 20 GRAND ST

City WILMINGTON State MA Zip 01887-2619

Insurance Company LIBERTY MUTUAL INSURANCE

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 # 223B Reg Type PC Reg State MA

Veh Year 2007 Veh Make TOYOTA Veh Config. 1

Owner MEARLS, MARIA JOANNE

Address 20 GRAND ST

City WILMINGTON State MA Zip 01887-2619

Vehicle Action Prior to Crash 1

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 5 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 0 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

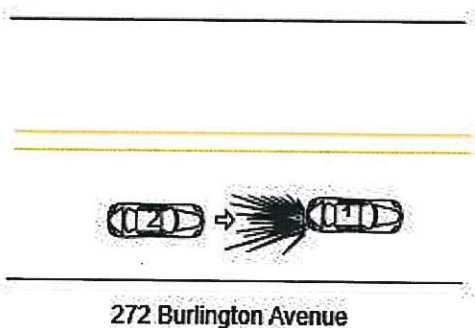
Please fill out for operator and all occupants involved

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

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Motor vehicle 1 was traveling west on Burlington Avenue (public way) when motor vehicle 2, while traveling behind motor vehicle 1, made contact with the back left rear side of motor vehicle 1. There was minor damage to motor vehicle 1's left rear and no damage to motor vehicle 2 (see images).

The operator of motor vehicle 1 stated that she did slow down on the road due to a squirrel.

Paperwork was exchanged and both vehicles were still in driveable condition. No air bag deployment.

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 Zachary A Leighton

227

Wilmington Police Department

12/23/2025

Police Officer Name (Please Print)

Signature

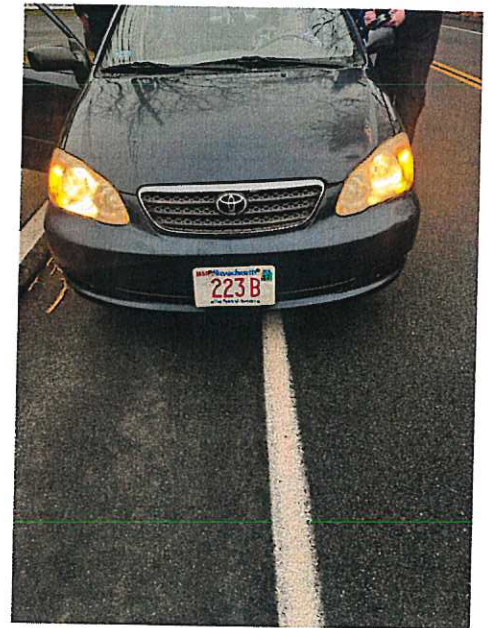
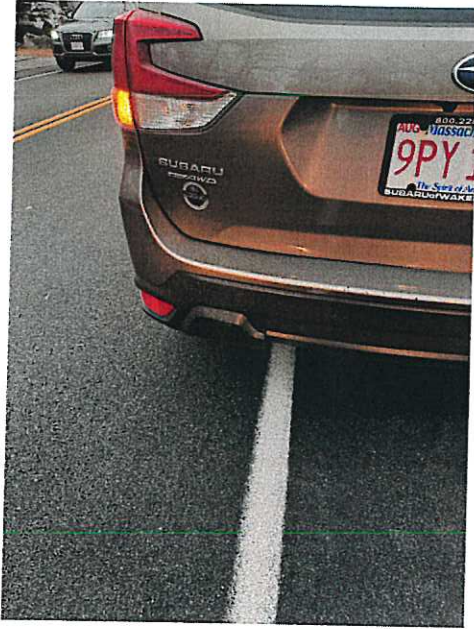
ID/Badge #

