

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/02/2026

Time of Crash
0911
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 30

Latitude

Longitude

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet N S E W of . or Exit Number

Feet N S E W of Mile Marker

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# 26-42-AC

License # St DOB/Age

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator BERGSON, HILLARY TRACY

Address 9 EVANS DR

City WILMINGTON State MA Zip 01887-1517

Insurance Company VERMONT MUTUAL INSURANCE

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

Citation # (If Issued)

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

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

Reg # 11MG38 Reg Type PC Reg State MA

Veh Year 2019 Veh Make NISSAN Veh Config. 1 21

Owner BERGSON, HILLARY TRACY

Address 9 EVANS DR

City WILMINGTON State MA Zip 01887-1517

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

☒ Vehicle 2 Occupants

☐ Hit/Run

☐ Moped

☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator RACKLIFF, COLBY CLINTON

Address 16 SCHOOL ST APT 1

City ANDOVER State MA Zip 01810-4038

Insurance Company GOVERNMENT EMPLOYEES INSU

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

Citation # (If Issued)

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

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

Reg # 3KVF91 Reg Type PC Reg State MA

Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21

Owner RACKLIFF, COLBY CLINTON

Address 16 SCHOOL ST APT 1

City ANDOVER State MA Zip 01810-4038

Vehicle Action Prior to Crash 3 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

Towed from scene? 2 33

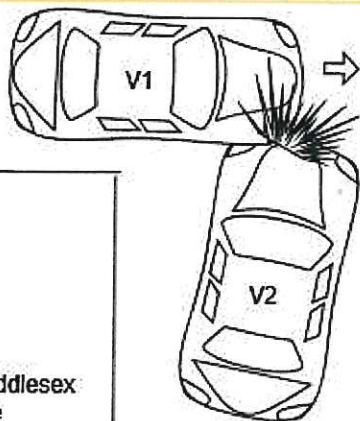
Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Middlesex Avenue



357 Middlesex Avenue

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 operated by Hillary Bergson was traveling straight on Middlesex Avenue. V2 operated by Colby Rackliff was pulling out of 357 Middlesex Avenue onto Middlesex Avenue. V2 began turning right onto Middlesex when it collided with V1 as it was traveling straight. V1 was inoperable and had significant damage to the passenger side front door of the vehicle. V1 was inoperable and required a tow. V2 was operable and was driven from the scene with significant damage to the front of the vehicle including the loss of the front bumper.

No airbags were deployed.

A&S Towing towed V1 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 Justin T Crowley

Police Officer Name (Please Print)

Signature

240

ID/Badge #

Wilmington Police Department

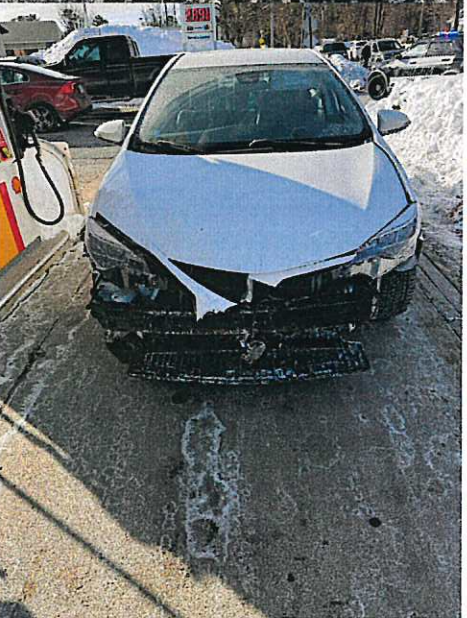
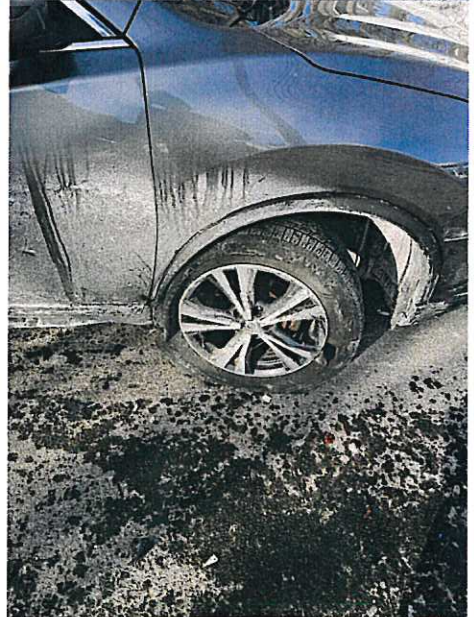
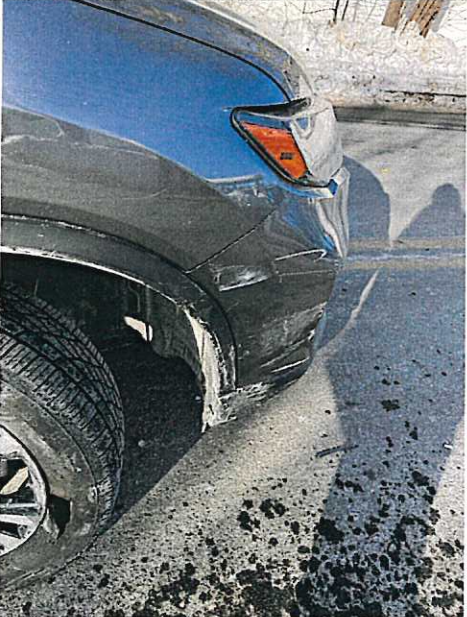
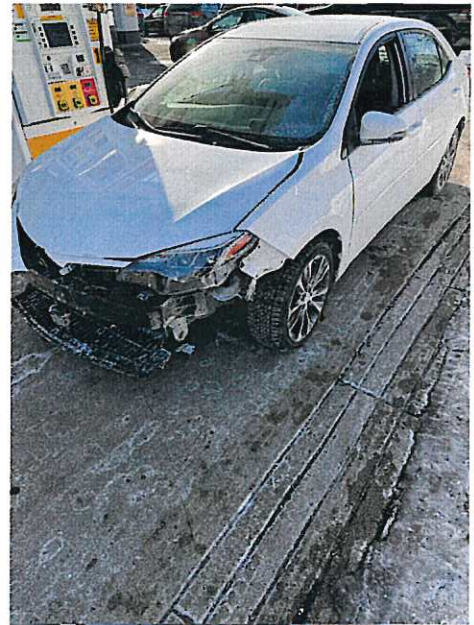
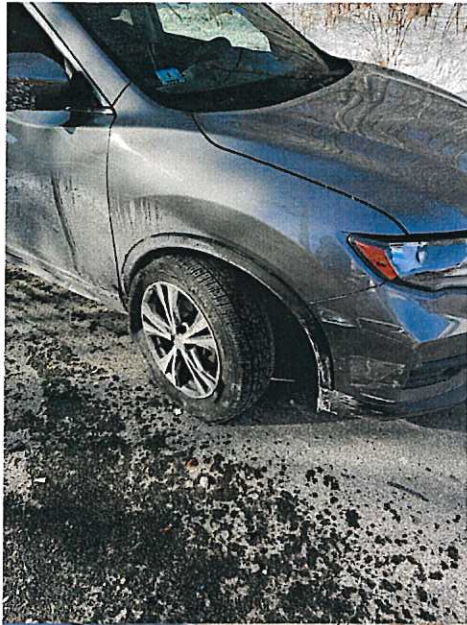
Department

