

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/09/2026	Time of Crash 0651 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			114 WEST 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#			26-55-AC					
License # St DOB/Age			Reg # 1ED994			Reg Type PC			Reg State MA		
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2005			Veh Make FORD			Veh Config. 2 21		
Operator PEREIRA, STEVEN MENESES			Owner PEREIRA, STEVEN MENESES								
Address 29 LUDLAM ST			Address 29 LUDLAM ST								
City LOWELL State MA Zip 01850-1224			City LOWELL State MA Zip 01850-1224								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 0 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 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 1 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility								
Operator See Above			1 1 4 0 0 10 1								
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped		
			☐ Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			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											
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



114 West St

Horseshoe Ln

West St

V1

Fence

V1

Crash Narrative:

V1 was traveling south on West St. V1 operator stated that their power steering went out and at that time V1 went right and crashed into an apartment complex fence. Part of the white vinyl fence was destroyed. V1 did not sustained any damage and 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
REGENCY PLACE	HORSESHOE LN WILMINGTON MA			WHITE VYNIL 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 Caleb A Wiig

237

Wilmington Police Department

02/09/2026

Police Officer Name (Please Print)

Signature

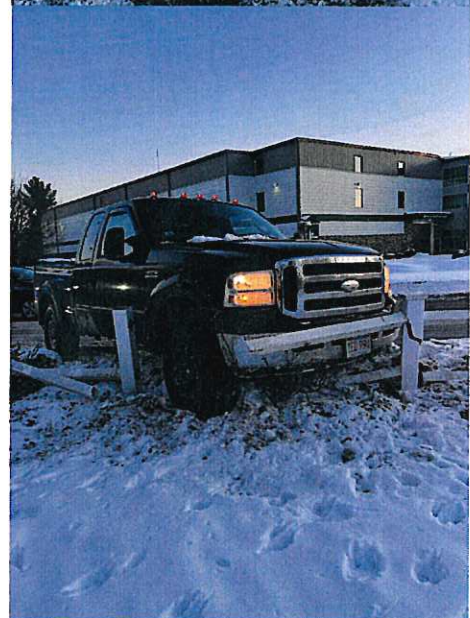
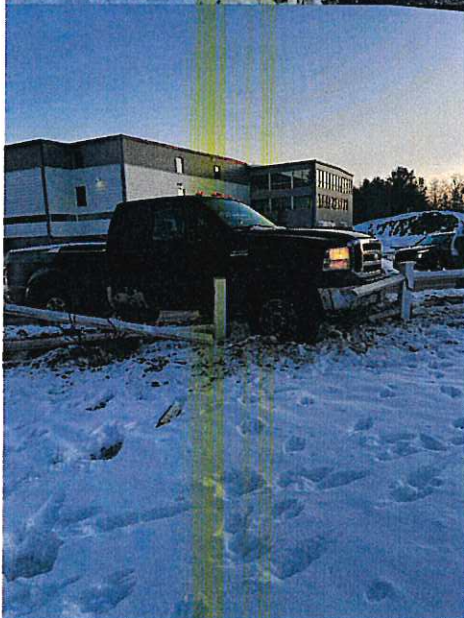
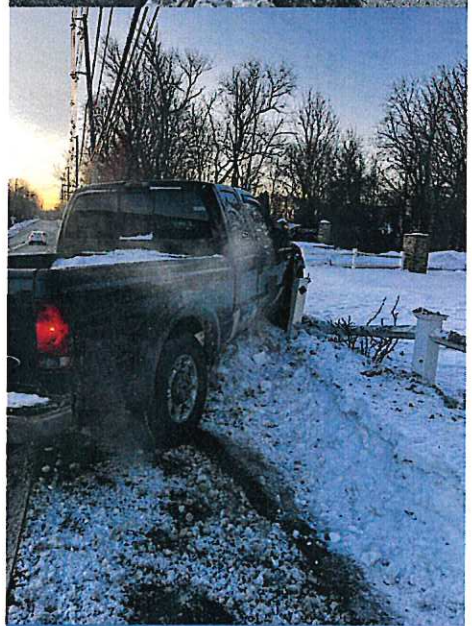
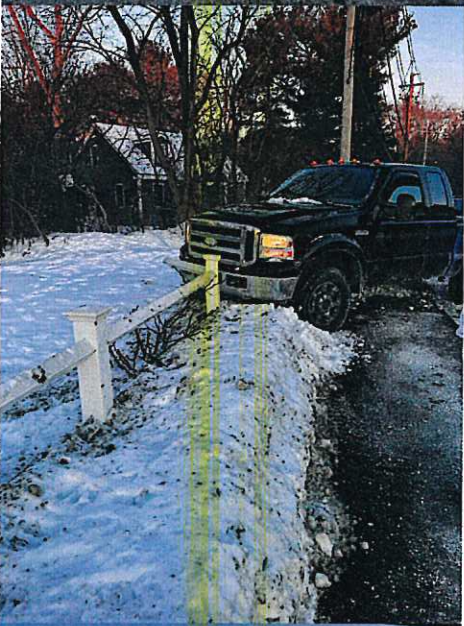
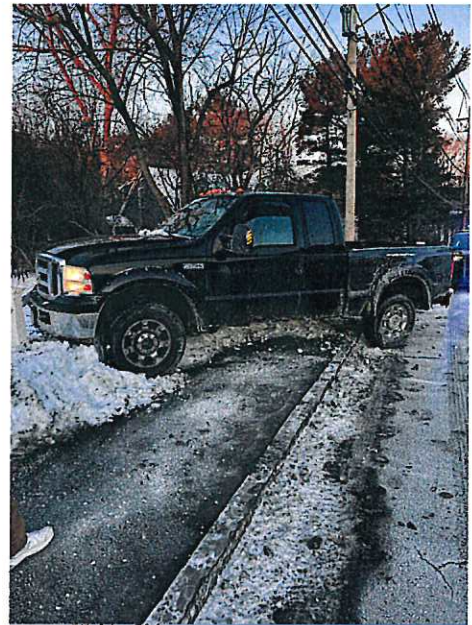
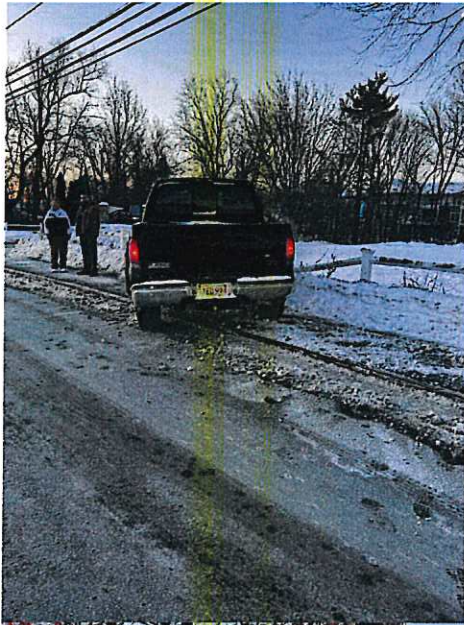
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-55-AC

