

[illegible]

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

Crash Diagram:

ie: → 1 → 2 → O → B

Interstate 93
Northbound



Interstate 93
Southbound



Exit 34
(Rt.62)



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicles were traveling on Interstate 93 Southbound in the area of Exit 34 (Rt.62) Vehicle 1 (V1) rear ended Vehicle (V2). It should be noted that at this time there was heavy blowing snow, and a full coating of compacted snow on the roadway surface.

no airbags were deployed. V1 was towed by A&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 Michael R DiLorenzo

217

Wilmington Police Department

01/25/2026

Police Officer Name (Please Print)

Signature

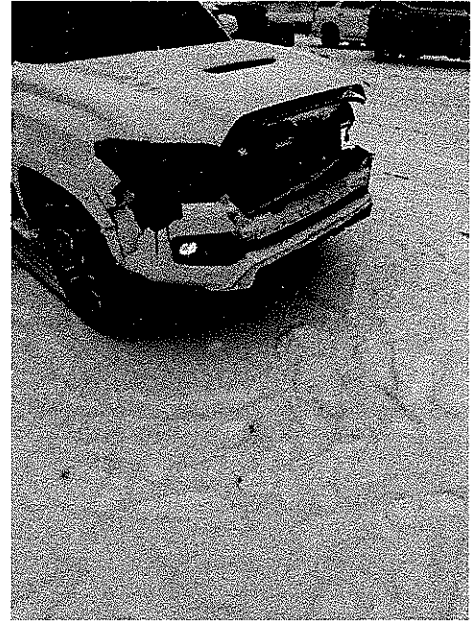
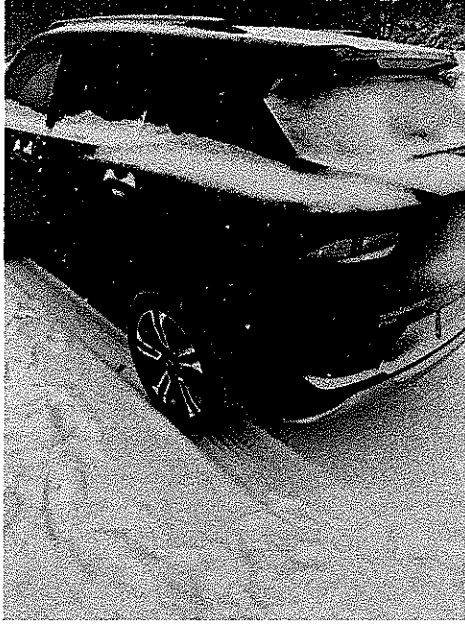
ID/Badge #

Department

Precinct/Barracks

Date

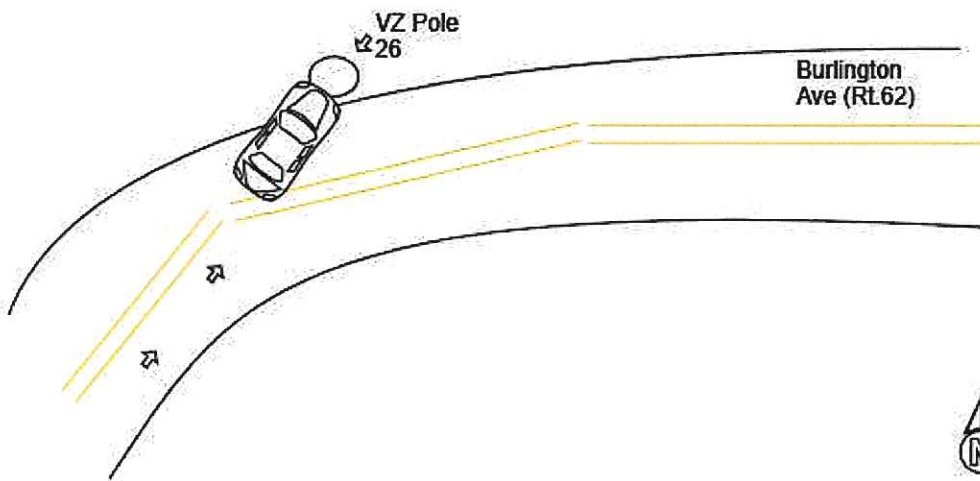
Wilmington Police Department
Images Associated with 26-30-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/25/2026	Time of Crash 1405 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 112 BURLINGTON AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-31-AC							
License # S DOB/Age			Reg # 4RJH28 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make KIA Veh Config. 1 21							
Operator FERRARO, CHRISTIAN D Last First Middle			Owner FERRARO, MARY LOUISE Last First Middle							
Address 62 BURLINGTON AVE			Address 62 BURLINGTON AVE							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3904							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Most Harmful Event 22 24 Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 7 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Please fill out for operator and all occupants involved			Towed from scene? 1 33							
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 99 3 0 0 8 2 Lahey HOSPITAL							
Please Select One of the Following: ☐ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23 Test Status: 28							
Citation # (If Issued)			Most Harmful Event 24 Type of Test: 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25 BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32							
Please fill out for operator and all occupants involved			Towed from scene? 33							
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle was traveling westbound on Burlington Ave (Rt. 62) when he approached the curve in the roadway. Due to the snow on the roadway the vehicle lost control crossed over the double yellow center line and struck the wooden utility that was roadside. Front and side airbags deployed.