Precinct/Barracks

02/02/2026

Date

Wilmington Police Department
Images Associated with 26-42-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																															
Date of Crash 02/02/2026	Time of Crash 1254 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police ☐	Local Police ☒	MBTA Police ☐	Campus Police ☐	Other ☐																						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																															
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			181 BALLARDVALE ST																																
At			Feet N S E W of			or Mile Marker Exit Number																																
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			Feet N S E W of																																
Also at Intersection with			Route# Direction Address # Name of Roadway/Street			Feet N S E W of																																
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street			Landmark																																
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-43-AC																										
License #			DOB/Age			Reg # 52380Z			Reg Type AP			Reg State WI																										
Sex M Lic. Class C B			Lic. Restrictions 1			CDL			Veh Year 2021			Veh Make Peterbilt			Veh Config. 10																							
Operator METTILE, JAMES HAROLD			Owner EARL L BONSACK INC																																			
Address 2124 ONALASKA AVE			Address 402 SKY HARBOUR DR																																			
City LA CROSSE State WI Zip 54603-2057			City LA CROSSE State WI Zip 54603-344																																			
Insurance Company WEST BEND INSURANCE COMPA			Vehicle Action Prior to Crash 1			Damaged Area Code: 8			27			27			27																							
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1			23			23			23																							
Citation # (If Issued)			Most Harmful Event 1			24			Type of Test: 0			29			BAC Test Result: 1			30																				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1			25			25			Susp. Alcohol: 2			31																				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0			26			26			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			X			X			1			1			4			0			0			10			1								
Please Select One of the Following:			☒ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User			Complete the Vulnerable User section.																							
License #			DOB/Age			Reg # 5HMX69			Reg Type PC			Reg State MA																										
Sex F Lic. Class D			Lic. Restrictions 1			CDL			Veh Year 2023			Veh Make TOYOTA			Veh Config. 1																							
Operator GUARRIELLO, RACHEL KATHERINE			Owner GUARRIELLO, RACHEL KATHERINE																																			
Address 8 BROOK ST			Address 8 BROOK ST																																			
City METHUEN State MA Zip 01844-5002			City METHUEN State MA Zip 01844-5002																																			
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 5			Damaged Area Code: 3			27			27			27																							
Vehicle Travel Direction: N X E W			Responding to Emergency? 2			Event Sequence 1			23			23			23																							
Citation # (If Issued)			Most Harmful Event 1			24			Type of Test: 0			29			BAC Test Result: 1			30																				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 97			25			25			Susp. Alcohol: 2			31																				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Driver Distracted by 0			26			26			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			X			X			1			1			4			0			0			10			1								

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

Crash Diagram:

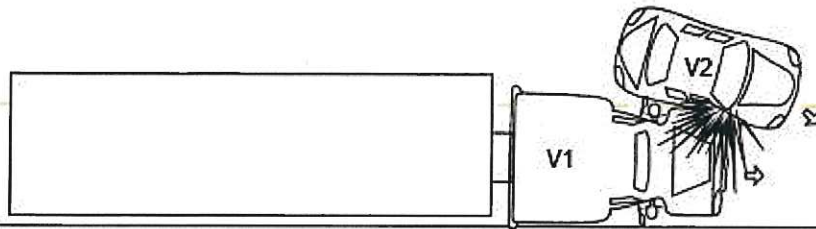
ie: → 1 → 2 → ○ → ○

Ballardvale Street

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1, operated by James Mettille, was traveling straight on Ballardvale Street headed towards the intersection of Ballardvale Street and Route 125. V1 was in the right-most travel lane of Ballardvale Street. V2, operated by Rachel Guarriello, was traveling straight on Ballardvale in the left-most travel lane. V2 began turning into the right travel lane. V2 turned straight into V1 as it was traveling straight, resulting in V2 being turned onto its side in front of V1. V1 had minor scratches and damage to the front driver's side bumper and V2 has significant damage to the right passenger side on the vehicle. Both vehicles were operable and 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 # **52380Z** (From Vehicle Section)

Carrier Name **Earl Bonsack Inc**

Bus Use **0** ⁴²

Address **402 SKY HARBOUR DR**

City **LA CROSSE**

St **WI**

Zip **54603**

US DOT #: **46310**

State Number

Issuing State **WI**

MC/MX/ICC #:

Interstate **0** ⁴³

Cargo Body Type Code **0** 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 Justin T Crowley

240

Wilmington Police Department

02/02/2026

Police Officer Name (Please Print)

Signature

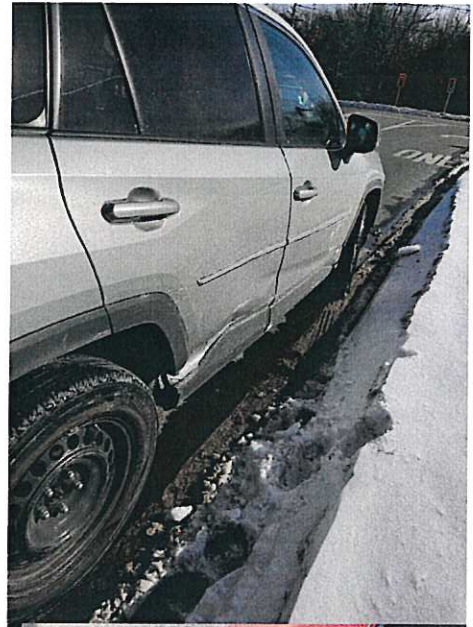
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-43-AC