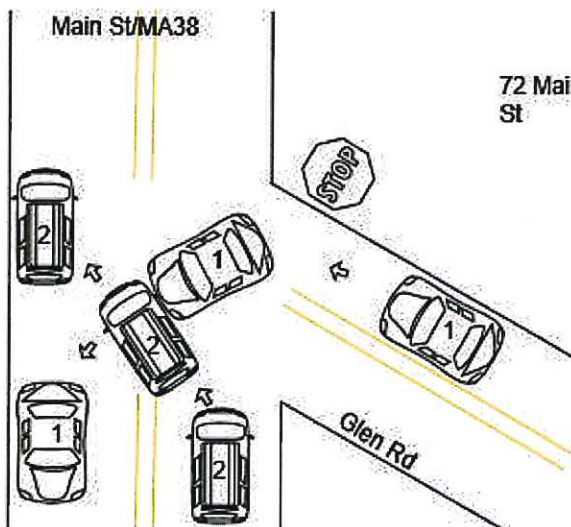


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/09/2026	Time of Crash 1739 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 4 Route# Direction MAIN ST At Route# Direction GLEN RD Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
2 1 Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			3 Crash Report ID# 26-56-AC							
4 2 License # St. DOB/Age. Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator COSTANZA, JAMES WILLIAM Address 51 CUNNINGHAM ST City WILMINGTON State MA Zip 01887-1363 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X 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			1 12 Reg # RT81HX Reg Type PC Reg State MA Veh Year 2014 Veh Make CADILLAC Veh Config. 1 21 Owner COSTANZA, JAMES WILLIAM Address 51 CUNNINGHAM ST City WILMINGTON State MA Zip 01887-1363 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 27 10 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33							
6 1 Please fill out for operator and all occupants involved			1 13							
Operator See Above										
LUCY COSTANZA 51 CUNNINGHAM ST WILMINGTON, MA 01887-1363			F 3 1 4 0 2 10 1							
7 3 Please Select One of the Following: ☒ Vehicle 22 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
8 2 License # St. DOB/Age. Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator SAUNDERS, BARBARA ANN Address 127 FOSTER RD City TEWKSBURY State MA Zip 01876-2807 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: X 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			1 14 Reg # DR563 Reg Type PC Reg State MA Veh Year 2018 Veh Make NISSAN Veh Config. 1 21 Owner SAUNDERS, BARBARA ANN Address 127 FOSTER RD City TEWKSBURY State MA Zip 01876-2807 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
9 2 Please fill out for operator and all occupants involved										
Operator/Occupants See Above										
CHARLES SAUNDERS 127 FOSTER RD TEWKSBURY, MA 01876			M 3 1 4 0 2 8 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:

02/09/2026 appx 1793hrs, dispatched to Main St/Glen Rd for 2-car MVC. All occupants stayed in vehicles. Ocpts of MV2 assisted out by WFD, ocpts of MV1 stayed in MV1. According to PAS2, MV2 N-bound on Main St, MV1 entered roadway from Glen Rd turning S-bound. OP2 attempted to swerve around but hit. Stopped N-bound in S-bound lane. OP1 stated turned S-Bound onto Main St from Glen Rd. "Did not see MV2." Hit MV2. MV1 pulled over south of intersection.

Cain's

Towing took MV2, MV1 left under own power.

