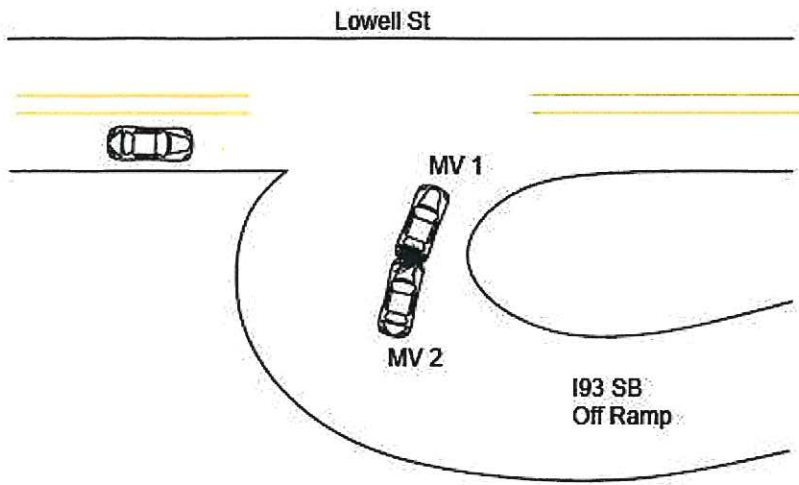


| Police Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                         | Commonwealth of Massachusetts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |                         | RMV Document Number    |                   |                                                                        |               |              |                  |                 |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-------------------------|------------------------|-------------------|------------------------------------------------------------------------|---------------|--------------|------------------|-----------------|------------------|
| Date of Crash<br>12/28/2025                                                                                                                                                                                                                                                                                                                                                                                                                    | Time of Crash<br>1246<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit<br>30 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |               |              |                  |                 |                  |
| AT INTERSECTION:                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                         | < LOCATION >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NOT AT INTERSECTION: |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| Route# Direction<br>193SB OFF RAMP<br>Name of Roadway/Street<br>At<br>LOWELL ST PARK<br>Name of Intersecting Roadway/Street<br>Also at Intersection with                                                                                                                                                                                                                                                                                       |                               |                         | Route# Direction Address #<br>Name of Roadway/Street<br>Feet N S E W of<br>Mile Marker Exit Number<br>Feet N S E W of<br>Route# Intersecting Roadway/Street<br>Landmark                                                                                                                                                                                                                                                                                                                                                                       |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| Please Select One of the Following:<br><input checked="" type="checkbox"/> Vehicle 11 #Occupants<br><input type="checkbox"/> Hit/Run<br><input type="checkbox"/> Moped                                                                                                                                                                                                                                                                         |                               |                         | Crash Report ID# 25-384-AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| License # St DOB/Age<br>Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement<br>Operator RODRIGUEZ, CHANELL CAROLINE<br>Address 5 EMERSON GARDENS RD<br>City LEXINGTON State MA Zip 02420-2630<br>Insurance Company PROGRESSIVE CASUALTY INSU<br>Vehicle Travel Direction: N S X W Responding to Emergency? 2<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub         |                               |                         | Reg # 2NFH48 Reg Type PC Reg State MA<br>Veh Year 2008 Veh Make TOYOTA Veh Config. 2<br>Owner RODRIGUEZ, CHANELL CAROLINE<br>Address 5 EMERSON GARDENS RD<br>City LEXINGTON State MA Zip 02420-2630<br>Vehicle Action Prior to Crash 3<br>Event Sequence 1 23 23 23 23<br>Most Harmful Event 1<br>Driver Contributing Code 1 25 25<br>Driver Distracted by 0 26 26<br>Damaged Area Code: 4 27 5 27 6 27<br>Test Status: 1 28<br>Type of Test: 0 29<br>BAC Test Result: 1 30<br>Susp. Alcohol: 2 31 Susp. Drug: 2 32<br>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:<br><input checked="" type="checkbox"/> Vehicle 21 #Occupants<br><input type="checkbox"/> Hit/Run<br><input type="checkbox"/> Moped<br><input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.                                                                                                                                                                                       |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| License # S DOB/Age<br>Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement<br>Operator MARTINEZ LANDETA, BRAYLER BIENVENIDO<br>Address 77 LEXINGTON ST APT 1<br>City LAWRENCE State MA Zip 01841-1756<br>Insurance Company THE STANDARD FIRE INSURAN<br>Vehicle Travel Direction: N S X W Responding to Emergency? 2<br>Citation # (If Issued)<br>Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub<br>Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub |                               |                         | Reg # 3LSK46 Reg Type PC Reg State MA<br>Veh Year 2020 Veh Make TOYOTA Veh Config. 2<br>Owner LORA GARCIA, SORANLLY<br>Address 77 LEXINGTON ST APT 1LAW<br>City LAWRENCE State MA Zip 01841-1729<br>Vehicle Action Prior to Crash 3<br>Event Sequence 1 23 23 23 23<br>Most Harmful Event 1<br>Driver Contributing Code 19 25 25<br>Driver Distracted by 0 26 26<br>Damaged Area Code: 1 27 2 27 8 27<br>Test Status: 1 28<br>Type of Test: 0 29<br>BAC Test Result: 1 30<br>Susp. Alcohol: 2 31 Susp. Drug: 2 32<br>Towed from scene? 2 33   |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                                                                                                                                                                                                                        |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
| Name (Last First Middle)                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | DOB/Age              | Sex                     | 34 Seat Pos.           | 35 Safety System  | 36 Airbag Status                                                       | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator/Occupants                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         | See Above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                      |                         | 1                      | 1                 | 4                                                                      | 0             | 0            | 10               | 1               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                         |                        |                   |                                                                        |               |              |                  |                 |                  |

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

### Crash Diagram:



### If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

The operator of MV 1 stated that while she was trying to yield onto Lowell St from the I93SB off ramp she was hit from behind by MV 2. The Operator of MV 1 stated it was stop and go trying to yield onto Lowell St so she was moving slowly and was struck from behind by MV 2. The operator of MV 1 was uninjured and her vehicle was in operable condition. MV 1 sustained rear end damage.

The operator of MV 2 stated that he was driving behind MV 1 trying to yield onto Lowell St as well. The operator of MV 2 stated that MV 1 stopped suddenly causing him to crash into the back of MV 1. The operator of MV 2 was uninjured and his vehicle was in operable condition. MV 2 sustained front end damage.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

#### Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/28/2025

Date

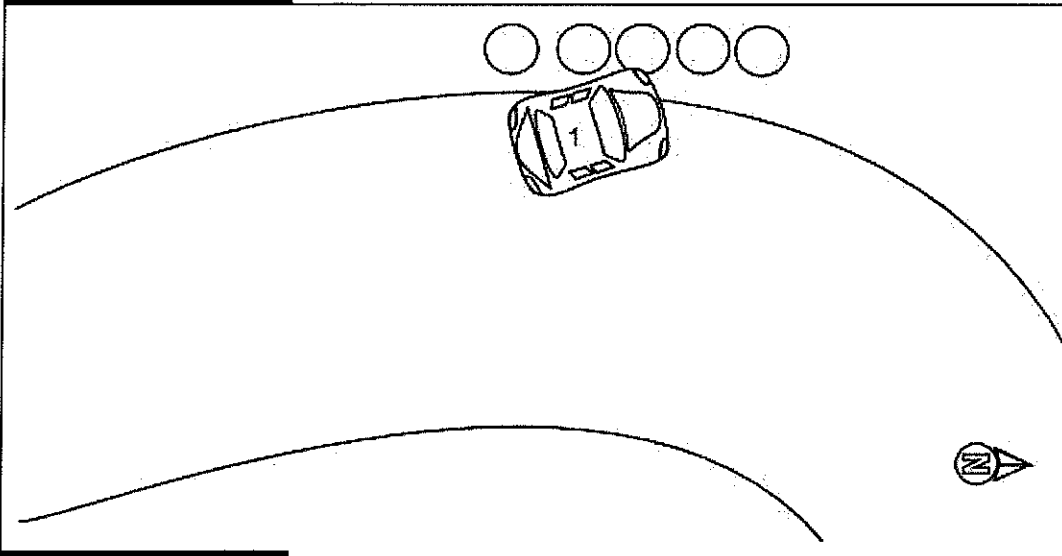
Wilmington Police Department  
Images Associated with 25-384-AC