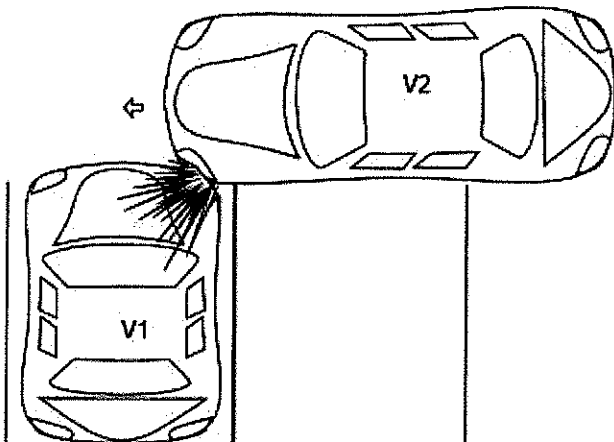


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 02/03/2026		Time of Crash 1201 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2		Number Injured 0		Speed Limit Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At						Feet N S E W of or Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
Also at Intersection with						Feet N S E W of Landmark											
Route# Direction Name of Intersecting Roadway/Street																	
Please Select One of the Following:						☒ Vehicle 10 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-44-AC					
License # St DOB/Age						Reg # DR4422 Reg Type PC Reg State MA				Veh Year 2024 Veh Make AUDI Veh Config. 1 21							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Owner BUCKNAM, KYLE AARON				Address 58 MILL ST APT 8							
Operator Driverless M.V.						City WOBURN State MA Zip 01801-2749				Vehicle Action Prior to Crash 11 22							
Address						Event Sequence 2 23 23 23 23				Damaged Area Code: 2 27 27 27							
City State Zip						Most Harmful Event 1 24				Test Status: 1 28							
Insurance Company USAA CASUALTY INSURANCE C						Driver Contributing Code 1 25 25				Type of Test: 0 29							
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Driver Distracted by 0 26 26				BAC Test Result: 1 30							
Citation # (If Issued)						Towed from scene? 2 33				Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility																	
Operator See Above																	
Please Select One of the Following:						☐ Vehicle 21 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age						Reg # unknown Reg Type Reg State				Veh Year Veh Make Veh Config. 21							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Owner				Address							
Operator unknown						City State Zip				Vehicle Action Prior to Crash 99 22							
Address						Event Sequence 2 23 23 23 23				Damaged Area Code: 99 27 27 27							
City State Zip						Most Harmful Event 2 24				Test Status: 1 28							
Insurance Company						Driver Contributing Code 99 25 25				Type of Test: 0 29							
Vehicle Travel Direction: N S E W Responding to Emergency?						Driver Distracted by 99 26 26				BAC Test Result: 1 30							
Citation # (If Issued)						Towed from scene? 2 33				Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility																	
Operator/Occupants See Above																	

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

Crash Diagram:

253 Main Street Starbucks Parking Lot



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was parked in front of 253 Main Street in the parking spot closest to the exit. Between 10:30am and 12:00pm, V1 was hit by V2 on the front passenger side bumper. The damage looks to be surface scratches. V2 fled the scene of the damage. Both the vehicle and operator are unknown. V1 was operable and drivable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Justin T Crowley

240

Wilmington Police Department

02/03/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-44-AC

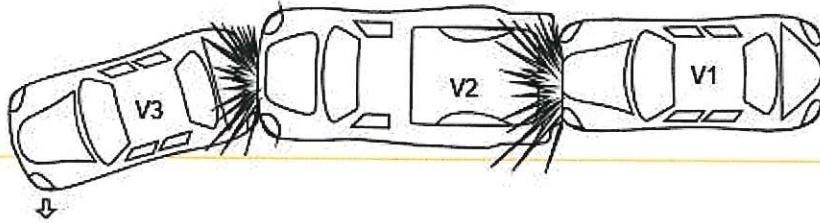


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2026	Time of Crash 1414 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			Route# Direction Name of Roadway/Street		2 10					
Route# Direction Name of Intersecting Roadway/Street			At		Route# Direction Address # Name of Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street			Also at Intersection with		Feet N S E W of Mile Marker Exit Number					
2 1			Route# Direction Name of Intersecting Roadway/Street		8 11					
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Landmark					
3			Please Select One of the Following:		Crash Report ID# 26-45-AC					
License # S DOB/Age			Reg # 2NN711 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make AUDI Veh Config 1 21		1 12					
Operator SHPYRKO, IGOR GRIGORY			Owner SHPYRKO, IGOR GRIGORY		1 12					
4 1			Address 10 SILVERLAKE AVE		Address 10 SILVERLAKE AVE					
City WILMINGTON State MA Zip 01887-3741			City WILMINGTON State MA Zip 01887-3741		1 12					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
5			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		Type of Test: 1 28					
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					
6 1			Please fill out for operator and all occupants involved		1 13					
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator			See Above		1 1 3 0 0 10 0					
7 1			Please Select One of the Following:		Complete the Vulnerable User section.					
License # St DOB/Age			Reg # 5END57 Reg Type PC Reg State MA		1 14					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make FORD Veh Config 2 21		1 14					
Operator ONEILL, SHANE DANIEL			Owner ONEILL, KRYSTA LEE		1 14					
8 1			Address 405 ANDOVER ST		Address 405 ANDOVER ST					
City WILMINGTON State MA Zip 01887-1008			City WILMINGTON State MA Zip 01887-1008		1 14					
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 5 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					
9 2			Please fill out for operator and all occupants involved		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 0					
					4 99 1 4 0 0 10 0					
					M 99 1 4 0 0 10 0					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2026	Time of Crash 1414 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			2 10				
At			Feet N S E W of or Mile Marker Exit Number			8 11				
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
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 3 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-45-AC	
License # St DOB/Age			Reg # 5SHN14		Reg Type PC		Reg State MA		1 12	
Sex Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2009		Veh Make TOYOTA		Veh Config. 1 21		1 12	
Operator			Owner MAININI, JASON JOHN		Last First Middle					
Address			Address 159 LAKE ST		Last First Middle					
City Sta Zip			City WILMINGTON		State MA Zip 01887-1622					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 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: 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				1 13	
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 0					
Please Select One of the Following:			☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner		Last First Middle					
Address			Address		Last First Middle					
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		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 0					

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

Crash Diagram:



Lake Street

159 Lake 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:

V1, operated by Igor Shpyrko, was traveling straight behind V2 on Lake Street. V2, operated by Shane O'Neill, was traveling straight behind V3 and in front of V1 on Lake Street. V3, was turning left into 159 Lake Street. While V3 was turning, V2 struck V3 in the rear of the vehicle, shattering the back windshield and leaving significant damage to the rear bumper. V2 was then struck from behind by V1 who was unable to brake in time and hit the rear bumper of V2. V1's airbag deployed from the front and sides of the vehicle. V2 had two passengers

V1 was inoperable and towed from the scene by Cain's. V2 and V3 were operable and 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 Justin T Crowley

240

Wilmington Police Department

02/03/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-45-AC

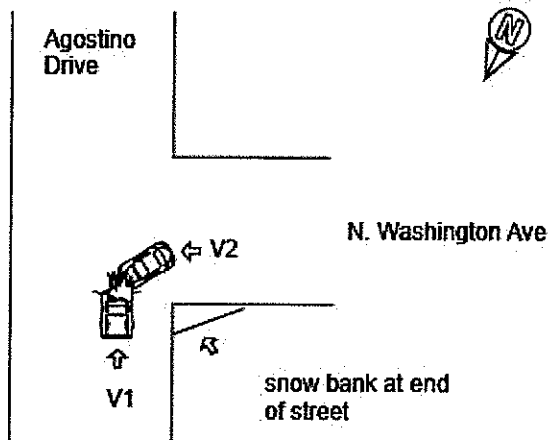


Wilmington Police Department
Images Associated with 26-45-AC



→ = 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:

V1 (MA-6ZZV29) was traveling straight on Agostino Drive approaching side street intersection of N. Washington Ave. V2 (MA-434MJ2) had stopped near the top of N. Washington Ave, and attempted left hand turn in front of V1 and collision occurred. V2 Opr. (Johnson) claimed he began turn & stopped seeing V1 (going fast) just prior to collision. Snow bank from recent snow storm may have partially obstructed the view of V2 from the angle V2 exited in relation to where collision occurred. When asked, Opr Johnson was not sure, but did say he re-checked snowbank to re-assess view indicating it was possible factor. V1 Opr (Serna-Marco) stated V2 tried to make left turn in front of him at the intersection as he traveled straight (ROW). V1 damaged along center front bumper. V2 damaged on left front bumper and left fender. V2 fail to grant right of way w/suspected partially obstructed view most probable factor in collision.