The vehicle was towed by A&S Towing. Pole sustained superficial 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

Precinct/Barracks

01/25/2026

Date

Wilmington Police Department
Images Associated with 26-31-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/26/2026	Time of Crash 2048 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number		5 11					
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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-32-AC	
License # St. DOB/Age			Reg # 6JDP79 Reg Type PC Reg State MA		1 12					
Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make VOLVO Veh Config. 1 21							
Operator Last First Middle			Owner EASTMAN, MICHELLE JANA Last First Middle							
Address			Address 13 ALCINE LN							
City State Zip			City BURLINGTON State MA Zip 01803-1409							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 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		1 13			
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			14 Seat Pos. 15 Safety System 16 Airbag Status 17 Eject Code 18 Trap Code 19 Injury Status 20 Transp. Code Medical Facility							
Operator See Above			X X 1 1 4 0 0 10 0							
RAVI JENKINS 16 DENAULT DR WILMINGTON, MA 01887-0000			M 3 1 4 0 0 10 0							
Please Select One of the Following:			☒ Vehicle 22 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 95KA66 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21							
Operator PELLEGRINI, FRANCO PAUL Last First Middle			Owner PELLEGRINI, FRANCO PAUL Last First Middle							
Address 160 BURLINGTON AVE			Address 160 BURLINGTON AVE							
City WILMINGTON State MA Zip 01887-3154			City WILMINGTON State MA Zip 01887-3154							
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 6 27 27 27					
Vehicle Travel Direction: N X 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 11 25 12 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			14 Seat Pos. 15 Safety System 16 Airbag Status 17 Eject Code 18 Trap Code 19 Injury Status 20 Transp. Code Medical Facility							
Operator/Occupants See Above			X X 1 1 4 0 0 10 0							
CARMELA SHERMAN 1 NEWBURY ST EVERETT, MA 02149-2852			F 3 1 4 0 0 10 0							

→ = 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:

On January 26, 2026, Vehicle 1 was traveling northbound on Main St. toward the Burlington Ave. and Main St. intersection. Vehicle 2 was traveling eastbound on Burlington Ave. toward Burlington Ave. Main St. intersection. Vehicle 2 was turning right onto Main St. when it swerved into the opposite lane due to snow-covered road conditions, colliding with Vehicle 1. Vehicle 2's right rear side of the vehicle hit vehicle 1's front left side, causing the hood and front bumper to be pushed in. Vehicle 1 was towed 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 Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

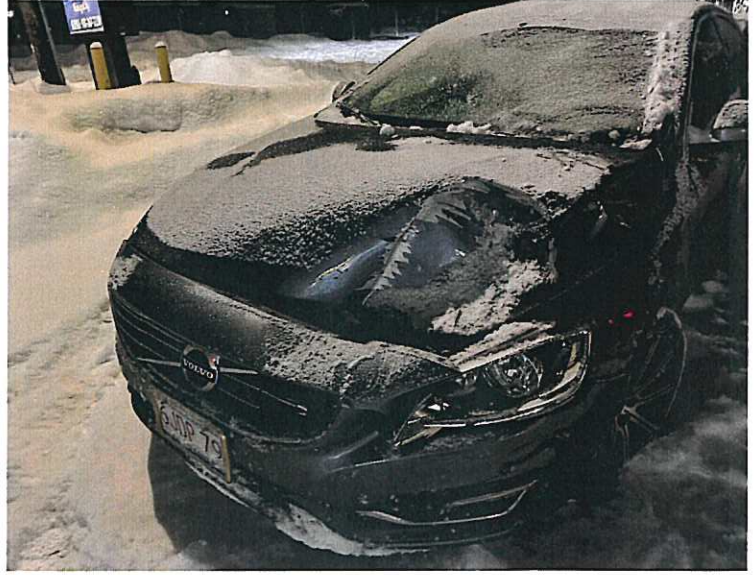
Department

Precinct/Barracks

01/26/2026

Date

Wilmington Police Department
Images Associated with 26-32-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/28/2026	Time of Crash 0845 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Landmark					
Route# Direction Name of Intersecting Roadway/Street											
Please Select One of the Following:			☒ Vehicle 13 #Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 26-33-AC								
License #			St.			DOB/Age			Reg # 2JVP23 Reg Type PC Reg State MA		
Sex F Lic. Class D 19 19			Lic. Restrictions B 20			CDL			Veh Year 2021 Veh Make HONDA Veh Config. 1 21		
Operator RIZZO, SARAH E			Last First Middle			Owner RIZZO, SARAH E			Last First Middle		
Address 99 MINKRUN RD			City WILMINGTON State MA Zip 01887-4548			Address 99 MINKRUN RD			City WILMINGTON State MA Zip 01887-4548		
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 2 27 8 27 1 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 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		
Operator			See Above			1			1		
						F			6		
						4			9		
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped		
			Vulnerable User Complete the Vulnerable User section.								
License #			St.			DOB/Age			Reg # 2ZEH13 Reg Type PC Reg State MA		
Sex F Lic. Class D 19 19			Lic. Restrictions 1 20			CDL			Veh Year 2022 Veh Make KIA Veh Config. 1 21		
Operator PALMISANO, GIANA LISA			Last First Middle			Owner PALMISANO, LISA MARIA			Last First Middle		
Address 13 FITZ TER			City TEWKSBURY State MA Zip 01876-4412			Address 13 FITZ TER			City TEWKSBURY State MA Zip 01876-4412		
Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 1 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 99			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 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		
Operator/Occupants			See Above			1			1		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow ↑
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Crash Narrative:

01/28/26 appx 0845hrs, Dispatched to 2-car MVC 222 Main St.

According to OP2, MV2 NB on Main St, had green light. Unknown MV in left lane blocked view of MV2 from MV1. MV1 turned L from Main St SB to 222 Main St. According to OP1, she entered intersection to turn L into 222 Main St. After in intersection, light turned red. Once gap in traffic, OP1 turned L. As turning L, MVs colided.

Both MVs towed, Cains.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 01/28/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 01/28/2026	Time of Crash 1648 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:									
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:												
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street														
At																	
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number														
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street														
Route# Direction Name of Intersecting Roadway/Street			Landmark														
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-34-AC								
License # St DOB/Age			Reg # JRV051		Reg Type PC		Reg State MN										
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2015		Veh Make BMW		Veh Config. 1 21										
Operator HABIB, SUDMUN			Owner HABIB, SUDMUN														
Address 95 MIDDLESEX AVE			Address 95 MIDDLESEX AVE														
City WILMINGTON State MA Zip 01887-2730			City WILMINGTON State MA Zip 01887-2730														
Insurance Company GEICO INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27												
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 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		See Above				1	1	4	0	0	10	1					
Please Select One of the Following:										☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # S DOB/Age										Reg # 4FSJ85		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement										Veh Year 2017		Veh Make MERCEDES-BENZ		Veh Config. 1 21			
Operator RIBEIRO DOS SANTOS, RAISSON										Owner RIBEIRO DOS SANTOS, RAISSON							
Address 7 OAK ST APT 7										Address 7 OAK ST APT 7							
City PEABODY State MA Zip 01960-8932										City PEABODY State MA Zip 01960-8932							
Insurance Company THE STANDARD FIRE INSURAN										Vehicle Action Prior to Crash 4 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2										Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)										Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub										Driver Contributing Code 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? 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	1	4	0	0	10	1					

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

Crash Diagram:

ie: →

1

2

→

→

200 Andover 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:

Motor vehicle 1 was traveling west on 200 Andover Street, when motor vehicle 2 failed to yield out of the parking lot of 200 Andover Street. The operator of motor vehicle 2 stated that after attempting to take a left out of the parking lot, he saw motor vehicle 1 traveling straight ahead at a high rate of speed and drove straight into the snow bank on the opposite side of the road. Motor vehicle 1 then made contact with motor vehicle 2. Motor vehicle 1 had minor damage on the center front and motor vehicle 2 had minor damage on the rear bumper (see images). Both vehicles were still in driveable conditions.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Zachary A Leighton