Department

Precinct/Barracks

Date

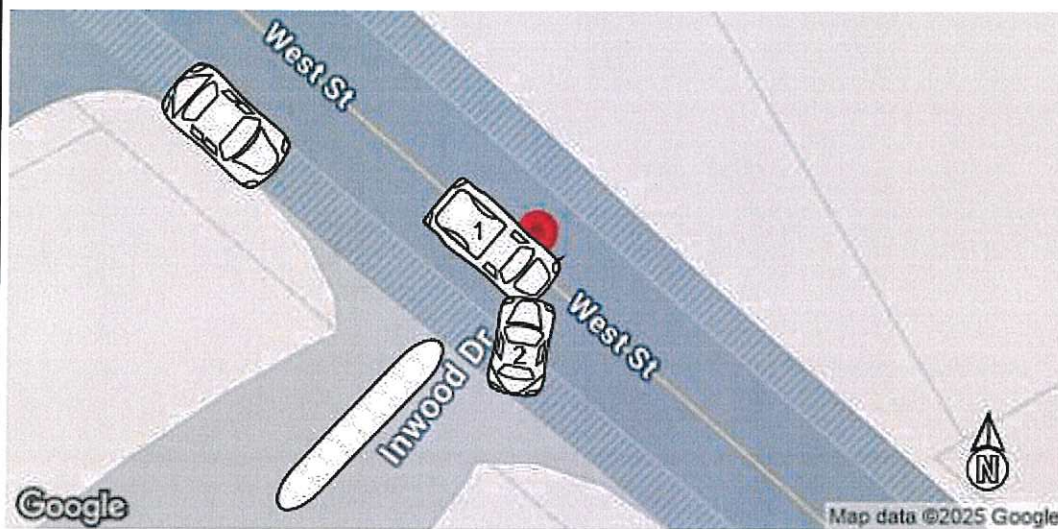
Wilmington Police Department
Images Associated with 25-377-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2025	Time of Crash 1108 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		156 WEST ST					
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 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 25-378-AC	
License # St DOB/Age			Reg # 4NEJ81 Reg Type PC Reg State MA							
Sex M Lic. Class B 19 19 Lic. Restrictions E 20 CDL Endorsement			Veh Year 2019 Veh Make RAM Veh Config. 1 21							
Operator COGAN, RYAN CARLING			Owner COGAN, RYAN CARLING							
Address 5 BUTTERNUT AVE			Address 5 BUTTERNUT AVE							
City PEABODY State MA Zip 01960-4603			City PEABODY State MA Zip 01960-4603							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 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 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 # 5ATC13 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2018 Veh Make HONDA Veh Config. 1 21							
Operator HANNA, MARCO M			Owner HANNA, MARCO M							
Address 8309 INWOOD DR			Address 8309 INWOOD DR							
City WOBURN State MA Zip 01801			City WOBURN State MA Zip 01801							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 18 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X X 1 99 1 0 0 10 0							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Motor Vehicle 1 (MV1) was traveling eastbound on West Street. Upon approaching Inwood Drive, MV1 observed a motor vehicle stopped in the breakdown lane and maneuvered around it continuing eastbound on West Street. Motor Vehicle 2 (MV2) was exiting Inwood Drive and attempting to make a left turn onto West Street to travel westbound. While MV2 was executing the left turn, the operator failed to observe MV1 in time to stop and collided into the right side of MV1.

Both motor vehicles were towed by Cain's Towing. The vehicle that had been stopped in the breakdown lane left the scene prior to my arrival, and no witnesses remained on 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 Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/24/2025

Date

Date of Crash 12/24/2025	Time of Crash 1505 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
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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
20 LOWELL ST			
Feet ☒ N ☒ S ☒ E ☒ W of _____ or _____			
Mile Marker _____ Exit Number _____			
Feet ☒ N ☒ S ☒ E ☒ W of _____			
Route# _____ Intersecting Roadway/Street _____			
Landmark _____			

Please Select One of the Following:

☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-379-AC

License #	St	DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement		
Operator CAFFERKY, OLIVIA		
Address 174 FOREST ST		
City WINCHESTER State MA Zip 01890		
Insurance Company THE COMMERCE INSURANCE CO		
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 # 1ZXY73 Reg Type PC Reg State MA
Veh Year 2016 Veh Make LEXUS Veh Config. 1 21
Owner VECCHIARELLO, TRACI RAE
Address 174 FOREST ST
City WINCHESTER State MA Zip 01890-1013
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 2 27 27
Test Status: 1 28
Type of Test: 1 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										
ETHAN CAFFERKY	174 FOREST ST WINCHESTER, MA 01890		M	1	1	3	0	0	10	0	

Please Select One of the Following:

☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License #	St	DOB/Age
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement		
Operator DIPRIZIO, NICOLAS JOSEPH		
Address 17 NEWPORT DR		
City BILLERICA State MA Zip 01821-1413		
Insurance Company THE COMMERCE INSURANCE CO		
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 # 1KEG76 Reg Type PC Reg State MA
Veh Year 2020 Veh Make FORD Veh Config. 1 21
Owner DIPRIZIO, AMY CATHERINE
Address 17 NEWPORT DR
City BILLERICA State MA Zip 01821-1413
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 10 25 9 25
Driver Distracted by 99 26 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 1 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/Occupants	See Above										
			M	1	1	3	0	0	10	0	