| Police Use Only                                                                                                                                                |                               |                         | Commonwealth of Massachusetts                            |         |                                |                                      | RMV Document Number                                                            |                                |                                                                       |                            |                  |                 |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|---------|--------------------------------|--------------------------------------|--------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------|----------------------------|------------------|-----------------|------------------|
| Date of Crash<br>12/28/2025                                                                                                                                    | Time of Crash<br>1930<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |         |                                | Number<br>Vehicles<br>1              | Number<br>Injured<br>0                                                         | Speed Limit<br>20              | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>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 Mile Marker Exit Number                  |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Also at Intersection with                                                                                                                                      |                               |                         | Route# Intersecting Roadway/Street                       |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                           |                               |                         | Landmark                                                 |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Please Select One of the Following:                                                                                                                            |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |         |                                | <input type="checkbox"/> Hit/Run     |                                                                                | <input type="checkbox"/> Moped |                                                                       | Crash Report ID# 25-385-AC |                  |                 |                  |
| License # St. DOB/Age                                                                                                                                          |                               |                         | Reg # 4SHB86                                             |         |                                | Reg Type PC                          |                                                                                | Reg State MA                   |                                                                       |                            |                  |                 |                  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement                                                                                                |                               |                         | Veh Year 2016                                            |         |                                | Veh Make BMW                         |                                                                                | Veh Config. 1 21               |                                                                       |                            |                  |                 |                  |
| Operator NEWKIRK, CHARLES JACKSON                                                                                                                              |                               |                         | Owner NEWKIRK, CHARLES JACKSON                           |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Address 2111 HORSESHOE LN                                                                                                                                      |                               |                         | Address 2111 HORSESHOE LN                                |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| City WILMINGTON State MA Zip 01887-3096                                                                                                                        |                               |                         | City WILMINGTON State MA Zip 01887-3096                  |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Insurance Company GOVERNMENT EMPLOYEES INSU                                                                                                                    |                               |                         | Vehicle Action Prior to Crash 1 22                       |         |                                | Damaged Area Code: 8 27 1 27 10 27   |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2               |                               |                         | Event Sequence 42 23 23 23 23                            |         |                                | Test Status: 1 28                    |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Citation # (If Issued)                                                                                                                                         |                               |                         | Most Harmful Event 35 24                                 |         |                                | Type of Test: 0 29                   |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 1: Ch/Sec/Sub                                                                                                                                            |                               |                         | Driver Contributing Code 1 25 25                         |         |                                | BAC Test Result: 1 30                |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 2: Ch/Sec/Sub                                                                                                                                            |                               |                         | Driver Distracted by 0 26 26                             |         |                                | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 3: Ch/Sec/Sub                                                                                                                                            |                               |                         | Towed from scene? 1 33                                   |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 4: Ch/Sec/Sub                                                                                                                                            |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Please fill out for operator and all occupants involved                                                                                                        |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Name (Last First Middle)                                                                                                                                       |                               | Address                 |                                                          | DOB/Age | Sex                            | 34 Seat Pos.                         | 35 Safety System                                                               | 36 Airbag Status               | 37 Eject Code                                                         | 38 Trap Code               | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator                                                                                                                                                       |                               | See Above               |                                                          |         |                                | 1                                    | 1                                                                              | 1                              | 0                                                                     | 0                          | 10               | 1               |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Please Select One of the Following:                                                                                                                            |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| <input type="checkbox"/> Vehicle 2 #Occupants                                                                                                                  |                               |                         | <input type="checkbox"/> Hit/Run                         |         | <input type="checkbox"/> Moped |                                      | <input type="checkbox"/> 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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? |                               |                         | Event Sequence 23 23 23 23                               |         |                                | Test Status: 28                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Citation # (If Issued)                                                                                                                                         |                               |                         | Most Harmful Event 24                                    |         |                                | Type of Test: 29                     |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 1: Ch/Sec/Sub                                                                                                                                            |                               |                         | Driver Contributing Code 25 25                           |         |                                | BAC Test Result: 30                  |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 2: Ch/Sec/Sub                                                                                                                                            |                               |                         | Driver Distracted by 26 26                               |         |                                | Susp. Alcohol: 31 Susp. Drug: 32     |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 3: Ch/Sec/Sub                                                                                                                                            |                               |                         | Towed from scene? 33                                     |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Viol. 4: Ch/Sec/Sub                                                                                                                                            |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Please fill out for operator and all occupants involved                                                                                                        |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
| Name (Last First Middle)                                                                                                                                       |                               | Address                 |                                                          | DOB/Age | Sex                            | 34 Seat Pos.                         | 35 Safety System                                                               | 36 Airbag Status               | 37 Eject Code                                                         | 38 Trap Code               | 39 Injury Status | 40 Transp. Code | Medical Facility |
| Operator/Occupants                                                                                                                                             |                               | See Above               |                                                          |         |                                | 1                                    |                                                                                |                                |                                                                       |                            |                  |                 |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |
|                                                                                                                                                                |                               |                         |                                                          |         |                                |                                      |                                                                                |                                |                                                                       |                            |                  |                 |                  |

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

### Crash Diagram:



### If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

On December 28, 2025, I, Officer Dale Parsons #236, responded to the area of 221 Chestnut St. for report of a single mv crash. Upon my arrival, I ensured there were no injuries. Operator #1 explained that as he began to navigate the bend, his vehicle began to slide, and he could not correct it. Chestnut St. was slick in various spots as we were responding. Op. #1 said he subsequently crashed into the stone wall, belonging to the resident of 221 Chestnut St. The rock wall did not sustain any damage other than one large rock which was knocked out of place. The rock was not in the roadway and did not pose a threat to the motoring public. No injuries were reported, and the car was towed by A&S.

### Witnesses:

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

### Property Damage:

| Owner (Last,First,Middle) | Address                            | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|------------------------------------|---------|---------|---------------------------------|
| SILVEIRA FRANK S          | 221 CHESTNUT ST WILMINGTON MA 0188 |         |         | STONE WALL                      |
|                           |                                    |         |         |                                 |

### 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 Dale H Parsons      236      Wilmington Police Department      12/28/2025  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