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

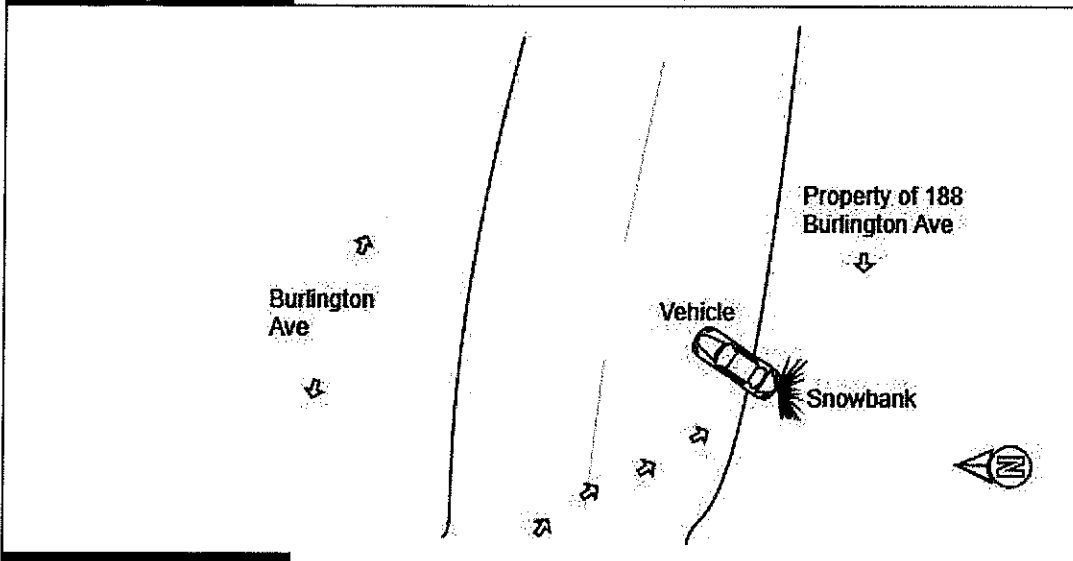
Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 02/09/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/10/2026	Time of Crash 0920 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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			188 BURLINGTON AVE								
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# 26-57-AC		
License #			DOB/Age			Reg # 4YSY35			Reg Type PC			Reg State MA		
Sex M Lic. Class 19 19			Lic. Restrictions 1 20			Veh Year 2024			Veh Make TOYOTA			Veh Config. 1 21		
Operator RYAN, ROBERT JOSEPH						Owner RYAN, ROBERT JOSEPH								
Address 631 SHAWSHEEN ST						Address 631 SHAWSHEEN ST								
City TEWKSBURY State MA Zip 01876-2334						City TEWKSBURY State MA Zip 01876-2334								
Insurance Company PLYMOUTH ROCK ASSURANCE C						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 35 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)						Most Harmful Event 35 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 10 25 2 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			30 13		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub						Towed from scene? 3 33					
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			1 99 4			0 0 10 2			Lahay Clinic		
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License #			DOB/Age			Reg #			Reg Type			Reg State		
Sex Lic. Class 19 19			Lic. Restrictions 20			Veh Year			Veh Make			Veh Config. 21		
Operator						Owner								
Address						Address								
City State Zip						City State Zip								
Insurance Company						Vehicle Action Prior to Crash 22			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			30 14		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub						Towed from scene? 33					
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Occupants			See Above			1								

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

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:

Upon arrival, it was learned that the operator was traveling at high rates of speed east on Burlington Ave heading into town.

There was no property damage and very minor damage to the vehicle.

The vehicle was towed by Cain'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