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

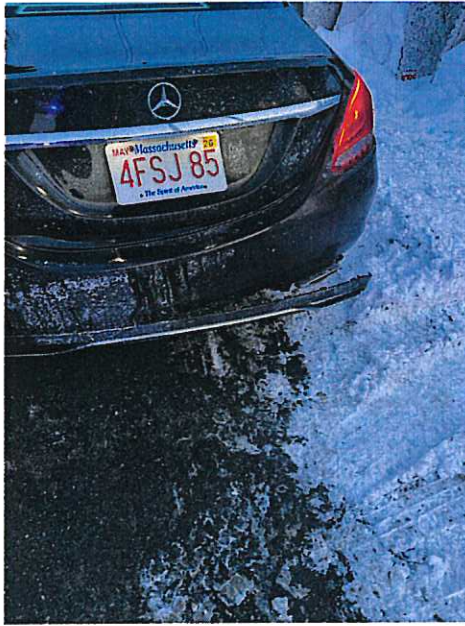
Department

Precinct/Barracks

01/28/2026

Date

Wilmington Police Department
Images Associated with 26-34-AC

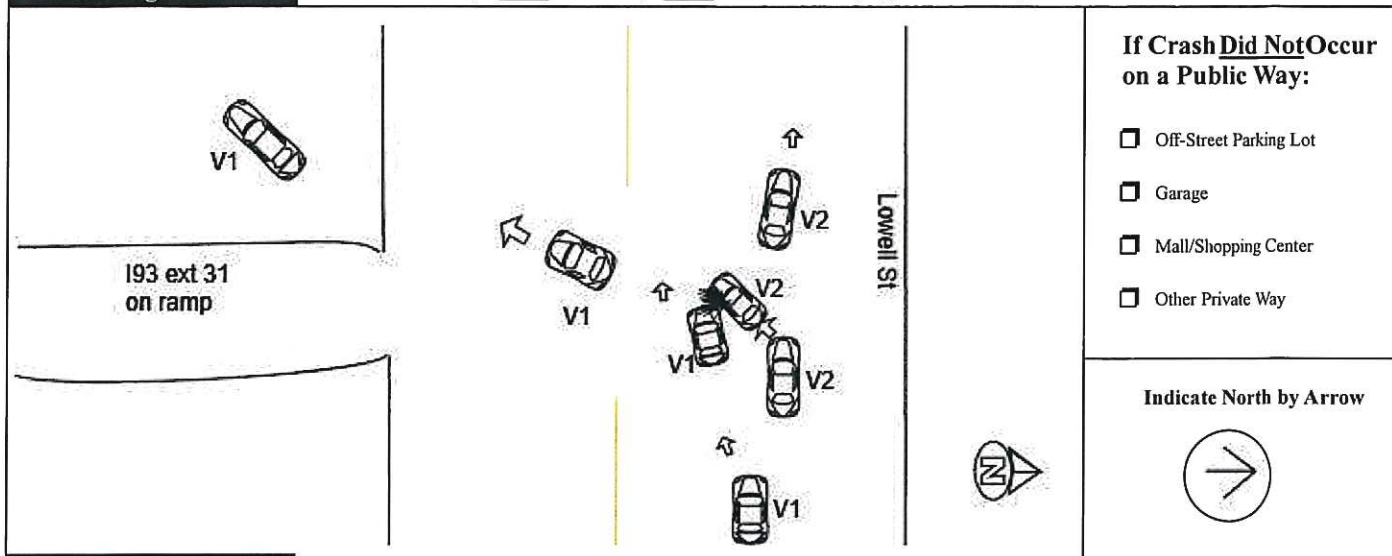


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2026	Time of Crash 0617 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10			
At			331 LOWELL ST				3 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				3 11			
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				3 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				3 11			
Please Select One of the Following:			Crash Report ID# 26-35-AC				1 12			
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
License #			Reg # 4JZX91 Reg Type PC Reg State MA				1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2025 Veh Make NISSAN Veh Config. 2 21				1 12			
Operator PAVLOU, ANASTASIOS STILIANOS			Owner PAVLOU, ANASTASIOS STILIANOS				1 12			
Address 63 POPLAR ST			Address 63 POPLAR ST				1 12			
City DANVERS State MA Zip 01923-2446			City DANVERS State MA Zip 01923-2446				1 12			
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 9 22				Damaged Area Code: 3 27 2 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			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				1 13			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				1 99 4 0 0 10 1			
Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
☐ Vulnerable User										
License			Reg # TA764F Reg Type TX Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make TOYOTA Veh Config. 2 21							
Operator MAGHOULI-FARD, HAMID HAMID			Owner S AND D TAXI INC							
Address 8 FREEDOM TRL			Address 36 GEN WH DEVINE WAY							
City NORFOLK State MA Zip 02056-1632			City S BOSTON State MA Zip 02127-2409				1 14			
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 4 22				Damaged Area Code: 7 27 8 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			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				1 14			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			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:

V1 was traveling west on Lowell St behind V2. V2 attempted to make a left turn on the I93 on ramp when V1 struck V2. V1 came to a rest on a snow bank as a result of the accident. V1 operator said that he believed V2 was going to continuing straight as they did not have a directional indicator on to turn left on to I93 as farther up the roadway, Lowell St turns into a left turn and right and straight lane at the intersection. V1 operator stated that when they went to pass them, V2 activated there left directional and turned left. V2 operator stated they were slowing down to make a left turn on with their left blinker on and when they went to enter the on ramp of I93 they were struck by V1 and they did not see them attempting to pass them. Both vehicles were towed 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 Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

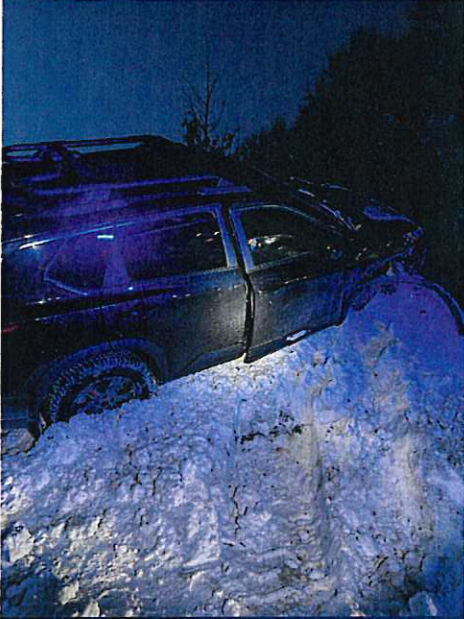
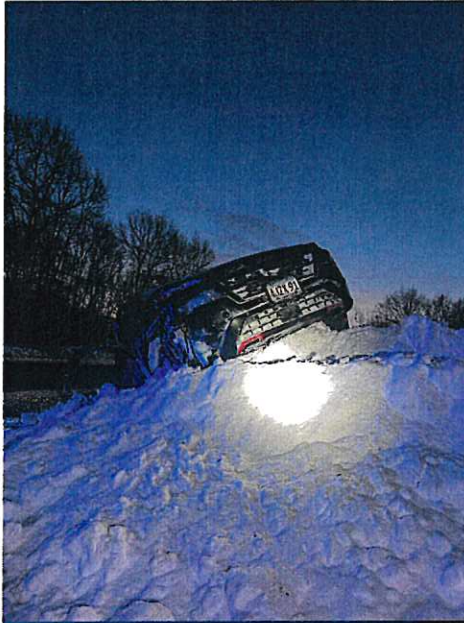
Department