| Police Use Only                                                  |                               |                         | Commonwealth of Massachusetts                             |  |  |                                      | RMV Document Number     |                        |                                |                                                                        |  |                                                                                |  |  |
|------------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|--|--------------------------------------|-------------------------|------------------------|--------------------------------|------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--|
| Date of Crash<br>12/29/2025                                      | Time of Crash<br>0858<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  |  |                                      | Number<br>Vehicles<br>1 | Number<br>Injured<br>1 | Speed Limit<br>20              | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |  |                                                                                |  |  |
| AT INTERSECTION:                                                 |                               |                         | < LOCATION >                                              |  |  |                                      | NOT AT INTERSECTION:    |                        |                                |                                                                        |  |                                                                                |  |  |
| Route# Direction Name of Roadway/Street                          |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |  |                                      | 2 10                    |                        |                                |                                                                        |  |                                                                                |  |  |
| At                                                               |                               |                         | 55 BUTTERSROW                                             |  |  |                                      | 1 11                    |                        |                                |                                                                        |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street             |                               |                         | Feet N S E W of Mile Marker Exit Number                   |  |  |                                      | 1 11                    |                        |                                |                                                                        |  |                                                                                |  |  |
| Also at Intersection with                                        |                               |                         | Feet N S E W of TOWPATH DR                                |  |  |                                      | 1 11                    |                        |                                |                                                                        |  |                                                                                |  |  |
| Route# Direction Name of Intersecting Roadway/Street             |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street        |  |  |                                      | 1 11                    |                        |                                |                                                                        |  |                                                                                |  |  |
| Landmark                                                         |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Please Select One of the Following:                              |                               |                         | <input checked="" type="checkbox"/> Vehicle 12 #Occupants |  |  | <input type="checkbox"/> Hit/Run     |                         |                        | <input type="checkbox"/> Moped |                                                                        |  | Crash Report ID# 25-386-AC                                                     |  |  |
| License St DOB/Age                                               |                               |                         | Reg # 5575192                                             |  |  | Reg Type PC                          |                         |                        | Reg State NH                   |                                                                        |  | 7 12                                                                           |  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 97 20 CDL Endorsement |                               |                         | Veh Year 2013                                             |  |  | Veh Make NISSAN                      |                         |                        | Veh Config 1 21                |                                                                        |  | 7 12                                                                           |  |  |
| Operator YONGE, KRISTEN                                          |                               |                         | Owner MCROBBIE, SCOTT C                                   |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Address 67 BERRY ST                                              |                               |                         | Address 199 MANCHESTER ST                                 |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| City DERRY State NH Zip 03101                                    |                               |                         | City MANCHESTER State NH Zip 03103                        |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Insurance Company                                                |                               |                         | Vehicle Action Prior to Crash 1 22                        |  |  | Damaged Area Code: 8 27 7 27 1 27    |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2     |                               |                         | Event Sequence 41 23 23 23 23                             |  |  | Test Status: 1 28                    |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Citation # (If Issued)                                           |                               |                         | Most Harmful Event 22 24                                  |  |  | Type of Test: 29                     |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub                                              |                               |                         | Driver Contributing Code 9 25 25                          |  |  | BAC Test Result: 30                  |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 2: Ch/Sec/Sub                                              |                               |                         | Driver Distracted by 99 26 26                             |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                         |                        |                                |                                                                        |  | 22 13                                                                          |  |  |
| Viol. 3: Ch/Sec/Sub                                              |                               |                         |                                                           |  |  | Towed from scene? 1 33               |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 4: Ch/Sec/Sub                                              |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Please fill out for operator and all occupants involved          |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Name (Last First Middle)                                         |                               |                         | Address                                                   |  |  | DOB/Age                              |                         |                        | Sex                            |                                                                        |  | Medical Facility                                                               |  |  |
| Operator                                                         |                               |                         | See Above                                                 |  |  | 1 0 4 0 0 8 1                        |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| JESSE THERIAULT                                                  |                               |                         | 4 FOREST HILLS DR<br>NASHUA, NH 03060                     |  |  | M 99 0 4 0 0 10 1                    |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Please Select One of the Following:                              |                               |                         | <input type="checkbox"/> Vehicle 2 #Occupants             |  |  | <input type="checkbox"/> Hit/Run     |                         |                        | <input type="checkbox"/> Moped |                                                                        |  | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |  |  |
| License # St DOB/Age                                             |                               |                         | Reg #                                                     |  |  | Reg Type                             |                         |                        | Reg State                      |                                                                        |  |                                                                                |  |  |
| Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement        |                               |                         | Veh Year                                                  |  |  | Veh Make                             |                         |                        | Veh Config. 21                 |                                                                        |  |                                                                                |  |  |
| Operator                                                         |                               |                         | Owner                                                     |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Address                                                          |                               |                         | Address                                                   |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| City State Zip                                                   |                               |                         | City State Zip                                            |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Insurance Company                                                |                               |                         | Vehicle Action Prior to Crash 22                          |  |  | Damaged Area Code: 27 27 27          |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency?       |                               |                         | Event Sequence 23 23 23 23                                |  |  | Test Status: 28                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Citation # (If Issued)                                           |                               |                         | Most Harmful Event 24                                     |  |  | Type of Test: 29                     |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 1: Ch/Sec/Sub                                              |                               |                         | Driver Contributing Code 25 25                            |  |  | BAC Test Result: 30                  |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 2: Ch/Sec/Sub                                              |                               |                         | Driver Distracted by 26 26                                |  |  | Susp. Alcohol: 31 Susp. Drug: 32     |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 3: Ch/Sec/Sub                                              |                               |                         |                                                           |  |  | Towed from scene? 33                 |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Viol. 4: Ch/Sec/Sub                                              |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Please fill out for operator and all occupants involved          |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
| Name (Last First Middle)                                         |                               |                         | Address                                                   |  |  | DOB/Age                              |                         |                        | Sex                            |                                                                        |  | Medical Facility                                                               |  |  |
| Operator/Occupants                                               |                               |                         | See Above                                                 |  |  | 1                                    |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |
|                                                                  |                               |                         |                                                           |  |  |                                      |                         |                        |                                |                                                                        |  |                                                                                |  |  |

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

### Crash Diagram:

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

### Crash Narrative:

Single vehicle crash near 55 Butter's Row. V1 NH-5575192 located. Occupant(s) left scene for reasons not yet determined. SUV had ran off road to the left colliding with utility pole. Minor damage to pole. Heavy damage to left front-end & fender of V1. Windshield was spider-webbed on driver & pass side

Male party (Theriahult) located walking away not far from crash. Advised he was a passenger in crash. W1 from 53 Butter's Row heard crash. She saw male & female occupants outside car. They requested she call AAA. Resident ultimately called local tow company & advised she was calling in crash to city officials. Occupants (described) then left area on foot. Female occupant located after lengthy search.

Towed by Cain's Towing.

### Witnesses:

| Name (Last,First,Middle) | Address                                | Phone # | Statement |
|--------------------------|----------------------------------------|---------|-----------|
| UNGARO CHRISTINE B       | 53 BUTTERSROW WILMINGTON MA 01887-3340 |         | 2         |
|                          |                                        |         |           |

### Property Damage:

| Owner (Last,First,Middle) | Address                     | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|-----------------------------|---------|---------|---------------------------------|
| VERIZON                   | 28 DIANA LN DRACUT MA 01826 |         | 4       | VERIZON POLE VZ13               |
|                           |                             |         |         |                                 |

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

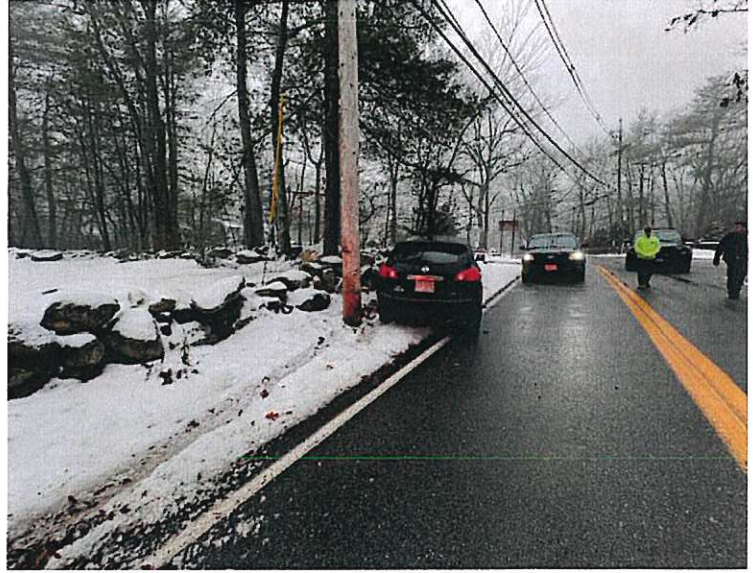
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

### Hazmat Information:

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

Patrol Officer Richard DiPerri 173 Wilmington Police Department 12/29/2025  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 25-386-AC



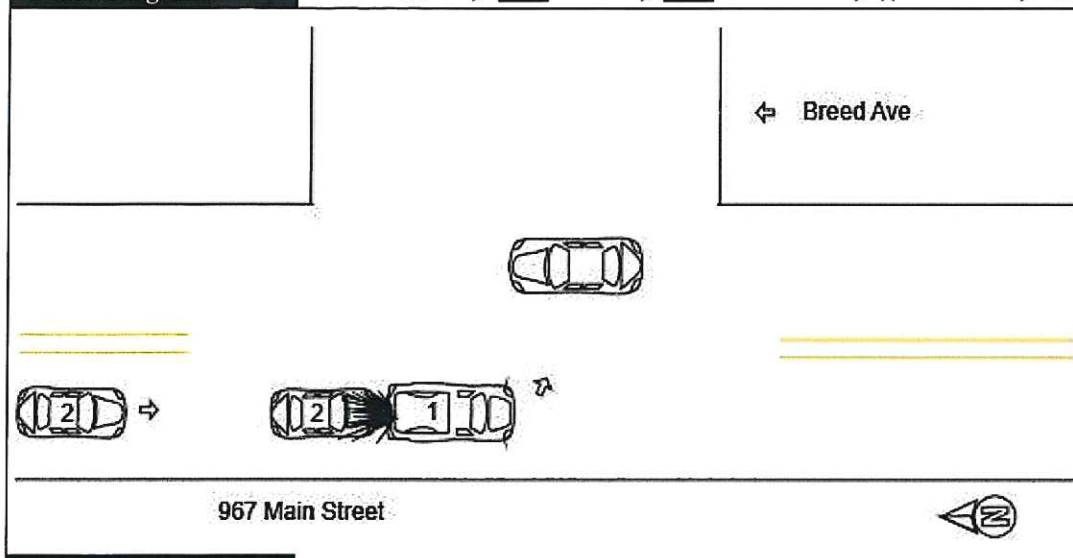
Wilmington Police Department  
Images Associated with 25-386-AC