Crash Diagram:

ie:

→ 1

→ 2

→ 3

→ 4

20 Lowell 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:

MV 1 was traveling eastbound on Lowell Street. MV 2 exited the parking area at 35 Lowell Street and made a left turn onto Lowell Street. While doing so, the operator of MV 2 traveled at a speed greater than reasonable for the wet roadway conditions and lost control of the vehicle. The operator of MV 2 admitted to knowingly disabling the vehicle's traction control system, a factory-installed safety feature, and attempting to fishtail/drift while exiting the parking lot. As a result of excessive speed, wet road conditions, and unsafe operation, MV 2 crossed over the double yellow centerline into the opposing lane of travel multiple times. MV 2 subsequently struck MV 1 head-on in the eastbound lane.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SCEARBO MEAGHAN I	504 WHIPPLE RD TEWKSBURY MA 01876-2656		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

 Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/24/2025

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/24/2025	Time of Crash 2145 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 12 #Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 25-380-AC
-------------------------------------	---	----------------------------------	--------------------------------	----------------------------

License #	St	DOB/Age	Reg #	Reg Type	Reg State
Sex F	Lic. Class 19 19	Lic. Restrictions 1 20	Veh Year 2024	Veh Make HYUNDAI	Veh Config. 1 21
Operator CUOCO, AMANDA MARIE			Owner CUOCO, AMANDA MARIE		
Address 3 LLOYD RD			Address 3 LLOYD RD		
City NORTH READING State MA Zip 01864-1801			City NORTH READING State MA Zip 01864-1801		
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 5 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 5 24		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		
Viol. 3: Ch/Sec/Sub			Towed from scene? 2 33		
Viol. 4: Ch/Sec/Sub					

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	
CALVIN SCHERLE		3 LLOYD RD NORTH READING, MA 01864	M	3	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	Veh Year	Veh Make	Veh Config. 21
Operator			Owner		
Address			Address		
City State Zip			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 22		
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		
Citation # (If Issued)			Most Harmful Event 24		
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		
Viol. 3: Ch/Sec/Sub			Towed from scene? 33		
Viol. 4: Ch/Sec/Sub					

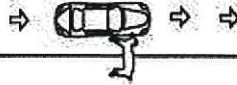
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	X	1							

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

Crash Diagram:

ie: → 1 → 2 → X → B

945 Main Street
Jimmy's Garage



Main Street Wilmington MA



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 Northbound on Main Street. Opr stated deer collided with vehicle at low rate of speed. She stated the deer was moving right to left and ran into the right side of the vehicle causing moderate damage to the right side. Images attached. No injuries reported by the operator/occupant. ..Vehicle operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