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

02/04/2026

Police Officer Name (Please Print)

Signature

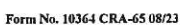
ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/06/2026	Time of Crash 1649 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____							
Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of _____							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following:			☒ Vehicle 13 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 26-47-AC
License # _____ St _____ DOB/Age _____			Reg # BREEZ3			Reg Type PC		Reg State NH		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____			Veh Year 2021			Veh Make CHEVROLET		Veh Config. 1 21		
Operator RICH, BRIANNA MARY			Owner RICH, BRIANNA MARY							
Address 7 JUDITH LN			Address 7 JUDITH LN							
City DERRY State NH Zip 030384930			City DERRY State NH Zip 030384930							
Insurance Company SAFECO			Vehicle Action Prior to Crash 2 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 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 See Above			1 1 4 0 0 10 0							
			F 4 4 4 0 0 10 0							
			F 3 1 4 0 0 10 0							
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.
License # _____ St _____ DOB/Age _____			Reg # 5WWD15			Reg Type PC		Reg State MA		
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____			Veh Year 2014			Veh Make Jeep		Veh Config. 1 21		
Operator WING, VICTORIA			Owner WING, RENEE BAKER							
Address 315 ESSEX ST			Address 315 ESSEX ST							
City LYNNFIELD State MA Zip 01940			City LYNNFIELD State MA Zip 01940-1289							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 6 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: 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 0							



Wilmington Police Department
Images Associated with 26-47-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/06/2026	Time of Crash 2048 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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			18 HOPKINS 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:			Crash Report ID# 26-48-AC					
License # St DOB/Age			Reg # 5WR617 Reg Type PC Reg State MA			Veh Year 2023 Veh Make FORD Veh Config. 1 21					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make FORD Veh Config. 1 21			Owner SULLIVAN, DANIELLE C					
Operator SULLIVAN, DANIELLE C			Address 14 CONNOLLY RD			City BILLERICA State MA Zip 01821-5036					
City BILLERICA State MA Zip 01821-5036			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 27 27					
Insurance Company THE COMMERCE INSURANCE CO			Event Sequence 12 23 23 23 23			Test Status: 1 28					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Most Harmful Event 12 24			Type of Test: 29					
Citation # (If Issued)			Driver Contributing Code 1 25 25			BAC Test Result: 30					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33			11 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			1 1 4 0 0 10 1					
Please Select One of the Following:			Vehicle 2 #Occupants Hit/Run Moped			Vulnerable User Complete the Vulnerable User section.					
License # St DOB/Age			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 21					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21			Owner					
Operator			Address			City State Zip					
City State Zip			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27					
Insurance Company			Event Sequence 23 23 23 23			Test Status: 28					
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24			Type of Test: 29					
Citation # (If Issued)			Driver Contributing Code 25 25			BAC Test Result: 30					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 33			14					
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					

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type	Action		Location		
		12 VU1	2 VU2		8 VU3		

VU: IRIZARRY, FRANK
Last First Middle
 Address 6302 POULIOT PL
 City WILMINGTON State MA Zip 01887-6219

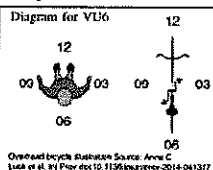
Primary Injury Area: 9 VU7

License # _____ St _____ DOB/Age _____

Traffic Control Device 0 VU4

Origin/Destination 99 VU5

Contact Point: 09 VU6



Event Sequence 6 VU8 19 VU8 VU8 VU8
 Contributing Code 14 VU9 VU9
 Distracted by 1 VU10 VU10

Test Status: 1 VU11

Type of Test: 0 VU12

BAC Test Result: 1 VU13

Susp. Alcohol: 2 VU14

Susp. Drug: 2 VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	8	10	0	0	10	1	

Vulnerable User		Type	Action		Location		
		VU1	VU2		VU3		

VU: _____
Last First Middle
 Address _____
 City _____ State _____ Zip _____

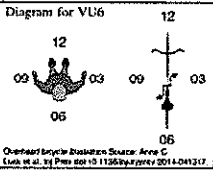
Primary Injury Area: VU7

License # _____ St _____ DOB/Age _____

Traffic Control Device VU4

Origin/Destination VU5

Contact Point: VU6



Event Sequence VU8 VU8 VU8 VU8
 Contributing Code VU9 VU9
 Distracted by VU10 VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User		Type	Action		Location		
		VU1	VU2		VU3		

VU: _____
Last First Middle
 Address _____
 City _____ State _____ Zip _____

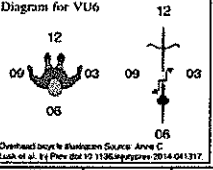
Primary Injury Area: VU7

License # _____ St _____ DOB/Age _____

Traffic Control Device VU4

Origin/Destination VU5

Contact Point: VU6



Event Sequence VU8 VU8 VU8 VU8
 Contributing Code VU9 VU9
 Distracted by VU10 VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

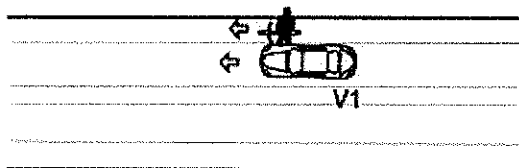
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

18 Hopkins Street
Wilmington MA



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle was traveling south on Hopkins Street. Motorized scooter was also traveling south on Hopkins Street. Vehicle operator stated the scooter operator rode into her vehicle causing damage to the passenger side of her vehicle, side window, and breaking off the right sideview mirror. She also had multiple scratches on her passenger side but she was not confident if they were new or old. See attached images.