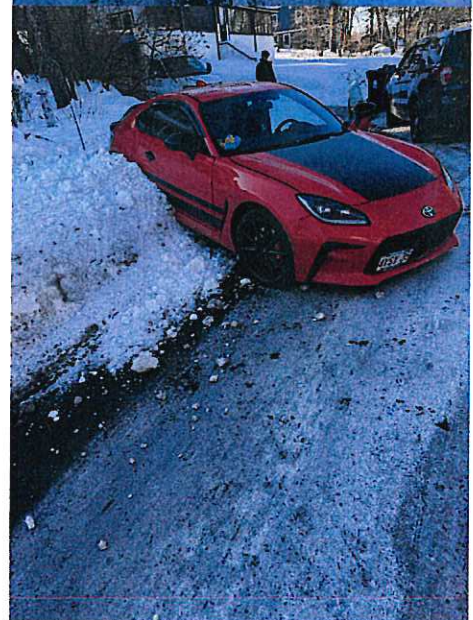
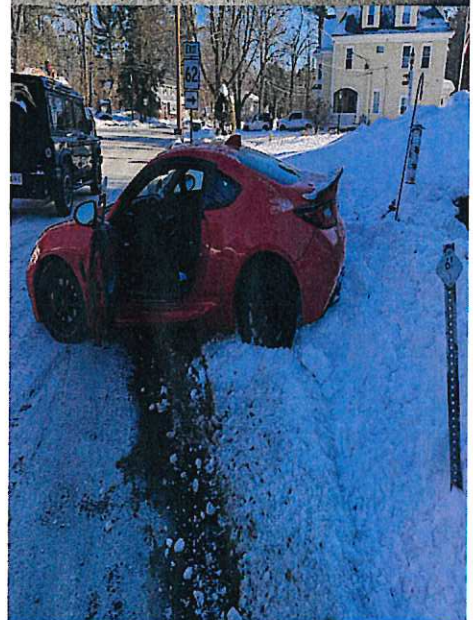
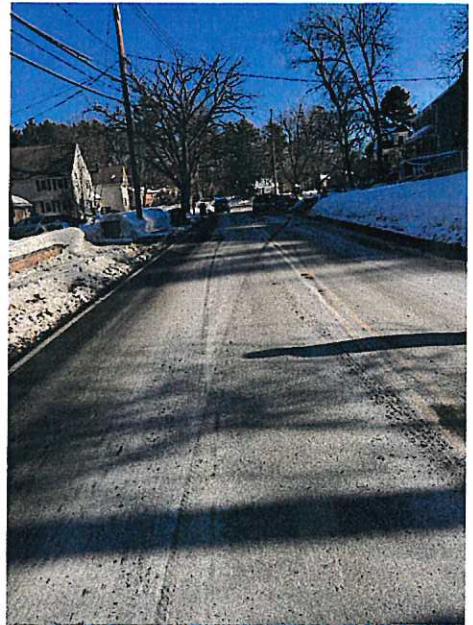
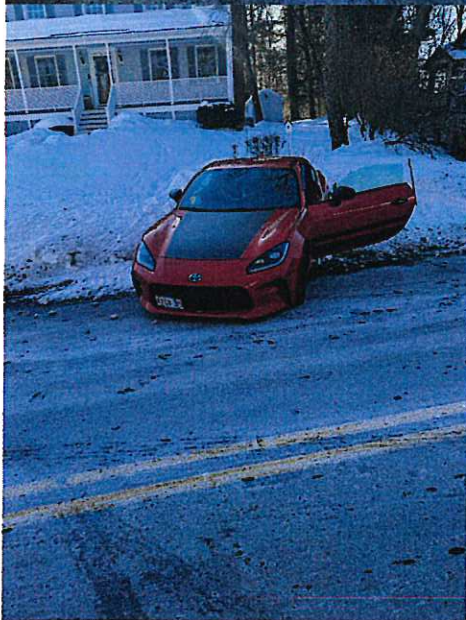
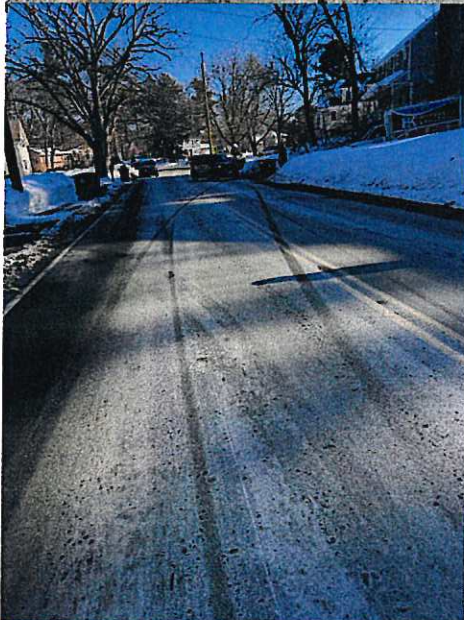
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Taylor Padulsky 238 Wilmington Police Department 02/10/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-57-AC