Precinct/Barracks

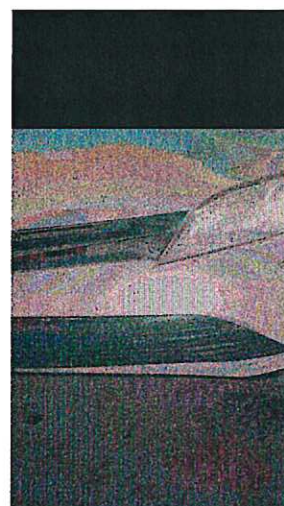
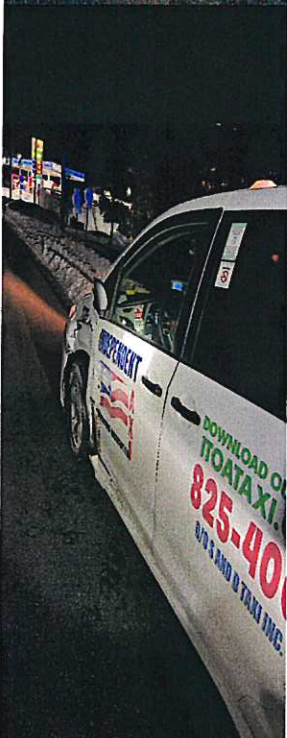
01/29/2026

Date

Wilmington Police Department
Images Associated with 26-35-AC

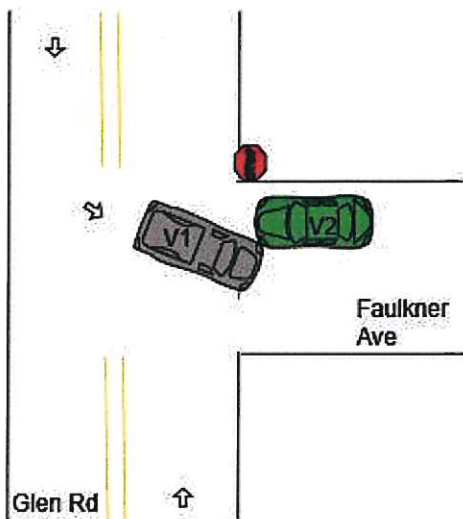


Wilmington Police Department
Images Associated with 26-35-AC



→ = 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 (V1) was traveling on Glen Rd and was attempting to turn left onto Faulkner Ave.

V1's operator stated that there was a truck in the oncoming lane that he was trying to turn before. V2 was stationary at the stop sign on Faulkner Ave. V1 took the turn to sharp and the front left collided with V2's front left. No airbags were deployed

V1 was towed by Cains Towing and V2 was towed by a private tow.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

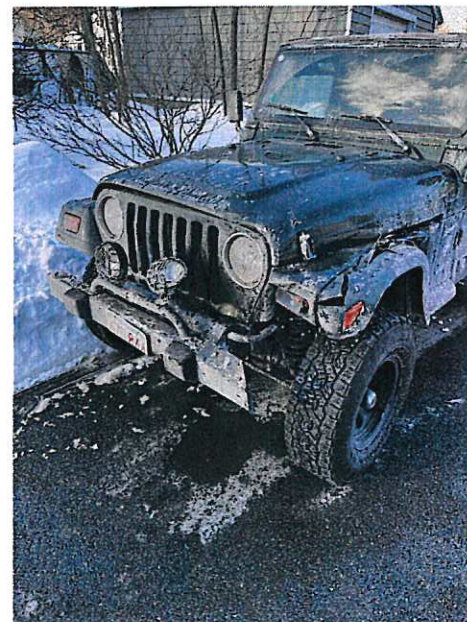
Department

Precinct/Barracks

01/29/2026

Date

Wilmington Police Department
Images Associated with 26-36-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2026	Time of Crash 2157 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-38-AC	
License # St DOB/Age			Reg # 8TR233		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016		Veh Make TOYOTA		Veh Config. 1 21			
Operator Last First Middle			Owner GLASER, TIMOTHY		Last First Middle					
Address:			Address 28 BURLINGTON AVE APT 1		Last First Middle					
City Zip			City WILMINGTON		State MA Zip 01887-3946					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 8 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 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 99 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License S DOB/Age			Reg # 865TD2		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023		Veh Make KIA		Veh Config. 1 21			
Operator MCHUGH, RACHEL ANN			Owner MCHUGH, SEAN		Last First Middle					
Address 39 14TH AVE			Address 39 14TH AVE		Last First Middle					
City HAVERHILL State MA Zip 01830-3232			City HAVERHILL		State MA Zip 01830-3232					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 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 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 99 4 0 0 10 1							