| Police Use Only                                                                                                                                                                                                                            |                               |                         | Commonwealth of Massachusetts                                    |         |     |                    | RMV Document Number                  |                        |                     |                                                                        |                        |                       |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|------------------------------------------------------------------|---------|-----|--------------------|--------------------------------------|------------------------|---------------------|------------------------------------------------------------------------|------------------------|-----------------------|------------------|
| Date of Crash<br>12/29/2025                                                                                                                                                                                                                | Time of Crash<br>1416<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                             |         |     |                    | Number<br>Vehicles<br>2              | Number<br>Injured<br>1 | Speed Limit<br>30   | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |                        |                       |                  |
| AT INTERSECTION:                                                                                                                                                                                                                           |                               |                         | < LOCATION >                                                     |         |     |                    | NOT AT INTERSECTION:                 |                        |                     |                                                                        |                        |                       |                  |
| Route# Direction Name of Roadway/Street<br>At                                                                                                                                                                                              |                               |                         | Route# Direction Address # Name of Roadway/Street<br>967 MAIN ST |         |     |                    | 2 10                                 |                        |                     |                                                                        |                        |                       |                  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with                                                                                                                                                          |                               |                         | Feet N S E W of Mile Marker Exit Number                          |         |     |                    | 2 11                                 |                        |                     |                                                                        |                        |                       |                  |
| Route# Direction Name of Intersecting Roadway/Street                                                                                                                                                                                       |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street               |         |     |                    | Landmark                             |                        |                     |                                                                        |                        |                       |                  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped                                                                                |                               |                         | Crash Report ID# 25-387-AC                                       |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
| License # St DOB/Age<br>Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement                                                                                                                                                        |                               |                         | Reg # T36580 Reg Type CO Reg State MA                            |         |     |                    | 1 12                                 |                        |                     |                                                                        |                        |                       |                  |
| Operator GOTTSCHALK, WALTER E<br>Address 180 ANDOVER ST APT 27                                                                                                                                                                             |                               |                         | Veh Year 2018 Veh Make RAM Veh Config. 8                         |         |     |                    | 21                                   |                        |                     |                                                                        |                        |                       |                  |
| City ANDOVER State MA Zip 01810-5657                                                                                                                                                                                                       |                               |                         | Owner JOHNS SEWER AND PIPE CLEANING INC<br>Address 4 BREED AVE   |         |     |                    | 1 13                                 |                        |                     |                                                                        |                        |                       |                  |
| Insurance Company TRANSPORTATION INSURANCE                                                                                                                                                                                                 |                               |                         | City WOBURN State MA Zip 01801-1165                              |         |     |                    | 22                                   |                        |                     |                                                                        |                        |                       |                  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2                                                                                                                                                                               |                               |                         | Vehicle Action Prior to Crash 2                                  |         |     |                    | 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: 0 29                   |                        |                     |                                                                        |                        |                       |                  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                    |                               |                         | 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                                           |         |     |                    | 1 13                                 |                        |                     |                                                                        |                        |                       |                  |
| Please fill out for operator and all occupants involved                                                                                                                                                                                    |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
| Name (Last First Middle)                                                                                                                                                                                                                   |                               | Address                 |                                                                  | DOB/Age | Sex | 34<br>Seat<br>Pos. | 35<br>Safety<br>System               | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code                                                     | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator                                                                                                                                                                                                                                   |                               | See Above               |                                                                  |         |     | 1                  | 1                                    | 4                      | 0                   | 0                                                                      | 10                     | 1                     |                  |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
| License # St DOB/Age<br>Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement                                                                                                                                                        |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Reg # 4YDD66 Reg Type PC Reg State MA                                  |                        |                       |                  |
| Operator PEREIRA DA SILVA SOU, SABRINY<br>Address 6 KIMBALL CT APT 313                                                                                                                                                                     |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Veh Year 2020 Veh Make HYUNDAI Veh Config. 1                           |                        |                       |                  |
| City WOBURN State MA Zip 01801-6961                                                                                                                                                                                                        |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Owner PEREIRA DA SILVA SOU, SABRINY<br>Address 6 KIMBALL CT APT 313    |                        |                       |                  |
| Insurance Company GEICO GENERAL INSURANCE C                                                                                                                                                                                                |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | City WOBURN State MA Zip 01801-6961                                    |                        |                       |                  |
| Vehicle Travel Direction: N X E W Responding to Emergency? 2                                                                                                                                                                               |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Vehicle Action Prior to Crash 1                                        |                        |                       |                  |
| Citation # (If Issued)                                                                                                                                                                                                                     |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Damaged Area Code: 1 27 27 27                                          |                        |                       |                  |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                                                                                                                                                                                                    |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | Test Status: 1 28                                                      |                        |                       |                  |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                                                                                                                                                                                                    |                               |                         |                                                                  |         |     |                    |                                      |                        |                     | 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<br>Seat<br>Pos. | 35<br>Safety<br>System               | 36<br>Airbag<br>Status | 37<br>Eject<br>Code | 38<br>Trap<br>Code                                                     | 39<br>Injury<br>Status | 40<br>Transp.<br>Code | Medical Facility |
| Operator/Occupants                                                                                                                                                                                                                         |                               | See Above               |                                                                  |         |     | 1                  | 1                                    | 1                      | 0                   | 0                                                                      | 7                      | 2                     | Lahey Clinic     |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |
|                                                                                                                                                                                                                                            |                               |                         |                                                                  |         |     |                    |                                      |                        |                     |                                                                        |                        |                       |                  |

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

### Crash Diagram:



### If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



### Crash Narrative:

Vehicle 1 was traveling south on Main Street when it slowed to a stop at 967 Main street waiting to turn left onto Breed Ave with its left directional on. Vehicle 1 could not turn yet as he was waiting for an opening in traffic. Vehicle 2 was traveling south behind vehicle 1 when they noticed vehicle 1 was stopped waiting to turn left. The operator of vehicle 2 stated they attempted to brake when their vehicle slid on the wet road and collided into vehicle 1. Vehicle 1 suffered minor damage to its rear but was still in driveable condition. Vehicle 2 suffered heavy damage to its front with its front airbags going off.