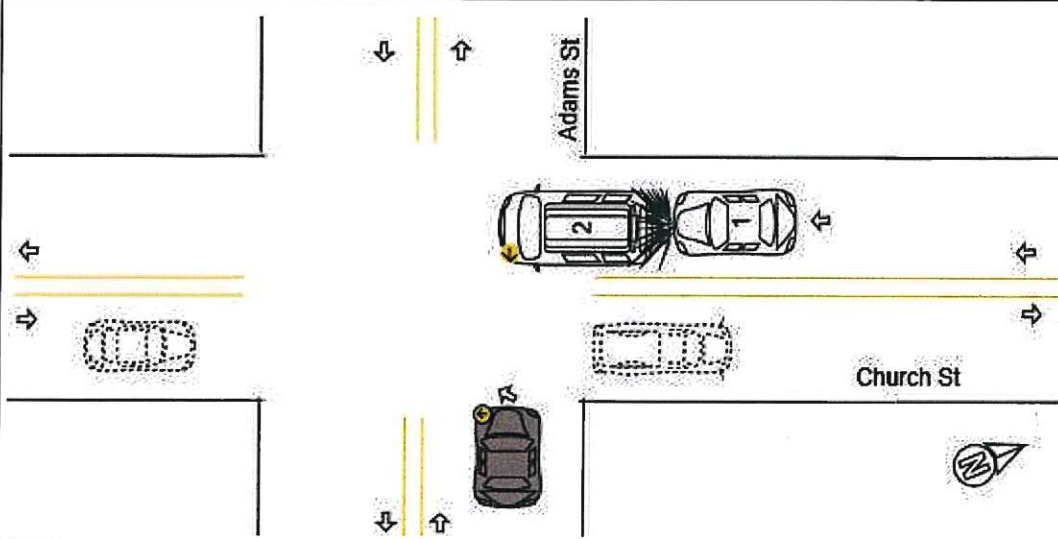


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/10/2026	Time of Crash 1604 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 20	State Police Local Police MBTA Police Campus Police Other				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction CHURCH ST Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street										
Route# Direction ADAMS ST Name of Intersecting Roadway/Street			Feet N S E W of . . . or 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# 26-58-AC										
License # S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 5ENE93 Reg Type PC Reg State MA										
Operator MESSINA, MICHAEL Last First Middle			Veh Year 2012 Veh Make SUBARU Veh Config. 1 21										
Address 9 ELWOOD RD			Owner MESSINA, MICHAEL Last First Middle										
City WILMINGTON State MA Zip 01887-2809			Address 9 ELWOOD RD										
Insurance Company SAFETY INSURANCE COMPANY			City WILMINGTON State MA Zip 01887-2809										
Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2			Vehicle Action Prior to Crash 1 22										
Citation # (If Issued)			Event Sequence 1 23 23 23 23										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 19 25 25										
			Driver Distracted by 0 26 26										
			Damaged Area Code: 1 27 10 27 0 27										
			Test Status: 1 28										
			Type of Test: 29										
			BAC Test Result: 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	99	1	0	2	9	0	
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.													
License # S DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 8CM680 Reg Type PC Reg State MA										
Operator MCGRATH, COREY P Last First Middle			Veh Year 2023 Veh Make TOYOTA Veh Config. 2 21										
Address 8 GEARTY ST			Owner MCGRATH, COREY P Last First Middle										
City WILMINGTON State MA Zip 01887-1306			Address 8 GEARTY ST										
Insurance Company THE HANOVER INSURANCE COM			City WILMINGTON State MA Zip 01887-1306										
Vehicle Travel Direction: N S E ☒ Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22										
Citation # (If Issued)			Event Sequence 1 23 23 23 23										
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24										
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25										
			Driver Distracted by 0 26 26										
			Damaged Area Code: 5 27 27 27										
			Test Status: 1 28										
			Type of Test: 29										
			BAC Test Result: 30										
			Susp. Alcohol: 2 31 Susp. Drug: 2 32										
			Towed from scene? 1 33										
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above				1	99	4	0	2	8	2	Winchester Hospital

→ = 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:

MV1 AND MV2 WERE TRAVELING WESTBOUND ON RT 62/CHURCH ST. MV2 PUT HIS LEFT TURN SIGNAL ON AND CAME TO A STOP, PREPARING TO TURN LEFT ON TO ADAMS ST. MV2 WAS WAITING FOR EASTBOUND TRAFFIC TO PASS, TO LET ANOTHER DRIVER PULL OUT OF ADAMS STREET TO HEAD WEST ON CHURCH ST, BEFORE MAKING HIS TURN. WHILE WAITING TO MAKE THE TURN LEFT, MV2 WAS STRUCK FROM BEHIND BY MV1. THERE WAS SIGNIFICANT DAMAGE TO THE FRONT END OF MV1 AND THE REAR END OF MV2. BOTH VEHICLES WERE INOPERABLE AND WERE TOWED BY CAINS. THE FRONT AIRBAG DEPLOYED IN MV1.

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 _____

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

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

Hazmat Information:

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

Patrol Officer Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/10/2026

Date

Wilmington Police Department
Images Associated with 26-58-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/11/2026Time of Crash
1505
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
4Number
Injured
0Speed Limit 15
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet NSEW of

Mile Marker

Exit Number

Feet NSEW of

Route# Intersecting Roadway/Street

Feet NSEW of

Landmark

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

Crash Report ID# 26-59-AC

License # St DOB/Age

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

Operator CUNNINGHAM, MARILYN ALENA

Address 12 KING ST

City WILMINGTON State MA Zip 01887-1825

Insurance Company PROGRESSIVE DIRECT INSURA

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

Citation # (If Issued)

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

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

Reg # 420V Reg Type PC Reg State MA

Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21

Owner CUNNINGHAM, MARILYN ALENA

Address 12 KING ST

City WILMINGTON State MA Zip 01887-1825

Vehicle Action Prior to Crash 10 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 10 25 14 25

Driver Distracted by 99 26 26

Damaged Area Code: 5 27 27 27

Test Status: 3 28

Type of Test: 2 29

BAC Test Result: 5 30

Susp. Alcohol: 1 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

DOB/Age

Sex

34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

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

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

Operator SPARKS, CHRISTINE S

Address 70 BUCKLAND RD

City ASHFIELD State MA Zip 01330-9510

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: ☐ N ☒ 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 # SKODEN Reg Type PC Reg State MA

Veh Year 2016 Veh Make SUBARU Veh Config. 1 21

Owner SPARKS, CHRISTINE S

Address 70 BUCKLAND RD

City ASHFIELD State MA Zip 01330-9510

Vehicle Action Prior to Crash 11 22

Event Sequence 2 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
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator/Occupants

See Above

DOB/Age

Sex

34
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/11/2026 Time of Crash 1505 City/Town 24HR Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles 4 Number Injured 0 Speed Limit 15
Latitude Longitude
State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction 235 MAIN ST
Address # Name of Roadway/Street

Feet N S E W of or Exit Number
Mile Marker

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

Feet N S E W of Landmark

Please Select One of the Following:

☒ Vehicle 11 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 26-59-AC

License # St DOB/Age

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

Operator MALONO, MICHAEL FRANCIS

Address 1001 WASHINGTON ST APT 2

City ABINGTON State MA Zip 02351-2397

Insurance Company NATIONAL UNION FIRE INSUR

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

Citation # (If Issued)

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

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

Reg # 2YKD52 Reg Type PC Reg State MA

Veh Year 2024 Veh Make SUBARU Veh Config. 1 21

Owner DONLEN TRUST

Address 1299 ZURICH WAY

City SCHAUMBURG State IL Zip 60173-6901

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Please Select One of the Following:

☒ Vehicle 41 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

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

Operator GONG, WEIBIN

Address 11 CRAIG AVE

City QUINCY State MA Zip 02169-8006

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: ☐ N ☒ 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 # 2RFV66 Reg Type PC Reg State MA

Veh Year 2020 Veh Make MERCEDES-BENZ Veh Config. 1 21

Owner GONG, WEIBIN

Address 11 CRAIG AVE

City QUINCY State MA Zip 02169-8006

Vehicle Action Prior to Crash 11 22 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23 Test Status: 1 28

Most Harmful Event 1 24 Type of Test: 0 29

Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

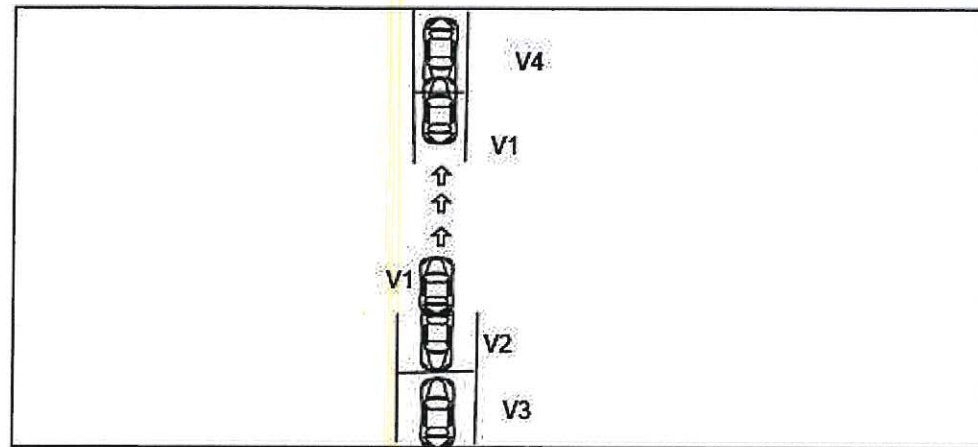
Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:



Savers Parking Lot (235 Main Street)

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Wednesday 02/11/2026 I responded to a report of a vehicle that struck multiple parked vehicles in the Savers parking lot. I observed Op1 standing outside of V1. Op1 stated she was backing out of a parking spot and backed into the vehicle behind (V2) her and then put the vehicle in drive and struck the vehicle in front of her (V4). The collision between V1 and V2 caused V2 to roll into V3 which was parked behind V2.

Ops of the other vehicles were notified of the crash. V1 was towed from the scene the other three vehicles were driveable.