Operator of the black "NIU" motorized scooter stated he was riding on the inside of the fog line and the vehicle approached him from the rear and struck him

Operator of the motorized scooter stated he was traveling at approximately 7-10MPH (medium speed) at the time of the crash and the scooter has a max speed of approx 17 MPH.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin

216

Wilmington Police Department

02/06/2026

Police Officer Name (Please Print)

Signature

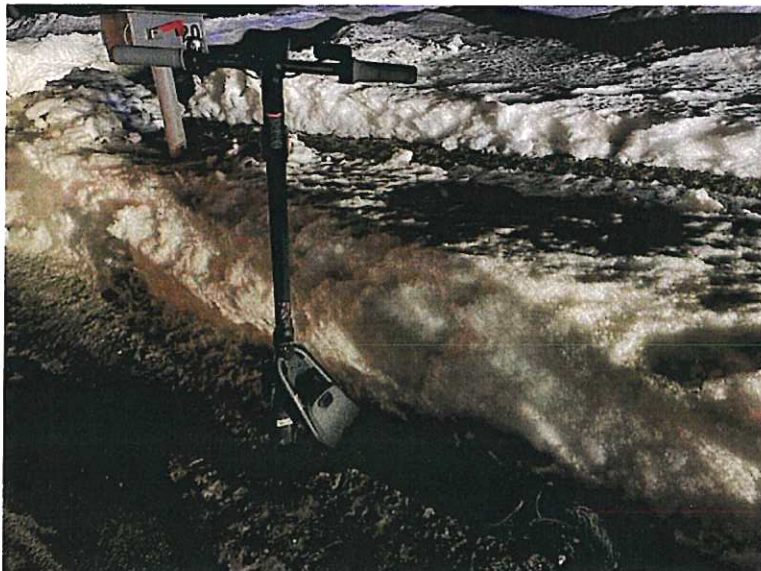
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-48-AC

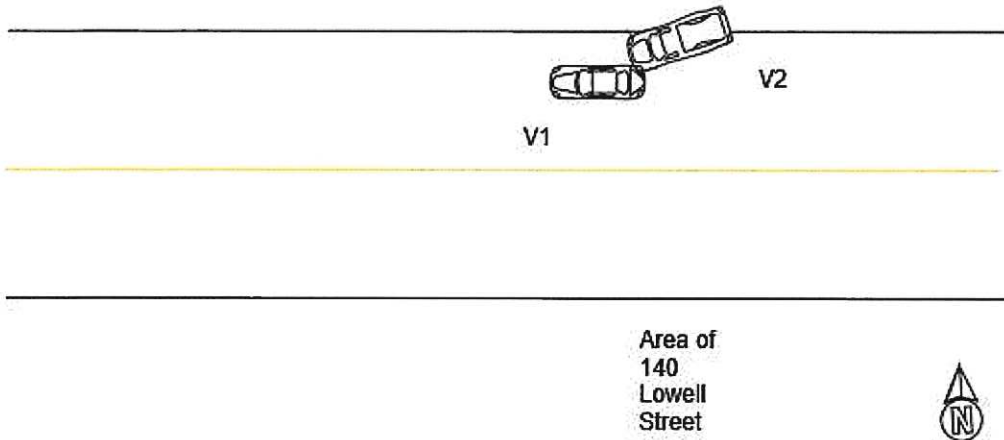


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/07/2026	Time of Crash 1037 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10							
At			140 LOWELL ST				8 11							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number											
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-49-AC		
License # S DOB/Age			Reg # 5JJR71			Reg Type PC			Reg State MA			1 12		
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2016			Veh Make FORD			Veh Config. 1			21		
Operator TALTY, JORDAN ELIZABETH			Owner TALTY, JORDAN ELIZABETH											
Address 530 SUMMER AVE			Address 530 SUMMER AVE											
City READING State MA Zip 01867-4032			City READING State MA Zip 01867-4032											
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 4 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: 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			1			1			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 # St DOB/Age			Reg # unknown			Reg Type			Reg State			21		
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config.					
Operator unknown			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. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility		
Operator/Occupants			See Above			1								

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



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:

I responded to a report of a potential hit and run in the area of Lowell St and Dartmouth Ave. Dispatch informed me that the reporting party stated the other vehicle involved left the scene and was a black Chevy pick up truck with a plow. I checked from Woburn St at Wildwood St until I arrived to the reporting parties location and did not locate the vehicle. Officer Halliday (Cruiser 32) also checked the area with negative results. While speaking with the reporting party (Op1) she stated she was driving (West) on Lowell St and in the area of 140 Lowell St a plow truck that was on the side of the road pulled out into the roadway as she was about to pass the vehicle and struck her on the rear right of her vehicle. Op1 stated the truck that did a three point turn and continued east on Lowell St and she was not sure if the other OP knew if he hit her vehicle. There was minor damage to the right rear of V1. Op1 her vehicle was in driveable condition.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/07/2026

Date

Wilmington Police Department
Images Associated with 26-49-AC

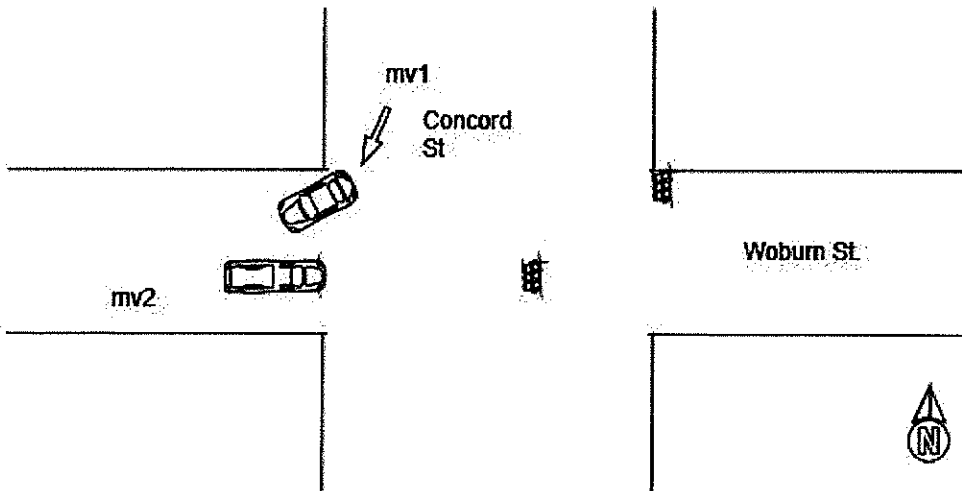


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2026	Time of Crash 1327 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet ☐ N ☐ S ☐ E ☐ W of _____ or _____ ____ Feet ☐ N ☐ S ☐ E ☐ W of _____ Mile Marker _____ Exit Number _____ ____ Feet ☐ N ☐ S ☐ E ☐ W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet ☐ N ☐ S ☐ E ☐ W of _____ Landmark _____							
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# 26-50-AC							
License # _____ S _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>PABLA, JESSICA KAUR</u> Address <u>22 ALLGROVE LN</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>137GP9</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SINGH, BALJIT</u> Address <u>22 ALLGROVE LN</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2156</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>11</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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 <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>WHITE, COLIN DAVID</u> Address <u>203 LOWELL ST APT 214</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2982</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: ☐ N ☐ S ☒ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # <u>5FTV96</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2025</u> Veh Make <u>GMC</u> Veh Config. <u>1</u> <u>21</u> Owner <u>WHITE, COLIN DAVID</u> Address <u>203 LOWELL ST APT 214</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2982</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
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 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Mv2 stopped on Woburn St. travelling eastbound waiting for green traffic signal. Mv1 travelling on Concord St. southbound, turning westbound on Woburn St. Mv1 lost control of vehicle crashing into stationary Mv2 facing eastbound on Woburn St.