Vehicle 2 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

12/29/2025

Date

| Police Use Only                                                 |                               |                         | Commonwealth of Massachusetts                            |         |     |                                      | RMV Document Number                |                        |                                                                                |                                                                       |                  |                            |                  |  |
|-----------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|---------|-----|--------------------------------------|------------------------------------|------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------|----------------------------|------------------|--|
| Date of Crash<br>12/29/2025                                     | Time of Crash<br>1428<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |         |     |                                      | Number<br>Vehicles<br>2            | Number<br>Injured<br>0 | Speed Limit<br>35<br>Latitude<br>N42.32531<br>Longitude<br>W71.1015            | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |                  |                            |                  |  |
| AT INTERSECTION:                                                |                               |                         | < LOCATION >                                             |         |     |                                      | NOT AT INTERSECTION:               |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Route# Direction Name of Roadway/Street                         |                               |                         | Route# Direction Address # Name of Roadway/Street        |         |     |                                      | 603 MAIN ST                        |                        |                                                                                |                                                                       |                  |                            |                  |  |
| At                                                              |                               |                         | Feet N S E W of                                          |         |     |                                      | 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:                             |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |         |     | <input type="checkbox"/> Hit/Run     |                                    |                        | <input type="checkbox"/> Moped                                                 |                                                                       |                  | Crash Report ID# 25-388-AC |                  |  |
| License # St DOB/Age                                            |                               |                         | Reg # 4GAD40                                             |         |     | Reg Type PC                          |                                    |                        | Reg State MA                                                                   |                                                                       |                  |                            |                  |  |
| Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement |                               |                         | Veh Year 2011                                            |         |     | Veh Make TOYOTA                      |                                    |                        | Veh Config. 1 21                                                               |                                                                       |                  |                            |                  |  |
| Operator MORO, JILL A                                           |                               |                         | Owner TRITES, WILLIAM MICHAEL                            |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Address 306 WOBURN ST                                           |                               |                         | Address 306 WOBURN ST                                    |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| City WILMINGTON State MA Zip 01887-2108                         |                               |                         | City WILMINGTON State MA Zip 01887-2108                  |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Insurance Company SAFETY INSURANCE COMPANY                      |                               |                         | Vehicle Action Prior to Crash 4 22                       |         |     | Damaged Area Code: 1 27 27 27        |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                             |         |     | Test Status: 1 28                    |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                  |         |     | Type of Test: 0 29                   |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 1: Ch/Sec/Sub                                             |                               |                         | Driver Contributing Code 4 25 25                         |         |     | BAC Test Result: 1 30                |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 2: Ch/Sec/Sub                                             |                               |                         | Driver Distracted by 0 26 26                             |         |     | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 3: Ch/Sec/Sub                                             |                               |                         |                                                          |         |     | Towed from scene? 1 33               |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 4: Ch/Sec/Sub                                             |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Please fill out for operator and all occupants involved         |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Name (Last First Middle)                                        |                               | Address                 |                                                          | DOB/Age | Sex | 34 Seat Pos.                         | 35 Safety System                   | 36 Airbag Status       | 37 Eject Code                                                                  | 38 Trap Code                                                          | 39 Injury Status | 40 Transp. Code            | Medical Facility |  |
| Operator                                                        |                               | See Above               |                                                          |         |     | 1                                    | 99                                 | 4                      | 0                                                                              | 0                                                                     | 10               | 1                          |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Please Select One of the Following:                             |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| <input checked="" type="checkbox"/> Vehicle 21 #Occupants       |                               |                         | <input type="checkbox"/> Hit/Run                         |         |     | <input type="checkbox"/> Moped       |                                    |                        | <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                                                                       |                  |                            |                  |  |
| License # St DOB/Age                                            |                               |                         | Reg # 5MBM35                                             |         |     | Reg Type PC                          |                                    |                        | Reg State MA                                                                   |                                                                       |                  |                            |                  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement |                               |                         | Veh Year 2014                                            |         |     | Veh Make SUBARU                      |                                    |                        | Veh Config. 1 21                                                               |                                                                       |                  |                            |                  |  |
| Operator GRONEMEYER, MICHAEL PAUL                               |                               |                         | Owner GRONEMEYER, MICHAEL PAUL                           |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Address 12 SHAWSHEEN AVE                                        |                               |                         | Address 12 SHAWSHEEN AVE                                 |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| City WILMINGTON State MA Zip 01887-2629                         |                               |                         | City WILMINGTON State MA Zip 01887-2629                  |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Insurance Company ARBELLA MUTUAL INSURANCE                      |                               |                         | Vehicle Action Prior to Crash 1 22                       |         |     | Damaged Area Code: 6 27 7 27 27      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? 2    |                               |                         | Event Sequence 1 23 23 23 23                             |         |     | Test Status: 1 28                    |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Citation # (If Issued)                                          |                               |                         | Most Harmful Event 1 24                                  |         |     | Type of Test: 0 29                   |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 1: Ch/Sec/Sub                                             |                               |                         | Driver Contributing Code 1 25 25                         |         |     | BAC Test Result: 1 30                |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 2: Ch/Sec/Sub                                             |                               |                         | Driver Distracted by 0 26 26                             |         |     | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 3: Ch/Sec/Sub                                             |                               |                         |                                                          |         |     | Towed from scene? 2 33               |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Viol. 4: Ch/Sec/Sub                                             |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Please fill out for operator and all occupants involved         |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
| Name (Last First Middle)                                        |                               | Address                 |                                                          | DOB/Age | Sex | 34 Seat Pos.                         | 35 Safety System                   | 36 Airbag Status       | 37 Eject Code                                                                  | 38 Trap Code                                                          | 39 Injury Status | 40 Transp. Code            | Medical Facility |  |
| Operator/Occupants                                              |                               | See Above               |                                                          |         |     | 1                                    | 99                                 | 4                      | 0                                                                              | 0                                                                     | 10               | 1                          |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |
|                                                                 |                               |                         |                                                          |         |     |                                      |                                    |                        |                                                                                |                                                                       |                  |                            |                  |  |

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

### Crash Diagram:

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

North arrow pointing down.

### Crash Narrative:

Vehicle 1 (V1) was traveling northbound on Main St attempting to turn left into the Z&S Gas Station Lot. There was a line of stopped traffic in the southbound left turn lane and a vehicle in this lane provided an opening for V1 to turn. Vehicle 2 (V2) was traveling southbound on Main St in the straight travel lane. V1 and V2 collided in the southbound straight travel lane. V1 failed to yield to V2. No airbags were deployed and both operators declined medical attention. Both vehicles were towed due to the damage.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use ☐ 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

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

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length ☐ 46

#### Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

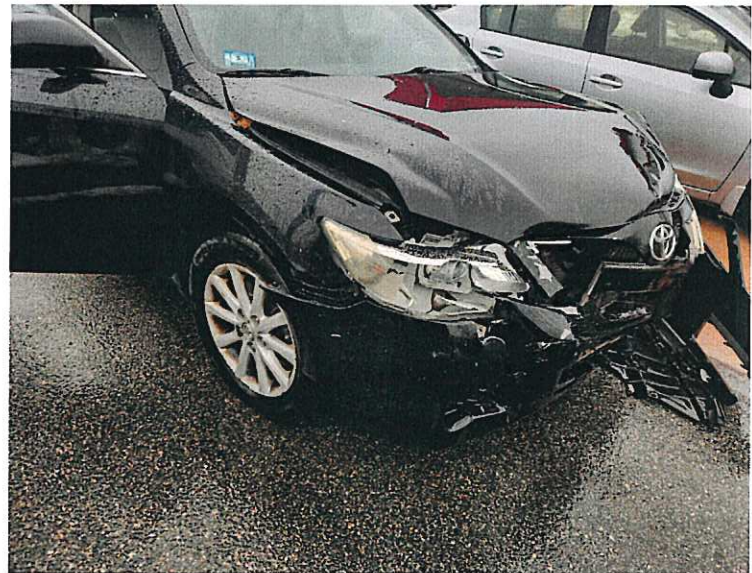
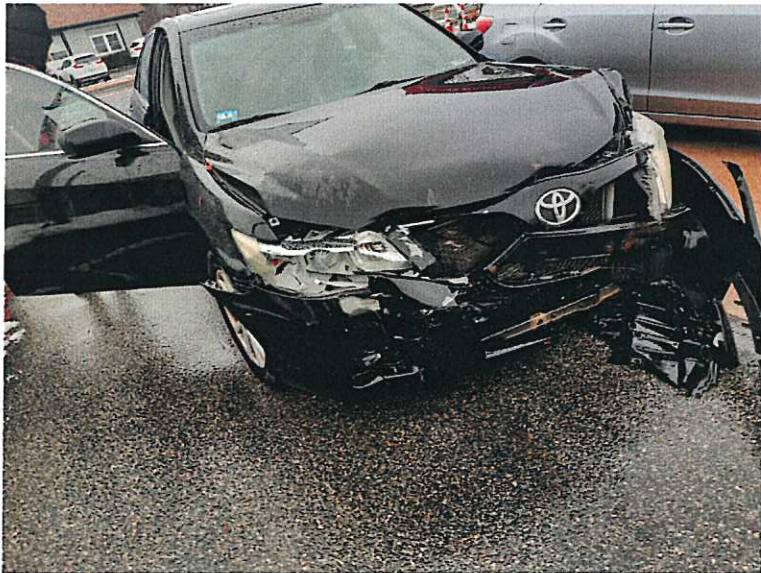
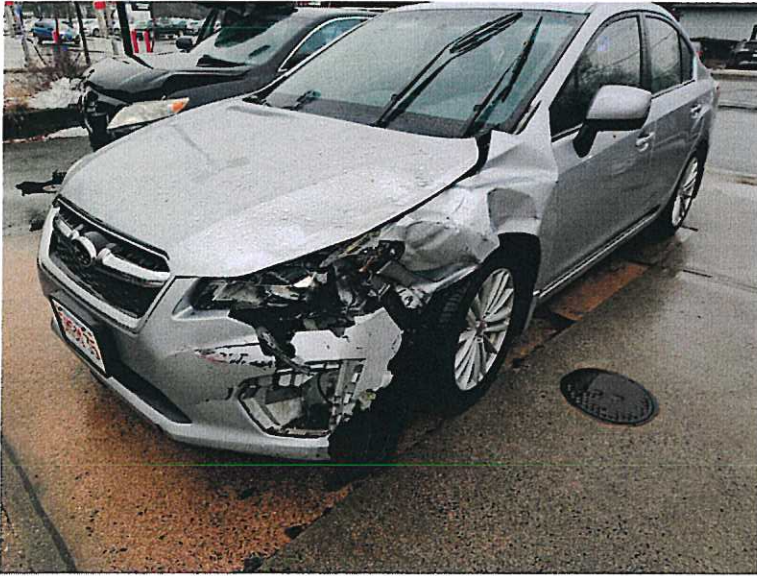
Wilmington Police Department