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

Crash Diagram:

Middlesex Ave

Driveway to 357 Middlesex Ave

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) was stationary at driveway exit from 357 Middlesex Ave attempting to take a left turn onto Middlesex Ave. Vehicle 2 (V2) was traveling eastbound on Middlesex Ave (Rt. 62). V1 stated that her view of eastbound traffic was limited due to high snow banks on the corner and she proceeded forward into the travel lane. As she did this, V2 was passing the driveway and the vehicle collided in the roadway. V1 sustained front end damage, and V2 sustained right side damage. As a result of the collision V2 continued forward and came to rest off to the right side of the roadway in a snowbank. V2 arranged for a private to tow them out. no airbags were deployed. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

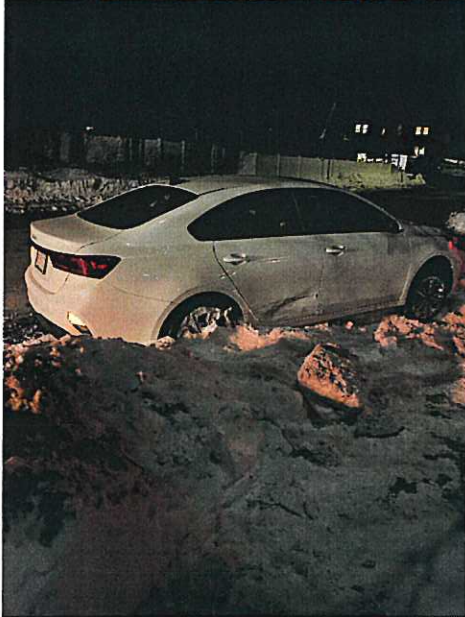
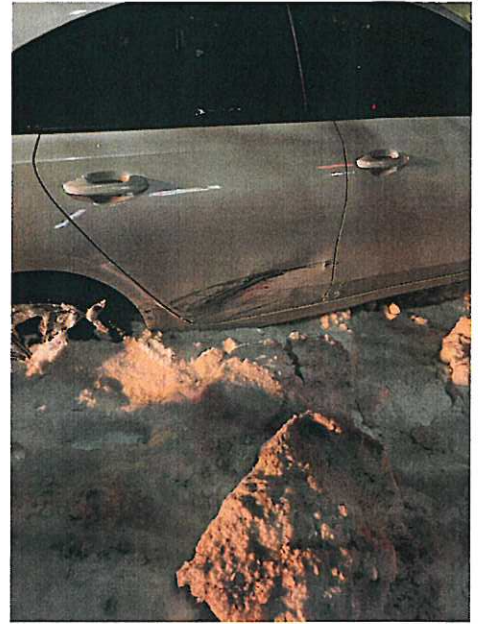
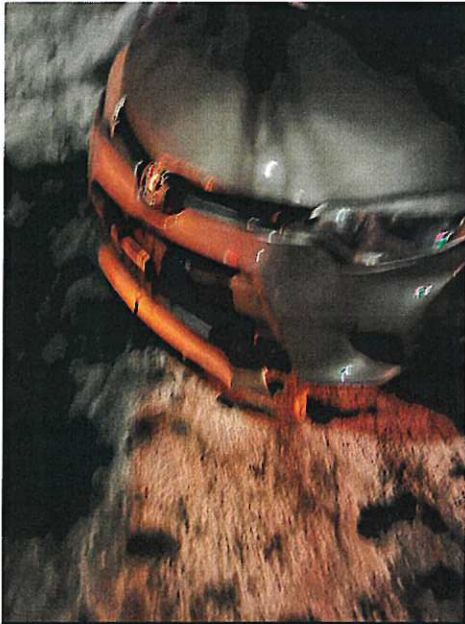
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 01/29/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-38-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number												
Date of Crash 01/30/2026	Time of Crash 1526 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# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																
At			Feet N S E W of . or Exit Number																
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																
Also at Intersection with			Feet N S E W of MR. TICKET																
Route# Direction Name of Intersecting Roadway/Street			Landmark																
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-39-AC										
License # St DOB/Age			Reg # 5WFT75		Reg Type PC		Reg State MA												
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016		Veh Make HYUNDAI		Veh Config. 1 21												
Operator MACHADO, FRANCISCO NOBRE I			Owner MACHADO, FRANCISCO NOBRE I																
Address 47 FERRY ST APT 3			Address 47 FERRY ST APT 3																
City EVERETT State MA Zip 02149-4999			City EVERETT State MA Zip 02149-4999																
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 4 27 27 27														
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28														
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29														
Viol. 1: Ch/Sec/Sub			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? 2 33														
Viol. 4: Ch/Sec/Sub																			
Please fill out for operator and all occupants involved																			
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility						
Operator		See Above				1	1	4	0	0	10	1							
Please Select One of the Following:										☒ Vehicle 2 #Occupants				☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # S DOB/Age										Reg # 5ERM23		Reg Type PC		Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement										Veh Year 2023		Veh Make KIA		Veh Config. 1 21					
Operator PERRY, SPENCER DANIEL										Owner PERRY, SPENCER DANIEL									
Address 160 PLEASANT ST APT 518										Address 160 PLEASANT ST APT 518									
City MALDEN State MA Zip 02148-4835										City MALDEN State MA Zip 02148-4835									
Insurance Company PROGRESSIVE DIRECT INSURA										Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: N S X W Responding to Emergency? 2										Event Sequence 1 23 23 23 23		Test Status: 1 28							
Citation # (If Issued)										Most Harmful Event 1 24		Type of Test: 29							
Viol. 1: Ch/Sec/Sub										Driver Contributing Code 5 25 19 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? 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	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:

V1 (Machado) and V2 (Perry) were both traveling straight on RT129E Lowell Street. V1 stopped for traffic in front of his car merging from West Street and was rear-ended by V2. V1 damaged on right rear bumper area. V2 damaged on left front bumper towards fender. No tow required. V2 (Perry) following to closely and or inattention to V1 sudden stop most probable cause of rear-end collision of V1 (Machado).

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

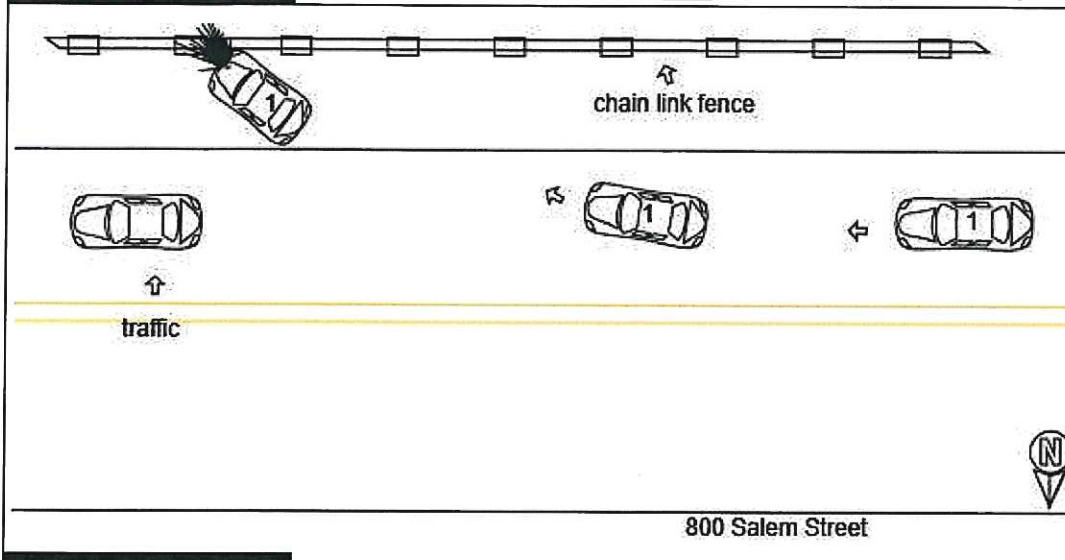
Patrol Officer Richard DiPerri 173 Wilmington Police Department 01/30/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/30/2026	Time of Crash 1554 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 40	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-40-AC	
License #			DOB/Age		Reg # 5GPF15		Reg Type PC		Reg State MA	
Sex F Lic. Class D 19 19			Lic. Restrictions 20		Veh Year 2011		Veh Make HYUNDAI		Veh Config. 1 21	
Operator YOGENDRA, ARCHANA					Owner KUMAR, YOGENDRA					
Address 104 LOWELL RD APT 212					Address 104 LOWELL RD APT 212					
City NORTH READING State MA Zip 01864-1676					City NORTH READING State MA Zip 01864-1676					
Insurance Company LIBERTY MUTUAL FIRE INSUR					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N S X W			Responding to Emergency? 2		Event Sequence 30 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 30 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 11 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 0	
Operator			See Above						Medical Facility	
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			St DOB/Age		Reg #		Reg Type		Reg State 21	
Sex Lic. Class 19 19			Lic. Restrictions 20		Veh Year		Veh Make		Veh Config.	
Operator					Owner					
Address					Address					
City State Zip					City State Zip					
Insurance Company					Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W			Responding to Emergency?		Event Sequence 23 23 23 23		Test Status: 28			
Citation # (If Issued)					Most Harmful Event 24		Type of Test: 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 25 25		BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		34 Seat Pos. 1	
Operator/Occupants			See Above						Medical Facility	

→ = 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 was traveling east on route 62 when it approached 800 Salem Street. Vehicle 1 encountered traffic up ahead and attempted to brake and found their vehicle to be sliding. To prevent an accident with another vehicle, the operator of vehicle 1 drove the vehicle off the road into a snow bank when it collided with a chain link fence before coming to a stop. the vehicle had to be towed from the scene as it was trapped in the snow.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SHEA CONCRETE PRODUCTS INC.	773 SALEM ST WILMINGTON MA 01887			CHAIN LINK FENCE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