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

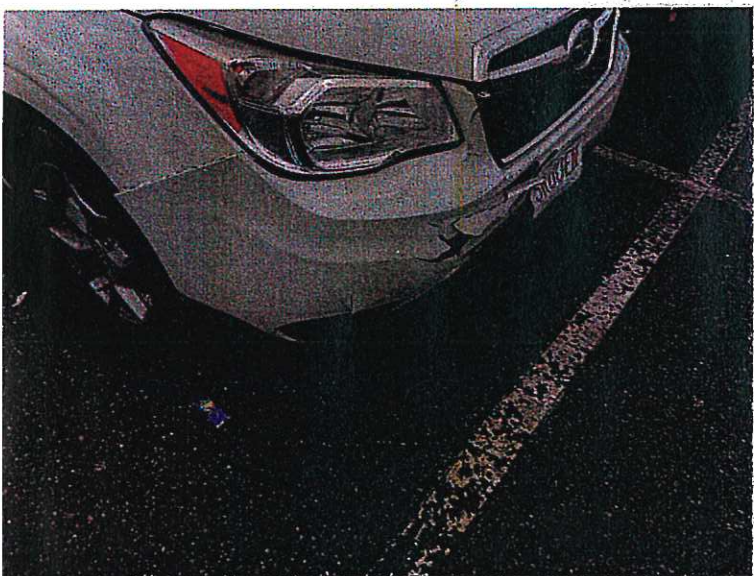
Department

Precinct/Barracks

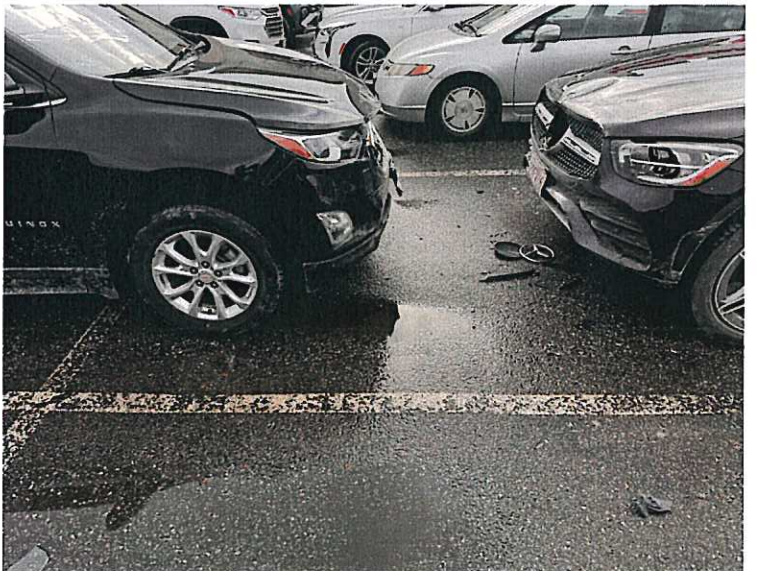
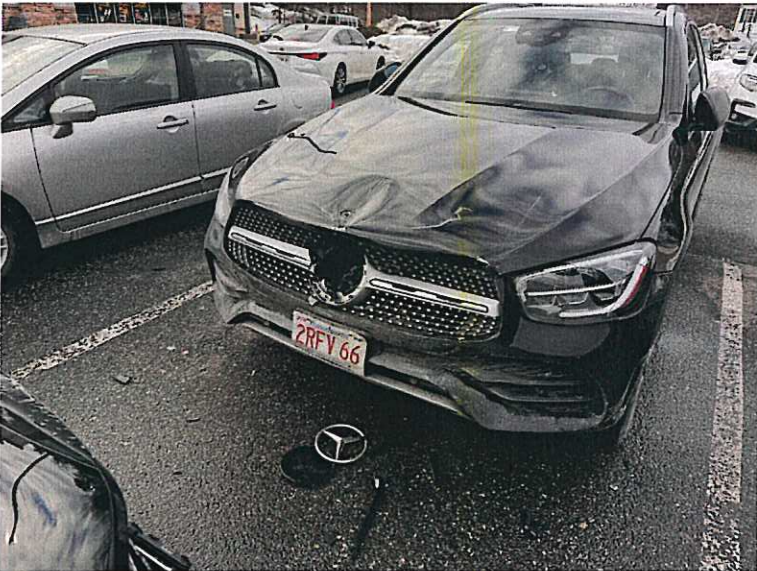
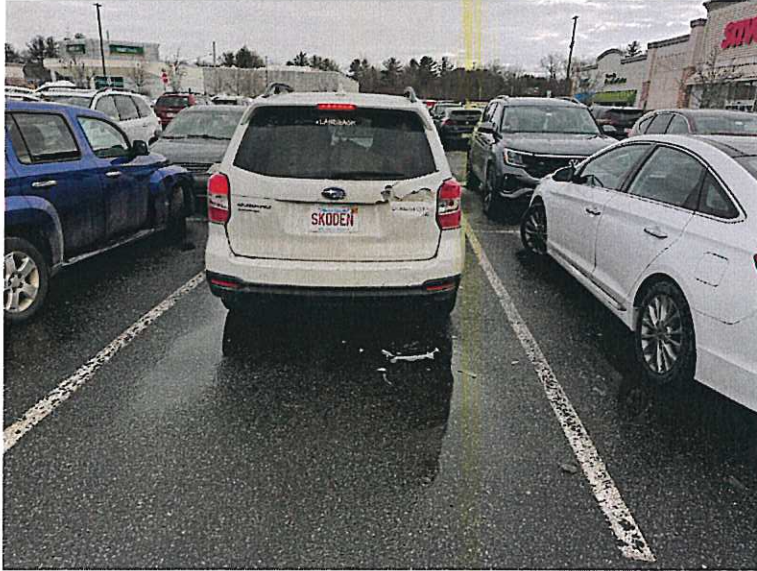
02/11/2026

Date

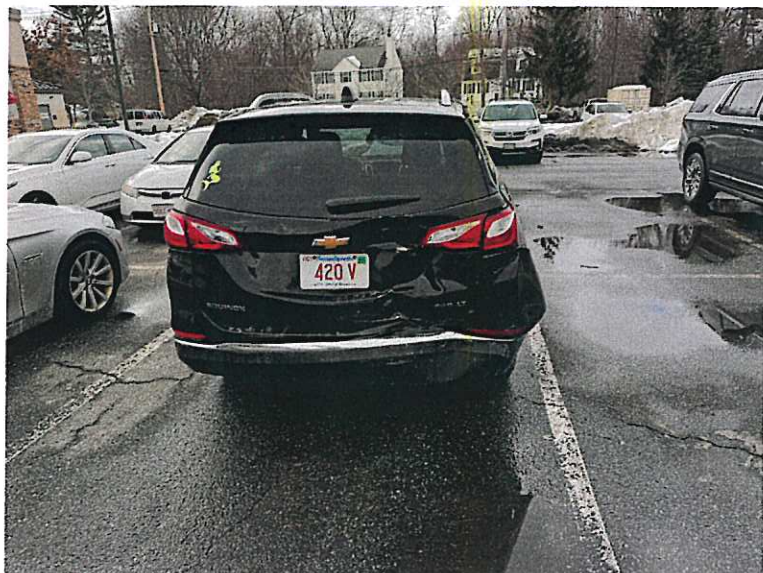
Wilmington Police Department
Images Associated with 26-59-AC