Department

12/29/2025

Date

Wilmington Police Department  
Images Associated with 25-388-AC



| Police Use Only                                         |                               |                         | Commonwealth of Massachusetts                             |  |                                  |  | RMV Document Number                 |                        |                                          |                                       |                                       |  |
|---------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------|--|----------------------------------|--|-------------------------------------|------------------------|------------------------------------------|---------------------------------------|---------------------------------------|--|
| Date of Crash<br>12/29/2025                             | Time of Crash<br>1450<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                      |  |                                  |  | Number<br>Vehicles<br>2             | Number<br>Injured<br>0 | Speed Limit<br>35                        | State Police <input type="checkbox"/> |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  | Latitude                            |                        | Local Police <input type="checkbox"/>    |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  | Longitude                           |                        | MBTA Police <input type="checkbox"/>     |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        | Campus Police <input type="checkbox"/>   |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        | Other: <input type="checkbox"/>          |                                       |                                       |  |
| AT INTERSECTION:                                        |                               |                         | < LOCATION >                                              |  |                                  |  | NOT AT INTERSECTION:                |                        |                                          |                                       |                                       |  |
| Route# Direction Name of Roadway/Street                 |                               |                         | 129 W 293 SHAWSHOEN AVE                                   |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
| At                                                      |                               |                         | Route# Direction Address # Name of Roadway/Street         |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
| Route# Direction Name of Intersecting Roadway/Street    |                               |                         | Feet N S E W of or                                        |  |                                  |  | 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                                           |  |                                  |  | THE CORNER STORE                    |                        |                                          |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  | Landmark                            |                        |                                          |                                       |                                       |  |
| Please Select One of the Following:                     |                               |                         | <input checked="" type="checkbox"/> Vehicle 12 #Occupants |  | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped      |                        | Crash Report ID# 25-389-AC               |                                       |                                       |  |
| License #                                               |                               |                         | St.                                                       |  | DOB/Age                          |  | Reg # 5CVZ79                        |                        | Reg Type PC                              |                                       | Reg State MA                          |  |
| Sex M                                                   |                               |                         | Lic. Class D 19 19                                        |  | Lic. Restrictions 1 20           |  | CDL                                 |                        | Veh Year 2023                            |                                       | Veh Make FORD                         |  |
| Operator TSAPARLIS, JAMES W                             |                               |                         | Last First Middle                                         |  | Endorsement                      |  | Owner TSAPARLIS, ANDRESSA FERNANDES |                        | Veh Config. 2 21                         |                                       |                                       |  |
| Address 123 PINE HILL RD                                |                               |                         | Last First Middle                                         |  |                                  |  | Address 123 PINE HILL RD            |                        | Last First Middle                        |                                       |                                       |  |
| City BEDFORD                                            |                               |                         | State MA                                                  |  | Zip 01730-1638                   |  | City BEDFORD                        |                        | State MA                                 |                                       | Zip 01730-1638                        |  |
| Insurance Company THE STANDARD FIRE INSURAN             |                               |                         | Vehicle Action Prior to Crash 2 22                        |  | Damaged Area Code: 5 27 27 27    |  | Event Sequence 1 23 23 23 23        |                        | Test Status: 1 28                        |                                       |                                       |  |
| Vehicle Travel Direction: N S E X                       |                               |                         | Responding to Emergency? 2                                |  | Type of Test: 29                 |  | Most Harmful Event 1 24             |                        | BAC Test Result: 30                      |                                       |                                       |  |
| Citation # (If Issued)                                  |                               |                         | Driver Contributing Code 1 25 25                          |  | Susp. Alcohol: 2 31              |  | Driver Distracted by 0 26 26        |                        | Susp. Drug: 2 32                         |                                       |                                       |  |
| Viol. 1: Ch/Sec/Sub                                     |                               |                         | Viol. 2: Ch/Sec/Sub                                       |  | Towed from scene? 2 33           |  | 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                                      |                                       | Medical Facility                      |  |
| Operator                                                |                               |                         | See Above                                                 |  |                                  |  | 34 Seat Pos. 1                      |                        | 35 Safety System 1                       |                                       | 36 Airbag Status 4                    |  |
| ANDRESSA TSAPARLIS                                      |                               |                         | 123 PINE HILL RD<br>BEDFORD, MA 01730-1638                |  | F                                |  | 3                                   |                        | 1                                        |                                       | 4                                     |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
| Please Select One of the Following:                     |                               |                         | <input checked="" type="checkbox"/> Vehicle 21 #Occupants |  | <input type="checkbox"/> Hit/Run |  | <input type="checkbox"/> Moped      |                        | <input type="checkbox"/> Vulnerable User |                                       | Complete the Vulnerable User section. |  |
| License #                                               |                               |                         | St.                                                       |  | DOB/Age                          |  | Reg # 951PG8                        |                        | Reg Type PC                              |                                       | Reg State MA                          |  |
| Sex                                                     |                               |                         | Lic. Class D 19 19                                        |  | Lic. Restrictions I 20           |  | CDL                                 |                        | Veh Year 2017                            |                                       | Veh Make VOLVO                        |  |
| Operator                                                |                               |                         | Last First Middle                                         |  | Endorsement                      |  | Owner BELSON, SARA LANN             |                        | Veh Config. 2 21                         |                                       |                                       |  |
| Address                                                 |                               |                         | Last First Middle                                         |  |                                  |  | Address 35 LONGMEADOW RD            |                        | Last First Middle                        |                                       |                                       |  |
| City                                                    |                               |                         | State                                                     |  | Zip                              |  | City TEWKSBURY                      |                        | State MA                                 |                                       | Zip 01876-1624                        |  |
| Insurance Company SAFETY INSURANCE COMPANY              |                               |                         | Vehicle Action Prior to Crash 1 22                        |  | Damaged Area Code: 1 27 27 27    |  | Event Sequence 1 23 23 23 23        |                        | Test Status: 1 28                        |                                       |                                       |  |
| Vehicle Travel Direction: N S E X                       |                               |                         | Responding to Emergency? 2                                |  | Type of Test: 29                 |  | Most Harmful Event 1 24             |                        | BAC Test Result: 30                      |                                       |                                       |  |
| Citation # (If Issued)                                  |                               |                         | Driver Contributing Code 20 25 19 25                      |  | Susp. Alcohol: 2 31              |  | Driver Distracted by 5 26 26        |                        | Susp. Drug: 2 32                         |                                       |                                       |  |
| Viol. 1: Ch/Sec/Sub                                     |                               |                         | Viol. 2: Ch/Sec/Sub                                       |  | Towed from scene? 2 33           |  | 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                                      |                                       | Medical Facility                      |  |
| Operator/Occupants                                      |                               |                         | See Above                                                 |  |                                  |  | 34 Seat Pos. 1                      |                        | 35 Safety System 1                       |                                       | 36 Airbag Status 1                    |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |
|                                                         |                               |                         |                                                           |  |                                  |  |                                     |                        |                                          |                                       |                                       |  |

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

### Crash Diagram:

ie: → 1 → 2 → ○ → ○

296 Shawsheen Ave  
the Corner Store

298  
Shawsheen Ave

V2 V1  
→ [ ] [ ]

RT129E-W

293 Shawsheen  
Ave

Lake 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:

V2 MA-951PG8 was traveling straight on RT129W when it rear-ended V1 MA-5CVZ79 which was stopped in traffic for the red light at the intersection. No injuries observed or reported. V2 damaged on front end w/ driver's side air bag deployment. V2 damaged on rear end. V2 opr stated he looked down prior to crash for an issue with his loose leather sandal shoe, and could not stop in time on wet roadway when turning his attention back to traffic. This distraction and or inattention most probable cause of crash. V2 would not start post crash and was towed by Cain's Towing.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Patrol Officer Richard DiPerri