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

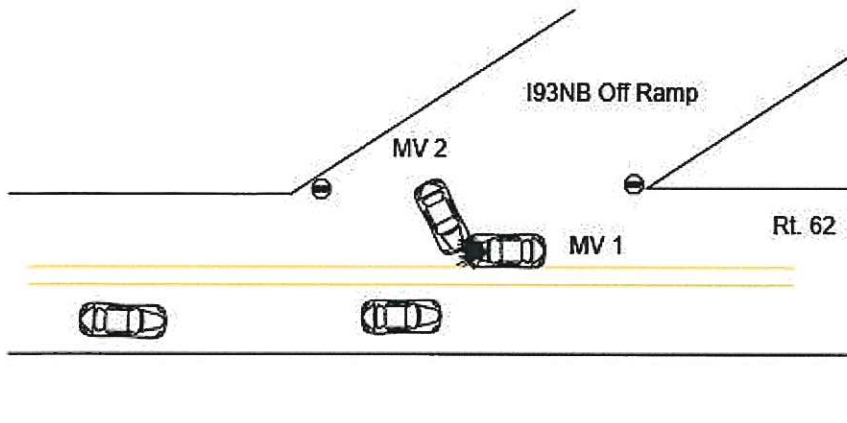
Detective Ronald J Alpers Jr 163 Wilmington Police Department 02/07/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/07/2026	Time of Crash 1330 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 40	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 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					Landmark								
Route# Direction Name of Intersecting Roadway/Street													
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped					Crash Report ID# 26-51-AC								
License # St DOB/Age					Reg # 3PVD61 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement					Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 2 21								
Operator BURKE, TYLER J					Owner BURKE, TYLER J								
Address 7 CHURCH ST					Address 7 CHURCH ST								
City WOBURN State MA Zip 01801-3024					City WOBURN State MA Zip 01801-3024								
Insurance Company PROGRESSIVE DIRECT INSURA					Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 8 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 Viol. 2: Ch/Sec/Sub					BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Driver Distracted by 0 26 26					Towed from scene? 1 33								
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		X	X	1	1	4	0	0	10	0	
					M	4	1	4	0	0	8	0	
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.													
License # St DOB/Age					Reg # 3FGS76 Reg Type PC Reg State MA								
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement					Veh Year 2022 Veh Make TOYOTA Veh Config. 2 21								
Operator NADILE, SUSAN LORRAINE					Owner NADILE, SUSAN LORRAINE								
Address 34 MARSHALL AVE					Address 34 MARSHALL AVE								
City MALDEN State MA Zip 02148-1844					City MALDEN State MA Zip 02148-1844								
Insurance Company GREEN MOUNTAIN INSURANCE					Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 8 27 2 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					BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Driver Distracted by 0 26 26					Towed from scene? 1 33								
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above		X	X	1	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:

MV 1 stated he was traveling eastbound on Rt. 62 when MV 2 pulled out of the I93NB off ramp to turn left onto Rt. 62. MV 1 stated that there were too many vehicles traveling westbound on Rt. 62 so MV 2 could not turn all the way onto Rt. 62 causing MV 1 to crash into MV 2. MV 1 sustained front center, front left, and front right damage.

MV 1 was towed by A&S.

MV 2 stated she was trying to merge onto Rt. 62 from the I93NB off ramp but there were too many vehicles traveling on the westbound side of the road for her to merge onto Rt. 62. The operator said she was pulled all the way out into the middle of Rt. 62 when she was hit by MV 1. MV 2 sustained front center, left, and right damage.

The vehicle 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

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

223

Wilmington Police Department

02/07/2026

Police Officer Name (Please Print)

Signature

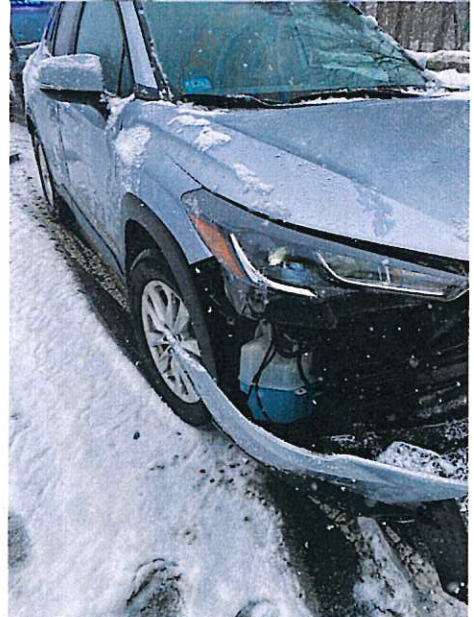
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-51-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2026	Time of Crash 1402 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			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			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-52-AC	
License # St DOB/Age			Reg # 7XP942		Reg Type PC		Reg State MA			
Sex F Lic. Class C 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make GMC		Veh Config. 1 21			
Operator KOZLOWSKI, LISA LORRAINE			Owner KOZLOWSKI, LISA LORRAINE							
Address 74 VALLEY RD			Address 74 VALLEY RD							
City TEWKSBURY State MA Zip 01876-3182			City TEWKSBURY State MA Zip 01876-3182							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved			Driver Distracted by 0 26 26		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										
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # W97198		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2022		Veh Make FORD		Veh Config. 2 21			
Operator DECIMUS, JOSUE			Owner AMAZON LOGISTICS INC							
Address 2 FOSDICK TER APT 301			Address 410 TERRY N AVE							
City LYNN State MA Zip 01902-4575			City SEATTLE State WA Zip 98109-5210							
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 10 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: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved			Driver Distracted by 0 26 26		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										

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

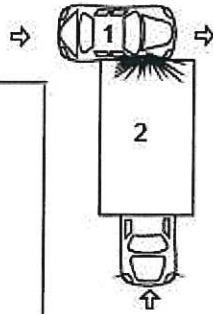
Crash Diagram:

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 02/07/26 car 2 while reversing, crashed its rear into car 1's side. Car 1 was travelling straight southbound on Middlesex Ave and sustained right side 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 Dillon Halliday