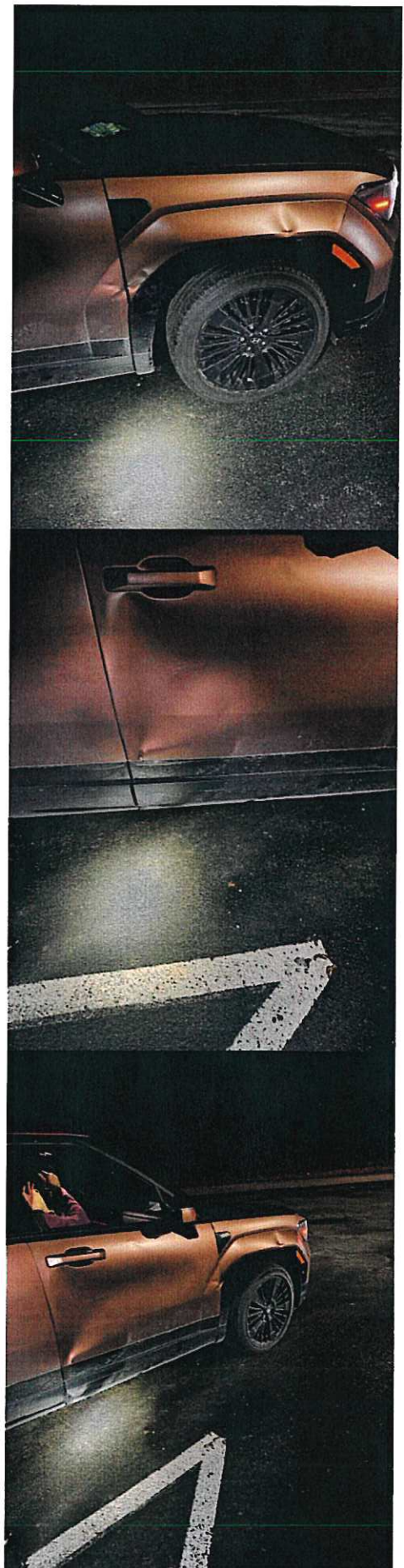
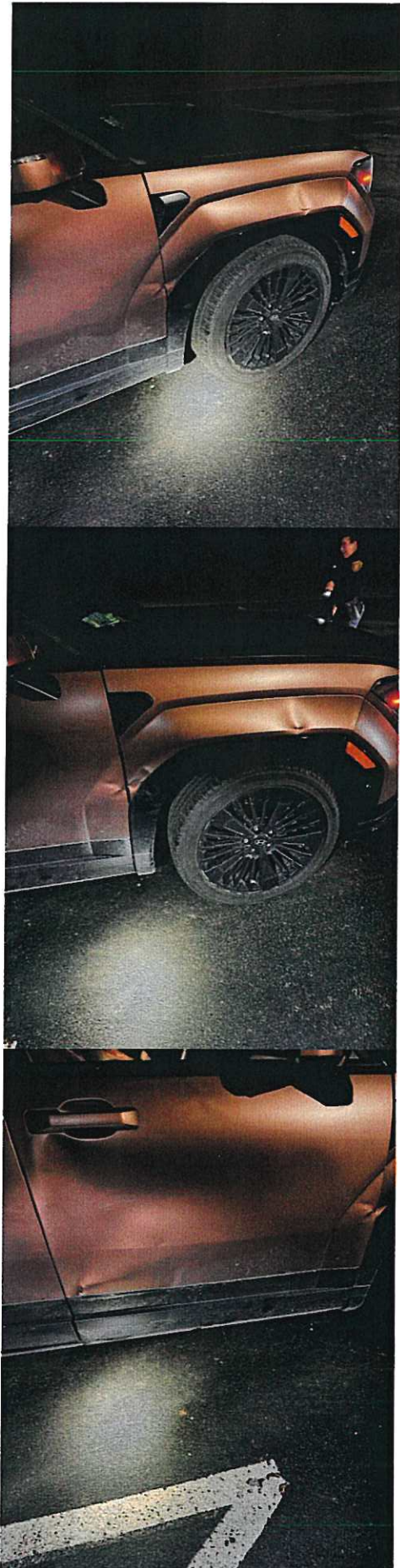
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin 216 Wilmington Police Department 12/24/2025
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-380-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/26/2025	Time of Crash 0621 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other						
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction <u>LOWELL ST</u> Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At <u>I93SBR31 RAMP</u>			Feet <u>N S E W</u> of _____ or _____ Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet <u>N S E W</u> of _____ Route# Intersecting Roadway/Street											
Also at Intersection with			Feet <u>N S E W</u> of _____ Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# <u>25-381-AC</u>											
License # _____ St. _____ DOB/Age _____			Reg # <u>3VLG13</u> Reg Type <u>PC</u> Reg State <u>MA</u>											
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>E</u> <u>20</u> CDL _____			Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>											
Operator <u>SWEENEY, RYAN PATRICK JR</u> Last First Middle			Owner <u>SWEENEY, RYAN PATRICK JR</u> Last First Middle											
Address <u>9 KILMARNOCK ST</u>			Address <u>9 KILMARNOCK ST</u>											
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3032</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3032</u>											
Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>											
Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>											
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u> <u>26</u>											
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			See Above				1	1	3	0	0	9	0	
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 # <u>X17686</u> Reg Type <u>CO</u> Reg State <u>MA</u>											
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____			Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u>											
Operator <u>JEREZ, ELIAN</u> Last First Middle			Owner <u>OPTIMA COURIER INC</u> Last First Middle											
Address <u>501 HAMPSHIRE ST APT 1</u>			Address <u>7 WHEELING AVE ST APT 2D</u>											
City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-1632</u>			City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-6823</u>											
Insurance Company <u>ARBELLA PROTECTION INSURA</u>			Vehicle Action Prior to Crash <u>4</u> <u>22</u>											
Vehicle Travel Direction: <u>N X E W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>28</u> <u>23</u> <u>23</u>											
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>											
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>6</u> <u>25</u> <u>25</u>											
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u> <u>26</u>											
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above				1	1	4	0	0	9	0	