01/30/2026

Police Officer Name (Please Print)

Signature

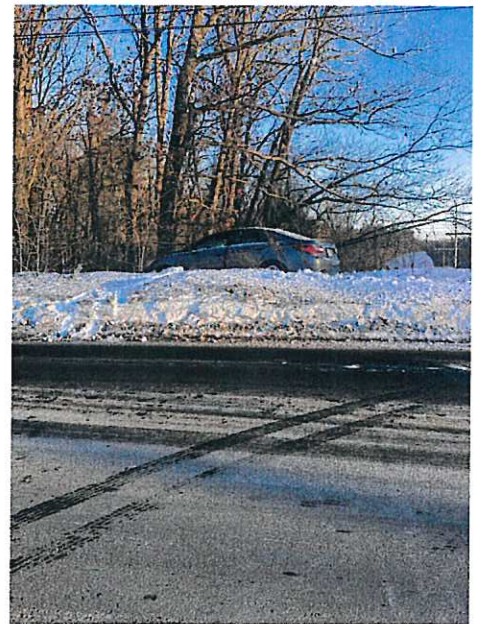
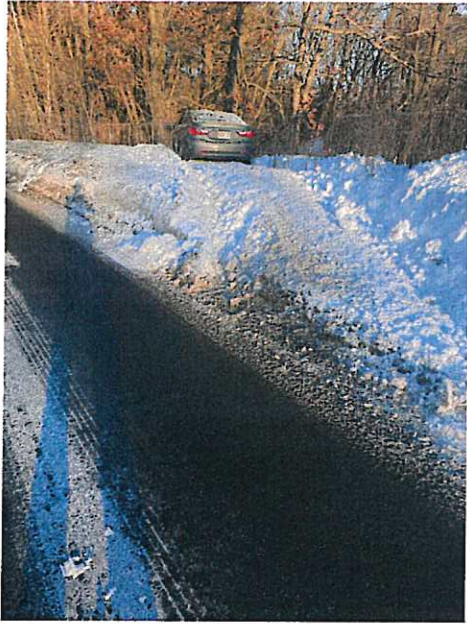
ID/Badge #

Department

Precinct/Barracks

Date

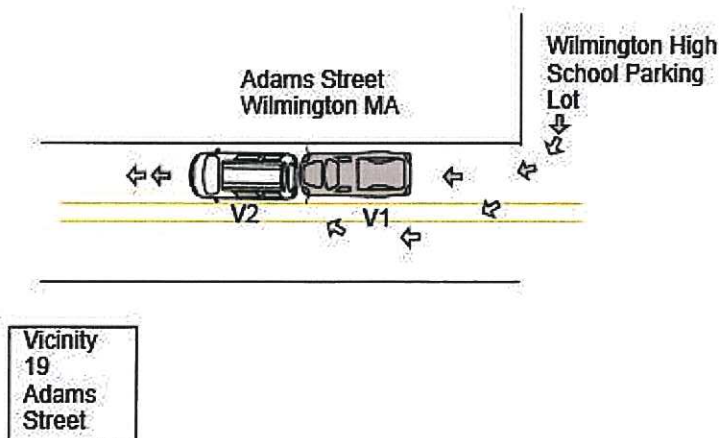
Wilmington Police Department
Images Associated with 26-40-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/30/2026	Time of Crash 2058 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:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		19 ADAMS ST					
At			Feet N S E W of		Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-41-AC	
License # St. DOB/Age.			Reg # V52623		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022		Veh Make CHEVROLET		Veh Config. 2 21			
Operator BANNISTER, GREGG JOSEPH			Owner ROAD HOUSE CONSTRUCTION LLC							
Address 10 MOORE ST			Address 77 ALEXANDER RD APT 11 S							
City WILMINGTON State MA Zip 01887-3734			City BILLERICA State MA Zip 01821-5065							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 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 99		4 0		0 10 1	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License : S JOB/Age			Reg # 2GND98		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018		Veh Make CHRYSLER		Veh Config. 2 21			
Operator LAMBERT, MARK T			Owner LAMBERT, PATRICIA ANNE							
Address 42 MARCIA RD			Address 42 MARCIA RD							
City WILMINGTON State MA Zip 01887-1465			City WILMINGTON State MA Zip 01887-1465							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 2 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 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 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



Crash Narrative:

Opr1 stated he was picking up his kid in the high school parking lot. He stated he was slowly driving through the lot. Opr1 stated opr2 started beeping at him and then started following him very closely. Opr1 stated he took a right out of the parking lot and opr2 went around him and slammed on his breaks. Opr1 stated opr2 "break checked" him causing him to crash into V2.

Opr2 stated the Opr1 was blocking him in when inside the parking lot. Opr2 stated Opr1 was driving so slow he did not know if he stopped. Opr2 stated he went around Opr1 due to Opr1 driving so slow or stopped. Then Opr1 slammed on his gas and crashed into the rear of V2. The crash occurred on Adams Street. Moderate damage to V1&V2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin

Police Officer Name (Please Print)

Signature

216

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

01/30/2026

Date

Wilmington Police Department
Images Associated with 26-41-AC

