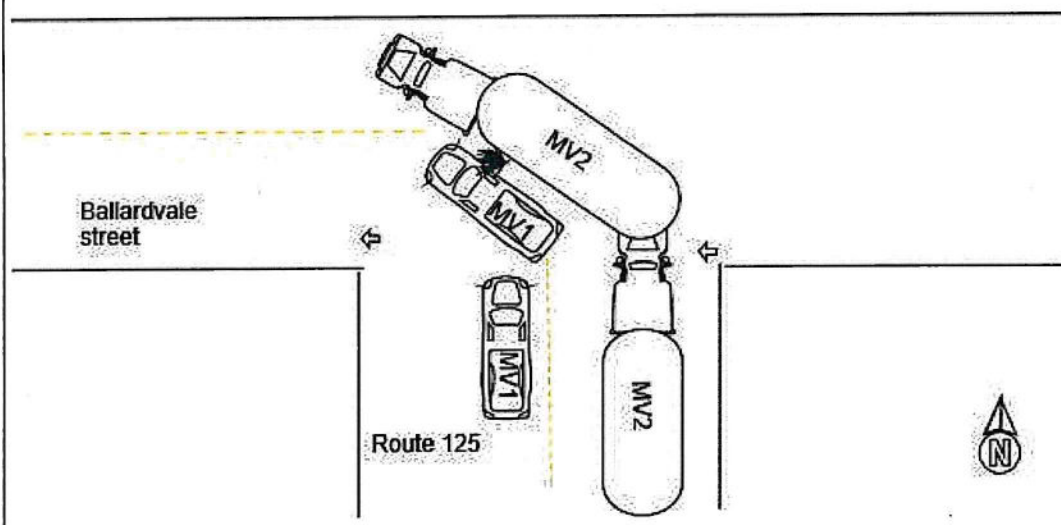


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/06/2026	Time of Crash 0502 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
ROUTE 125 HWY								2 10		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
BALLARDVALE ST								4 11		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-6-AC	
License # St. DOB/Age			Reg # V94308		Reg Type CO		Reg State MA		1 12	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make FORD		Veh Config. 2 21			
Operator RODRIGUES, DANIEL			Owner S AND W ELECTRICAL CONTRACTORS INC							
Address 38 ARCH ST			Address 15 SCOTLAND BLVD							
City PAWTUCKET State RI Zip 02860			City BRIDGEWATER State MA Zip 02324-2465							
Insurance Company THE TRAVELERS INDEMNITY C			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 3 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 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				1 13	
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			X X		1 1 4 0 0 10 1					
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # AG86702		Reg Type AM		Reg State PA		1 14	
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 1997		Veh Make International		Veh Config. 10 21			
Operator FAIR, RICHARD L			Owner DIETZ TRANSPORT							
Address 5021 SPRING RD			Address 947 GREENBRIAR RD							
City SHERMANS DALE State PA Zip 17090			City NEW BLOOMFIELD State PA Zip 17068							
Insurance Company GEICO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 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 6 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X X		1 1 4 0 0 10 1					

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

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 Tuesday, 01/06/2026 MV1 and MV2 were turning left from Route 125 onto Ballardvale street. MV1 was in the inside left turning lane while MV2 was in the outside left turning lane. As both vehicles turned onto Ballardvale street the trailer of MV2 side swiped MV1 on the passenger side. MV1 had a broken sideview mirror and scratches on the front right side (see images). MV2 did not appear to have any damage (see images). Neither driver was injured and the airbags did not deploy in either vehicle. Both vehicles were able to be driven away 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 # **AG86702** (From Vehicle Section)

Carrier Name **Dietz Transport**

Bus Use **0** ⁴²

Address **947 GREENBRIAR RD** City **NEW BLOOMFIELD** St **PA** Zip **17068**

US DOT #: **2891417** State Number _____ Issuing State **PA** MC/MX/ICC #: _____

Interstate **43** Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **3** ⁴⁵

Trailer Reg #: **T767475** Reg Type **TR** Reg State **NH** Reg Year **2026** Trailer Length **4** ⁴⁶

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer **Joshua I DeBarros**

234

Wilmington Police Department

01/06/2026

Police Officer Name (Please Print)