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

Crash Diagram:

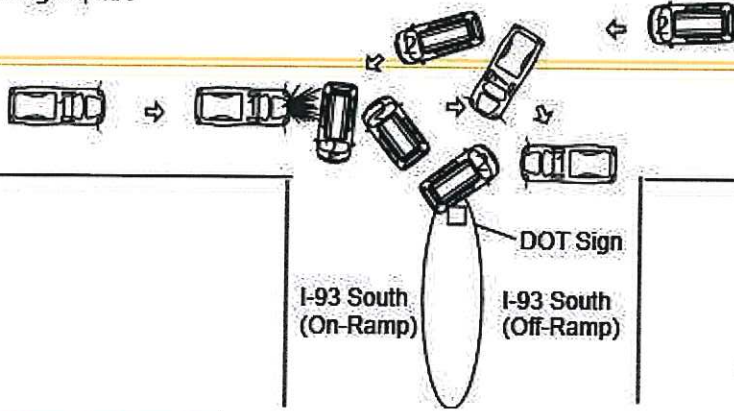
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Lowell St, Rt. 129
 Wilmington, MA



Crash Narrative:

Operator of MV 1 stated that he was leaving Dunkin' at 316 Lowell Street, driving East on Lowell Street toward Reading. MV 1 stated that he was operating at about the speed limit (40 MPH) when MV 2 took a left in front of him to turn onto I-93 South. MV 1 stated the vehicles spun around to face the opposite directions from the crash.

Operator of MV 2 stated that he was turning left from I-93 South to drive West on Lowell Street when he was t-boned by MV 1. I confirmed this statement twice with the MV 2 operator. This statement was inconsistent with the crash location, vehicle damage, skid marks, and notably the manner a DOT sign was struck (see photos). Diagram represents MV 1 operator's statement.

Both vehicles towed by Forrest Towing to Forrest Towing. MASS DOT notified by dispatch of damage to sign.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MASS DOT	10 PARK PLZ BOSTON MA 02116	877-623-6846	1	DOT SIGN

Truck and Bus Information:

Registration # **X17686** (From Vehicle Section)

Carrier Name **Optima Courier Inc**

Bus Use **0** ⁴²

Address _____ City _____ St _____ Zip _____

US DOT #: **2963002** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **3** ⁴⁴ GVWR/GCWR **1** 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
 ID/Badge #

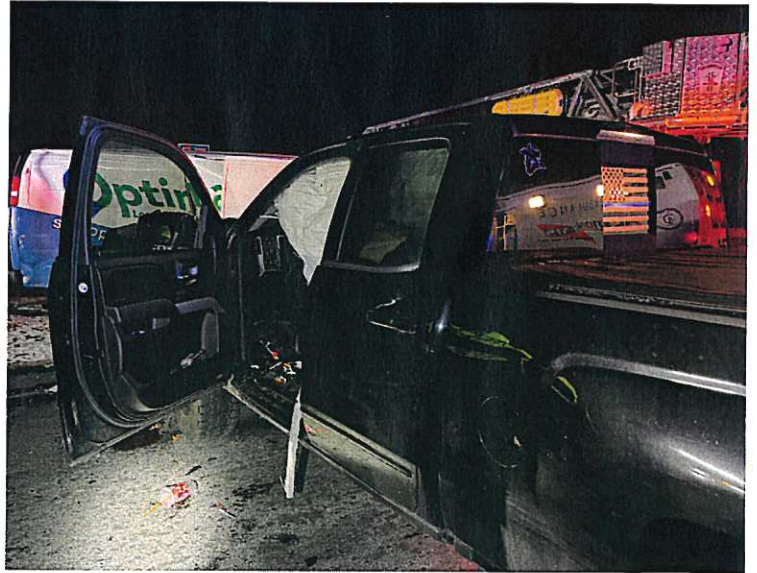
Wilmington Police Department
 Department Precinct/Barracks

12/26/2025
 Date

Wilmington Police Department
Images Associated with 25-381-AC



Wilmington Police Department
Images Associated with 25-381-AC



Wilmington Police Department
Images Associated with 25-381-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
12/26/2025Time of Crash
0612
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed Limit 30
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
AtRoute# Direction Name of Intersecting Roadway/Street
Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
292 MAIN ST