205

Wilmington Police Department

02/07/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2026	Time of Crash 2014 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 BEECHING AVE Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				
At			Feet N S E W of			Feet N S E W of				
Route# Direction FAULKNER AVE Name of Intersecting Roadway/Street			Mile Marker			Exit Number				
Also at Intersection with			Feet N S E W of			Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark				
Please Select One of the Following: ☒ Vehicle 14 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-53-AC							
License # S DOB/Age			Reg # 2PV545 Reg Type PC Reg State MA			12				
Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21			1				
Operator Last First Middle			Owner BIJU, ANNAMMA Last First Middle			1				
Address			Address 9 FAIRFIELD RD			1				
City State Zip			City WILMINGTON State MA Zip 01887-1707			1				
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 3 27 27 27				
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2			Event Sequence 1 23 41 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? 1 33			1				
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 2 0 0 10 1							
			M 4 1 2 0 0 10 1							
			M 5 1 2 0 0 10 1							
SEAN O'BRIEN 24 OAKDALE RD WILMINGTON, MA 01887-4016			M 3 1 2 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # M96298 Reg Type CI Reg State MA			14				
Sex M Lic. Class B 19 19 Lic. Restrictions E 20 CDL N Endorsement			Veh Year 2017 Veh Make Other-not listed Veh Config. 8 21			8				
Operator NAIMO, ANTHONY MICHEL Last First Middle			Owner WILMINGTON TOWN OF TOWN HALL Last First Middle			8				
Address 18 MARIE DR			Address 121 GLEN RD			8				
City WILMINGTON State MA Zip 01887-1461			City WILMINGTON State MA Zip 01887-3500			4				
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27				
Vehicle Travel Direction: ☐ N S E ☒ 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			2				
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 → ○ → ○

Beeching Ave

Faulkner 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:

On Saturday 2/6/26, I, Ofc. Parsons #236 responded to Faulkner Ave. @ Beeching Ave. for report of a mv crash. Upon my arrival, I was told mv#1 was driving northbound on Faulkner Ave. while mv#2 was driving westbound on Beeching Ave. OP#1 reported that the OP#2 did not stop at the stop sign, and entered the intersection, causing the crash. OP#2 reported that after stopping at the sign, he began to proceed through the intersection, not seeing mv#1. By the time OP#2 saw mv#1, OP#2 said he could not brake in time, resulting in the crash. MV#1 was pushed off the road and into a snow bank. MV#1 was towed by A&S Towing, and scene was photographed by Det. Ceruolo.

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 # **M96298** (From Vehicle Section)

Carrier Name _____ Bus Use 0 ⁴²

Address _____ City _____ St _____ Zip _____

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

Interstate 3 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 Dale H Parsons

236

Wilmington Police Department

02/07/2026

Police Officer Name (Please Print)

Signature

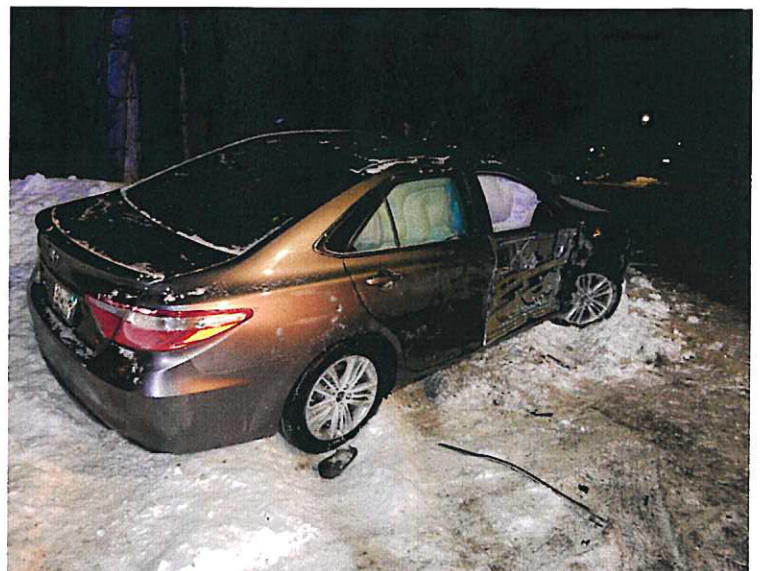
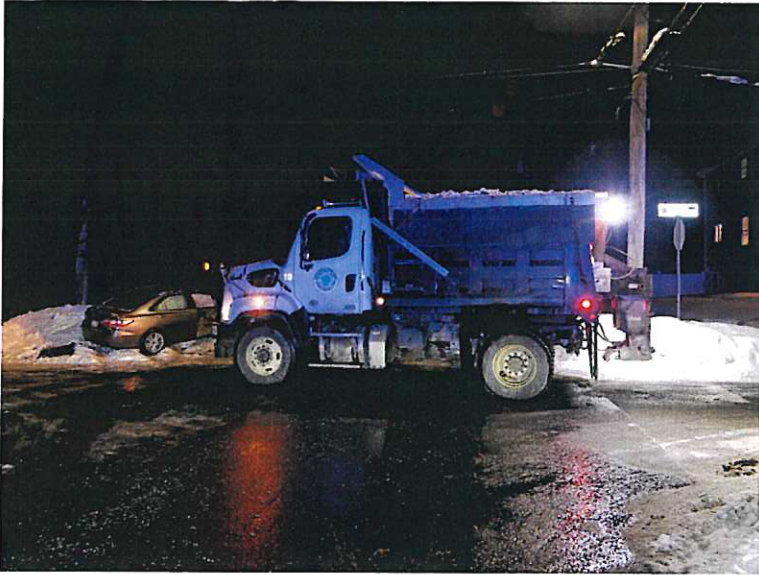
ID/Badge #

Department

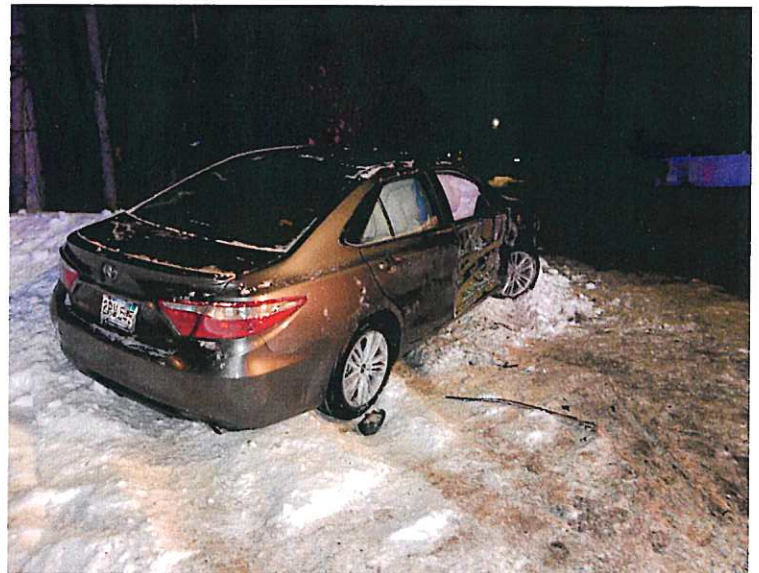
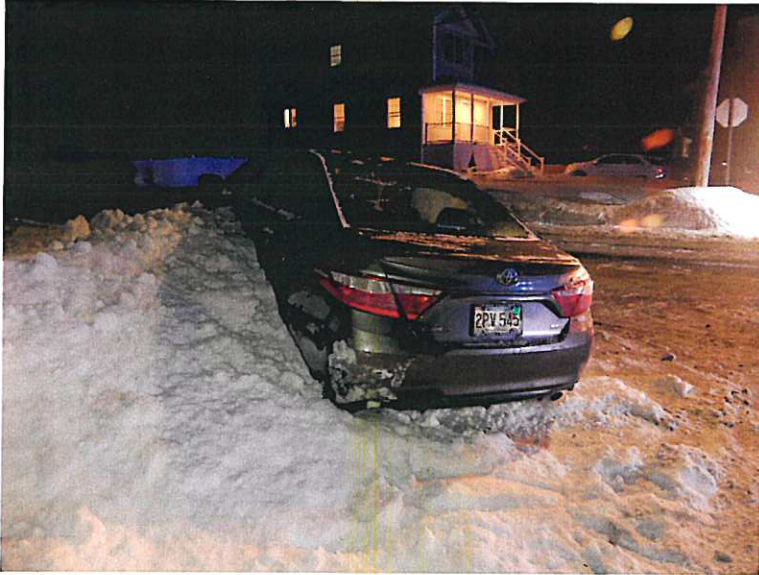
Precinct/Barracks