Signature

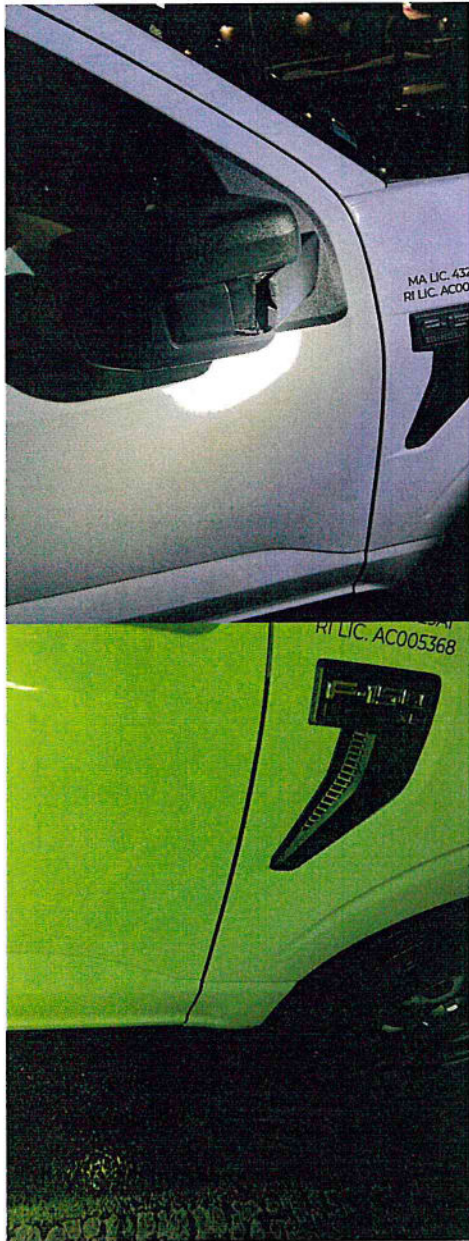
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-6-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/07/2026	Time of Crash 0657 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 WEST ST			2							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
1 LOWELL ST			3							
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							
2			Landmark							
4										
5 Please Select One of the Following:			Crash Report ID# 26-10-AC							
☒ Vehicle 1 Occupants			☐ Hit/Run							
☐ Moped										
License # St. DOB/Age			Reg # 5SVR19 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019 Veh Make HONDA Veh Config. 1 21							
Operator AKWE, JACQUELINE OGAH			Owner AKWE, JACQUELINE OGAH							
Address 10 FREDERICK AVE			Address 10 FREDERICK AVE							
City MEDFORD State MA Zip 02155-5608			City MEDFORD State MA Zip 02155-5608							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 3 22							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 20 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			DOB/Age Sex							
Operator See Above			1 99 4 0 0 10 1							
7 Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 2 Occupants			☐ Hit/Run							
☐ Moped			☐ Vulnerable User							
License # St. DOB/Age			Reg # M93519 Reg Type CI Reg State MA							
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make Freightliner Veh Config. 7 21							
Operator FRONTAIN, ZACHERY W			Owner WILMINGTON TOWN OF TOWN HALL							
Address 201 N LOWELL ST			Address 121 GLEN RD							
City METHUEN State MA Zip 01844-1846			City WILMINGTON State MA Zip 01887-3500							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			DOB/Age Sex							
Operator/Occupants See Above			1 99 4 0 0 10 1							

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

Crash Diagram:

ie: →

1

→

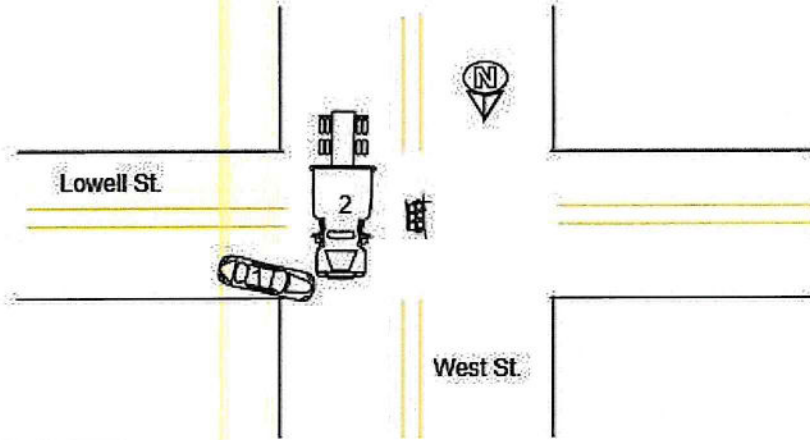
2

→

○

→

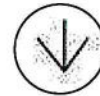
○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 operator stated she was driving very slowly taking a right turn onto west st (right on red) from lowell st onto west St. She beleived her vehicle did not contact vehicle 2. Vehicle 2 operator stated he was driving northbound on West St. straight through the intersection when he noticed vehicle one inching forward to turn right on red. Stated no damage done to his vehicle.

Both operators stated they exited their respective vehicles to check for damage. Operator 1 beleived damage was caused to operator 2's vehicle license plate. Operator 2 stated her license plate always looked that way and denied any damage to her vehicle.

Both operators stated they were going under 5mph before they stopped to check for 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 # **M93519** (From Vehicle Section)

Carrier Name **Town of Wilmington** Bus Use **0** ⁴²

Address **121 GLEN RD** City **WILMINGTON** St **MA** Zip **01887**

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

Interstate **2** ⁴³ Cargo Body Type Code **8** ⁴⁴ GVWR/GCWR **3** ⁴⁵

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

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **49**

Patrol Officer **Seth A Mucha-Kangas**

235

Wilmington Police Department

01/07/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-10-AC



Wilmington Police Department
Images Associated with 26-10-AC