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of Landmark

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

Crash Report ID# 25-382-AC

License # S DOB/Age

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

Operator LOVICK, TYRONE ANTHONY

Address 2212 INWOOD DR

City WOBURN State MA Zip 01801-5182

Insurance Company USAA GENERAL INDEMNITY CO

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 # 4GBZ92 Reg Type PC Reg State MA

Veh Year 2024 Veh Make HONDA Veh Config. 1 21

Owner LOVICK, TYRONE ANTHONY

Address 2212 INWOOD DR

City WOBURN State MA Zip 01801-5182

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

Operator DALFONSO, AUGUSTO

Address 17 WABASH RD

City WILMINGTON State MA Zip 01887-2878

Insurance Company TRAVELERS CASUALTY INSURA

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

Citation # (If Issued)

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

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

Reg # VOLSAR Reg Type PC Reg State MA

Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21

Owner VOLSAR AUTOMOTIVE INC

Address 16 MYSTIC AVE

City MEDFORD State MA Zip 02155-4621

Vehicle Action Prior to Crash 4 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 4 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Vehicle 2

Vehicle 2

Vehicle 1

Main Street

Clark Street

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

North Arrow

Crash Narrative:

On Friday, December 26, 2025 at approximately 6:10AM, Vehicle 1 was traveling north on Main Street. Vehicle 2 was traveling south on Main Street and began to turn onto Clark Street. At this point, Vehicle 1 collided with the rear of Vehicle 2. The collision caused damage to the front right of Vehicle 1 and the right rear of Vehicle 2.

Vehicle 1 was towed by Forrest Towing and Vehicle 2 was driven from the scene.

Both parties refused medical treatment.

Photos attached.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Christopher K Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/26/2025

Date

Wilmington Police Department
Images Associated with 25-382-AC



Date of Crash
12/27/2025Time of Crash
1459
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
2Number
Injured
0Speed Limit
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
Feet N S E W of or
Mile Marker Exit Number
Feet N S E W of
Route# Intersecting Roadway/Street
Feet N S E W of
Landmark

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

Crash Report ID# 25-383-AC

License # St DOB/Age
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement
Operator unknown
Last First Middle
Address
City State Zip
Insurance Company

Reg # unknown Reg Type Reg State
Veh Year Veh Make Veh Config. 21
Owner
Last First Middle
Address
City State Zip

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

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Event Sequence 23 23 23 23 Test Status: 28
Most Harmful Event 24 Type of Test: 29
Driver Contributing Code 25 25 BAC Test Result: 30
Driver Distracted by 26 26 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	See Above			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 1 20 CDL Endorsement
Operator BLANCO, DENYA
Last First Middle
Address 5 BAREMEADOW ST
City METHUEN State MA Zip 01844
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N X E W Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

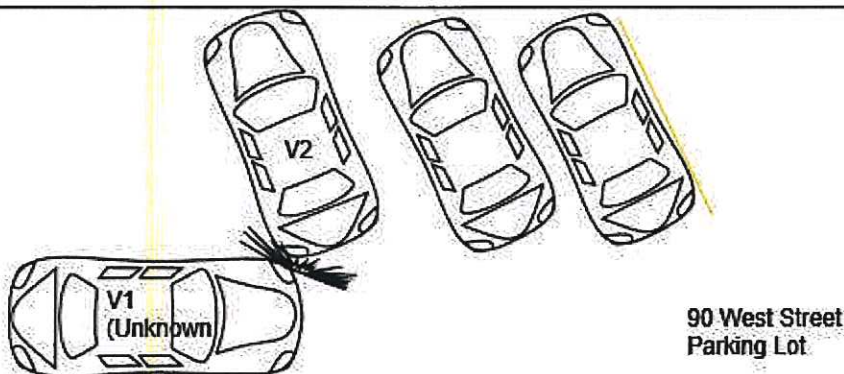
Reg # 9813KA Reg Type PC Reg State MA
Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21
Owner GERALD, MARGARIDA S
Last First Middle
Address 5 BAREMEADOW ST
City METHUEN State MA Zip 01844-5229
Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27
Event Sequence 2 23 23 23 23 Test Status: 1 28
Most Harmful Event 2 24 Type of Test: 0 29
Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 2, a gray Toyota Corolla bearing MA registration 9813KA, was parked in front of 90 West Street, the Willow Brook. Vehicle 1 struck the rear end of the parked Corolla between the timeframe of 1:30pm-3:00pm and left the scene. Vehicle 2 was unoccupied at the time of the crash and Vehicle 1 is unknown.

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

12/27/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-383-AC