Date

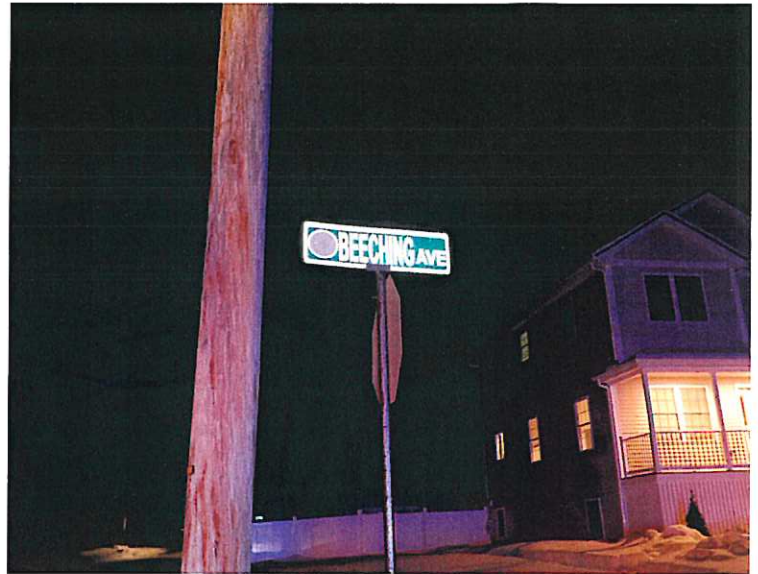
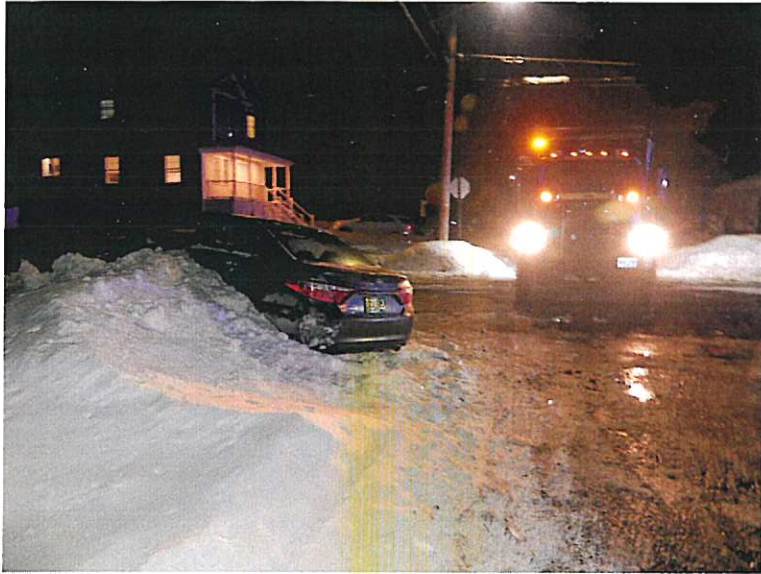
Wilmington Police Department
Images Associated with 26-53-AC



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Wilmington Police Department
Images Associated with 26-53-AC

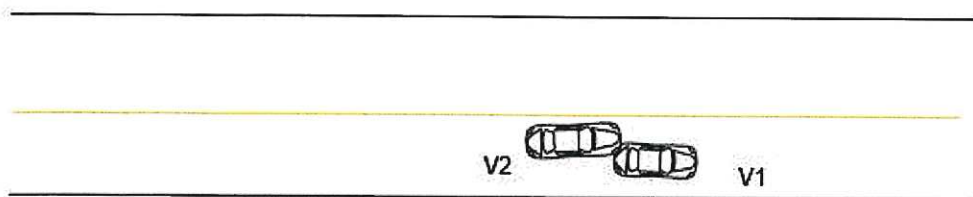


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2026	Time of Crash 1451 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 310 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-54-AC							
License # S. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 2WRN67 Reg Type PC Reg State MA Veh Year 2009 Veh Make GMC Veh Config. 1 21							
Operator CASTILLO, MYNOR Last First Middle			Owner MEJIA ORTIZ, YESICA MARIA Last First Middle							
Address 12 LAUREL ST BLDG APT 1			Address 237 BRADFORD ST							
City SALEM State MA Zip 01970-4659			City EVERETT State MA Zip 02149-1522							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator See Above			Operator See Above							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License St. DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 9DT193 Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21							
Operator ANDREWS, JONATHAN ADAM Last First Middle			Owner ANDREWS, JONATHAN ADAM Last First Middle							
Address 17 RICHARDSON ST APT 3			Address 17 RICHARDSON ST APT 3							
City MALDEN State MA Zip 02148-5247			City MALDEN State MA Zip 02148-5247							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address DOB/Age Sex			Name (Last First Middle) Address DOB/Age Sex							
Operator/Occupants See Above			Operator/Occupants See Above							

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

Crash Diagram:

Area of 310 Lowell Street



Lowell 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:

I responded to the parking lot of Mobil (316 Main Street) for a report of a previous motor vehicle crash. Upon arrival I spoke to Op2 who stated this crash occurred about an hour prior on Lowell Street in the area of Little Sprouts. Op2 stated he exchanged information with Op1 prior to calling and after exchanging information Op1 left the area. Op2 stated he was driving on Lowell Street (East bound) and slid on snow and attempted to avoid the vehicle in front of him V1 and crashed into his rear end with his front end. It was actively snowing at the time of the crash and had been for most of if not the whole morning. Op2 vehicle was driveable. Op2 sent me pictures of both vehicles that he took while information was being exchanged and those will be included in this report.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer John A Fortes

228

Wilmington Police Department

02/08/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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