173

Wilmington Police Department

12/29/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

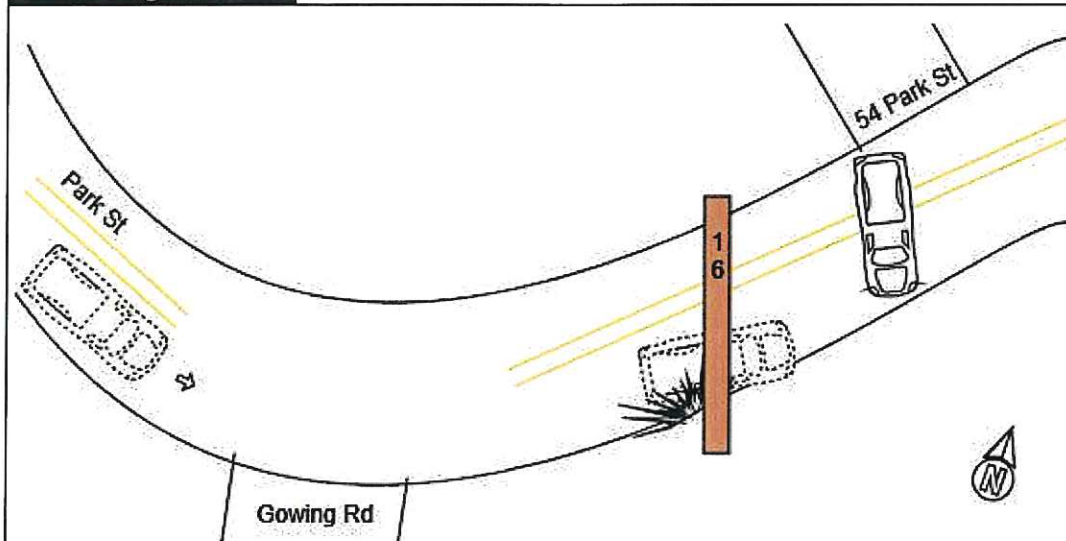
Precinct/Barracks

Date

| Police Use Only                                                                |                               |                         | Commonwealth of Massachusetts                            |         |                         |                                      | RMV Document Number |                  |                                |                                                                        |                  |                            |                  |  |
|--------------------------------------------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------|---------|-------------------------|--------------------------------------|---------------------|------------------|--------------------------------|------------------------------------------------------------------------|------------------|----------------------------|------------------|--|
| Date of Crash<br>12/29/2025                                                    | Time of Crash<br>2115<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                     |         | Number<br>Vehicles<br>1 | Number<br>Injured<br>0               | Speed Limit<br>30   | Latitude         | Longitude                      | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other: |                  |                            |                  |  |
| AT INTERSECTION:                                                               |                               |                         | < LOCATION >                                             |         | NOT AT INTERSECTION:    |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Route# Direction Name of Roadway/Street                                        |                               |                         | Route# Direction Address # Name of Roadway/Street        |         |                         | 54 PARK ST                           |                     |                  |                                |                                                                        |                  |                            |                  |  |
| 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:                                            |                               |                         | <input checked="" type="checkbox"/> Vehicle 1 #Occupants |         |                         | <input type="checkbox"/> Hit/Run     |                     |                  | <input type="checkbox"/> Moped |                                                                        |                  | Crash Report ID# 25-390-AC |                  |  |
| License # St. DOB/Age                                                          |                               |                         | Reg # 5VFF85                                             |         |                         | Reg Type PC                          |                     |                  | Reg State MA                   |                                                                        |                  |                            |                  |  |
| Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement                  |                               |                         | Veh Year 2020                                            |         |                         | Veh Make CHEVROLET                   |                     |                  | Veh Config. 2 21               |                                                                        |                  |                            |                  |  |
| Operator PENDENZA, MATTHEW ANDREW                                              |                               |                         | Owner PENDENZA, MATTHEW ANDREW                           |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Address 14 CRANBERRY LN                                                        |                               |                         | Address 14 CRANBERRY LN                                  |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| City MIDDLETON State MA Zip 01949-1683                                         |                               |                         | City MIDDLETON State MA Zip 01949-1683                   |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Insurance Company THE COMMERCE INSURANCE CO                                    |                               |                         | Vehicle Action Prior to Crash 1 22                       |         |                         | Damaged Area Code: 4 27 3 27 2 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: 29                     |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 1: Ch/Sec/Sub                                                            |                               |                         | Driver Contributing Code 1 25 25                         |         |                         | BAC Test Result: 30                  |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 2: Ch/Sec/Sub                                                            |                               |                         | Driver Distracted by 0 26 26                             |         |                         | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 3: Ch/Sec/Sub                                                            |                               |                         |                                                          |         |                         | Towed from scene? 1 33               |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 4: Ch/Sec/Sub                                                            |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Please fill out for operator and all occupants involved                        |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Name (Last First Middle)                                                       |                               | Address                 |                                                          | DOB/Age | Sex                     | 34 Seat Pos.                         | 35 Safety System    | 36 Airbag Status | 37 Eject Code                  | 38 Trap Code                                                           | 39 Injury Status | 40 Transp. Code            | Medical Facility |  |
| Operator                                                                       |                               | See Above               |                                                          |         |                         | 1                                    | 99                  | 4                | 0                              | 0                                                                      | 10               | 0                          |                  |  |
|                                                                                |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
|                                                                                |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
|                                                                                |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Please Select One of the Following:                                            |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| <input type="checkbox"/> Vehicle 2 #Occupants                                  |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| <input type="checkbox"/> Hit/Run                                               |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| <input type="checkbox"/> Moped                                                 |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section. |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| License # St. DOB/Age                                                          |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Reg # Reg Type Reg State                                                       |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement                      |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Veh Year Veh Make Veh Config. 21                                               |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Operator Last First Middle                                                     |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Owner Last First Middle                                                        |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Address                                                                        |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| 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                                                                |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Type of Test: 29                                                               |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Citation # (If Issued)                                                         |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Most Harmful Event 24                                                          |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| BAC Test Result: 30                                                            |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 1: Ch/Sec/Sub                                                            |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Driver Contributing Code 25 25                                                 |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Susp. Alcohol: 31 Susp. Drug: 32                                               |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Viol. 2: Ch/Sec/Sub                                                            |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Driver Distracted by 26 26                                                     |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| Towed from scene? 33                                                           |                               |                         |                                                          |         |                         |                                      |                     |                  |                                |                                                                        |                  |                            |                  |  |
| 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    ○ = 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:

MV1 WAS TRAVELING NORTHEAST ON PARK ST, TOWARD NORTH READING. UPON APPROACHING THE AREA OF GOWING RD, THE MV TRAVELED OVER BLACK ICE. THE OPERATOR LOST CONTROL OF THE VEHICLE AND IT SLID INTO POLE 16. THE VEHICLE CONTINUED IN MOTION BEFORE BECOMING DISABLED IN THE CENTER OF THE ROAD IN FRONT OF 54 PARK ST. NO AIRBAGS, NO INJURIES REPORTED. CAINS TOWED THE VEHICLE. THE DPW CAME OUT AND TREATED THE ROADWAY DUE TO THE SLIPPERY CONDITIONS CAUSED BY THE WEATHER.

### Witnesses:

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

### Property Damage:

| Owner (Last,First,Middle) | Address                         | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------------------------------|---------|---------|---------------------------------|
| VERIZON                   | 408 MAIN ST WILMINGTON MA 01887 |         | 4       | WOODEN UTILITY POLE "VZ 16"     |
|                           |                                 |         |         |                                 |

### 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

12/29/2025

Police Officer Name (Please Print)

Signature

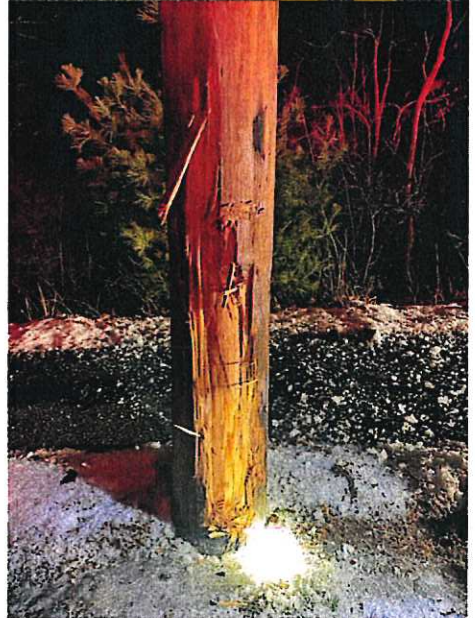
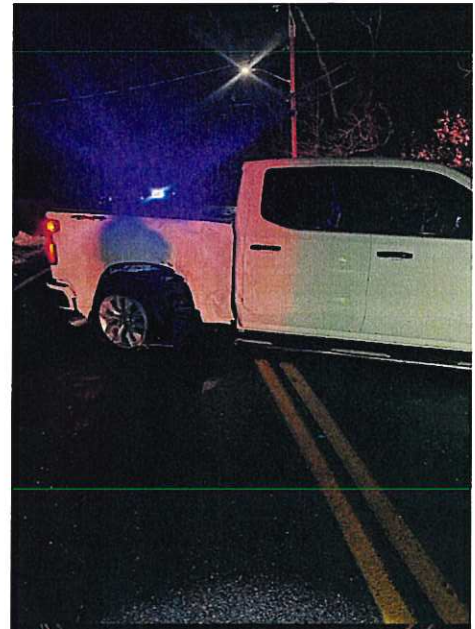
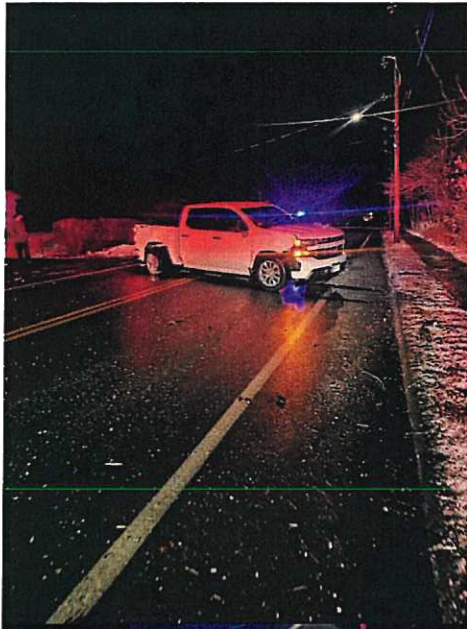
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 25-390-AC



| Police Use Only                                               |                               |                         | Commonwealth of Massachusetts                                                                                               |  |  |  | RMV Document Number                  |                        |                   |                                                                       |
|---------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------|------------------------|-------------------|-----------------------------------------------------------------------|
| Date of Crash<br>01/03/2026                                   | Time of Crash<br>1414<br>24HR | City/Town<br>Wilmington | Motor Vehicle Crash<br>Police Report                                                                                        |  |  |  | Number<br>Vehicles<br>2              | Number<br>Injured<br>0 | Speed Limit<br>30 | State Police<br>Local Police<br>MBTA Police<br>Campus Police<br>Other |
| AT INTERSECTION:                                              |                               |                         | < LOCATION >                                                                                                                |  |  |  | NOT AT INTERSECTION:                 |                        |                   |                                                                       |
| Route# Direction Name of Roadway/Street                       |                               |                         | Route# Direction Address # Name of Roadway/Street                                                                           |  |  |  | 2 10                                 |                        |                   |                                                                       |
| At                                                            |                               |                         | Feet N S E W of Mile Marker Exit Number                                                                                     |  |  |  | 6 11                                 |                        |                   |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street          |                               |                         | Feet N S E W of Route# Intersecting Roadway/Street                                                                          |  |  |  |                                      |                        |                   |                                                                       |
| Also at Intersection with                                     |                               |                         | Feet N S E W of Landmark                                                                                                    |  |  |  |                                      |                        |                   |                                                                       |
| Route# Direction Name of Intersecting Roadway/Street          |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| Please Select One of the Following:                           |                               |                         | Crash Report ID#                                                                                                            |  |  |  |                                      |                        |                   |                                                                       |
| <input checked="" type="checkbox"/> Vehicle 14 #Occupants     |                               |                         | 26-1-AC                                                                                                                     |  |  |  |                                      |                        |                   |                                                                       |
| <input type="checkbox"/> Hit/Run                              |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| <input type="checkbox"/> Moped                                |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| License # St. DOB/Age                                         |                               |                         | Reg # 5HHK83 Reg Type PC Reg State MA                                                                                       |  |  |  |                                      |                        |                   |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2026 Veh Make Jeep Veh Config. 1 21                                                                                |  |  |  |                                      |                        |                   |                                                                       |
| Operator                                                      |                               |                         | Owner ALLEN, EMILY M                                                                                                        |  |  |  |                                      |                        |                   |                                                                       |
| Address                                                       |                               |                         | Address 34 HARWOOD RD                                                                                                       |  |  |  |                                      |                        |                   |                                                                       |
| City State Zip                                                |                               |                         | City NATICK State MA Zip 01760-1966                                                                                         |  |  |  |                                      |                        |                   |                                                                       |
| Insurance Company ARBELLA MUTUAL INSURANCE                    |                               |                         | Vehicle Action Prior to Crash 6 22                                                                                          |  |  |  | Damaged Area Code: 8 27 27 27        |                        |                   |                                                                       |
| Vehicle Travel Direction: N S E X Responding to Emergency? 2  |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  |  |  | Test Status: 1 28                    |                        |                   |                                                                       |
| Citation # (If Issued)                                        |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  |  | Type of Test: 0 29                   |                        |                   |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                       |                               |                         | Driver Contributing Code 19 25 25                                                                                           |  |  |  | BAC Test Result: 1 30                |                        |                   |                                                                       |
| Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub                       |                               |                         | Driver Distracted by 0 26 26                                                                                                |  |  |  | Susp. Alcohol: 2 31 Susp. Drug: 2 32 |                        |                   |                                                                       |
| Please fill out for operator and all occupants involved       |                               |                         | 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                                                                                                              |  |  |  |                                      |                        |                   |                                                                       |
| JOSHUA MARMOR 34 HARWOOD RD NATICK, MA 01760-1966             |                               |                         | M 3 1 4 0 0 10 1                                                                                                            |  |  |  |                                      |                        |                   |                                                                       |
|                                                               |                               |                         | M 6 1 4 0 0 10 1                                                                                                            |  |  |  |                                      |                        |                   |                                                                       |
|                                                               |                               |                         | F 4 1 4 0 0 10 1                                                                                                            |  |  |  |                                      |                        |                   |                                                                       |
| Please Select One of the Following:                           |                               |                         | Complete the Vulnerable User section.                                                                                       |  |  |  |                                      |                        |                   |                                                                       |
| <input checked="" type="checkbox"/> Vehicle 21 #Occupants     |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| <input type="checkbox"/> Hit/Run                              |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| <input type="checkbox"/> Moped                                |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| <input type="checkbox"/> Vulnerable User                      |                               |                         |                                                                                                                             |  |  |  |                                      |                        |                   |                                                                       |
| License # St. DOB/Age                                         |                               |                         | Reg # 4EM774 Reg Type PC Reg State MA                                                                                       |  |  |  |                                      |                        |                   |                                                                       |
| Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement |                               |                         | Veh Year 2015 Veh Make SUBARU Veh Config. 1 21                                                                              |  |  |  |                                      |                        |                   |                                                                       |
| Operator MOOCK, CLIO ROSE                                     |                               |                         | Owner MOOCK, ALASTAIR DANIEL                                                                                                |  |  |  |                                      |                        |                   |                                                                       |
| Address 63 NOWELL RD                                          |                               |                         | Address 63 NOWELL RD                                                                                                        |  |  |  |                                      |                        |                   |                                                                       |
| City MELROSE State MA Zip 02176-1216                          |                               |                         | City MELROSE State MA Zip 02176-1216                                                                                        |  |  |  |                                      |                        |                   |                                                                       |
| Insurance Company THE COMMERCE INSURANCE CO                   |                               |                         | Vehicle Action Prior to Crash 1 22                                                                                          |  |  |  | Damaged Area Code: 2 27 27 27        |                        |                   |                                                                       |
| Vehicle Travel Direction: X S E W Responding to Emergency? 2  |                               |                         | Event Sequence 1 23 23 23 23                                                                                                |  |  |  | Test Status: 1 28                    |                        |                   |                                                                       |
| Citation # (If Issued)                                        |                               |                         | Most Harmful Event 1 24                                                                                                     |  |  |  | Type of Test: 0 29                   |                        |                   |                                                                       |
| Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub                       |                               |                         | Driver Contributing Code 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? 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  
 ie: → 1 → 2 → ○ → ○

### Crash Diagram:

Church Street

446 Main Street

Vehicle 1

Vehicle 2

Main Street

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

### Crash Narrative:

On Saturday, January 3, 2026, at approximately 2:15PM, Vehicle 1 was attempting to merge onto Main Street from the driveway of 446 Main Street. The vehicle in the lane closest to the driveway stopped allowing the vehicle to pull out and the vehicle in lane furthest did not see the vehicle. Vehicle 1 pulled out of the driveway and collided with the front of vehicle 2 causing damage to both vehicles.

Both parties refused medical treatment.

Both vehicles were able to be driven from the scene.

### Witnesses:

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

### Property Damage:

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

### Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use 42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

#### Hazmat Information:

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

Patrol Officer Christopher K Miccichi

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/03/2026

Date