Wilmington Police Department
Images Associated with 26-59-AC



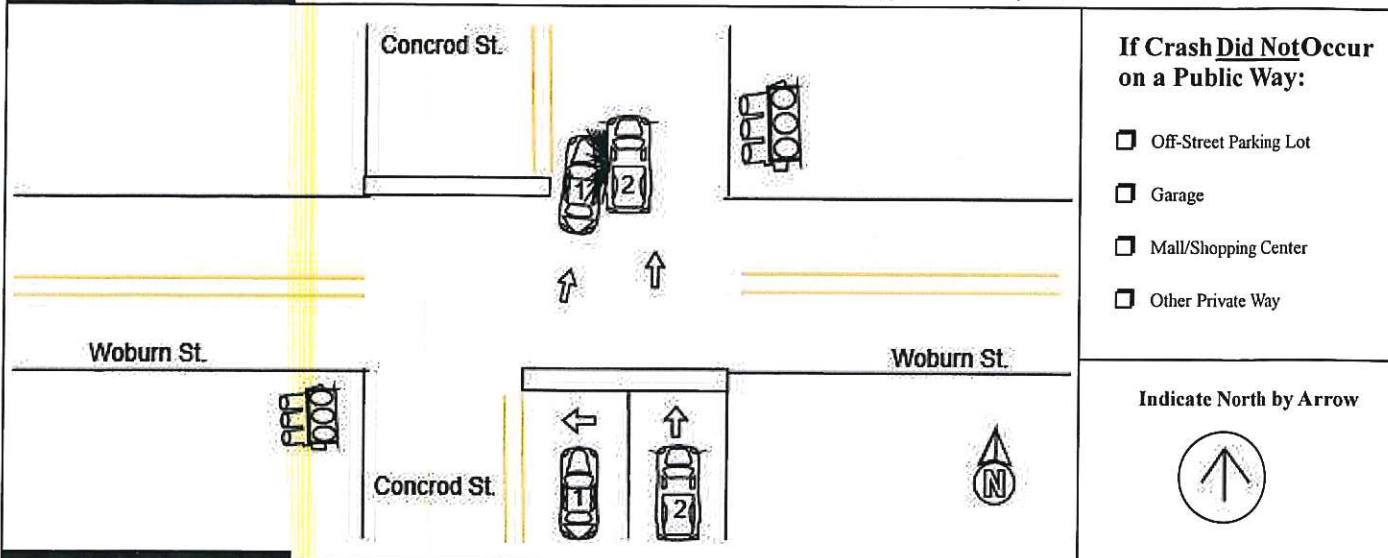
Wilmington Police Department
Images Associated with 26-59-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/12/2026	Time of Crash 1414 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:								
1 Route# Direction CONCORD ST Name of Roadway/Street			2 Route# Direction Address # Name of Roadway/Street			10								
1 Route# Direction At WOBURN ST Name of Intersecting Roadway/Street			4 Feet N S E W of Mile Marker Exit Number			11								
2 Route# Direction Also at Intersection with			4 Feet N S E W of Route# Intersecting Roadway/Street			11								
2 Route# Direction Name of Intersecting Roadway/Street			Landmark			11								
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-60-AC		
License # St DOB/Age			Reg # 20LY08 Reg Type PC Reg State MA			12								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2024 Veh Make Other-not listed Veh Config. 1 21			12								
Operator CORMIER, COLLEEN M			Owner CORMIER, COLLEEN M			12								
Address 9 MILL TER			Address 9 MILL TER			12								
City WOBURN State MA Zip 01801-3313			City WOBURN State MA Zip 01801-3313			12								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 5 22			Damaged Area Code: 3 27 27 27			13					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28			13					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29			13					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 3 25 8 25			BAC Test Result: 30			13					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32			13					
Please fill out for operator and all occupants involved			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility					
Operator			See Above			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 # 598ZP4 Reg Type PC Reg State MA			14								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make CHEVROLET Veh Config. 2 21			14								
Operator HOGUE, MICHAEL JAMES			Owner HOGUE, MICHAEL JAMES			14								
Address 35 GLEN RD			Address 35 GLEN RD			14								
City WILMINGTON State MA Zip 01887-1943			City WILMINGTON State MA Zip 01887-1943			14								
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 27 27			14					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 28			14					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 29			14					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 30			14					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 31 Susp. Drug: 32			14					
Please fill out for operator and all occupants involved			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code			Medical Facility					
Operator/Occupants			See Above			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:

On 02/12/26 car 2 while travelling straight was crashed into by car 1. Car 1 went into the left turn only lane and tried to enter the straight lane. After passing the intersection Car 1 failed to yield and crashed (side swiped) car 2 causing damage to car 2's left side. Car 1 then went behind car 2, Car 1 then accelerated past car 2, going completely over the double yellow lines and passing car 2.

Witness saw crash and followed both MV's

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LOPILATO ANTHONY S	95 HELVETIA ST TEWKSBURY MA 01876		

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

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

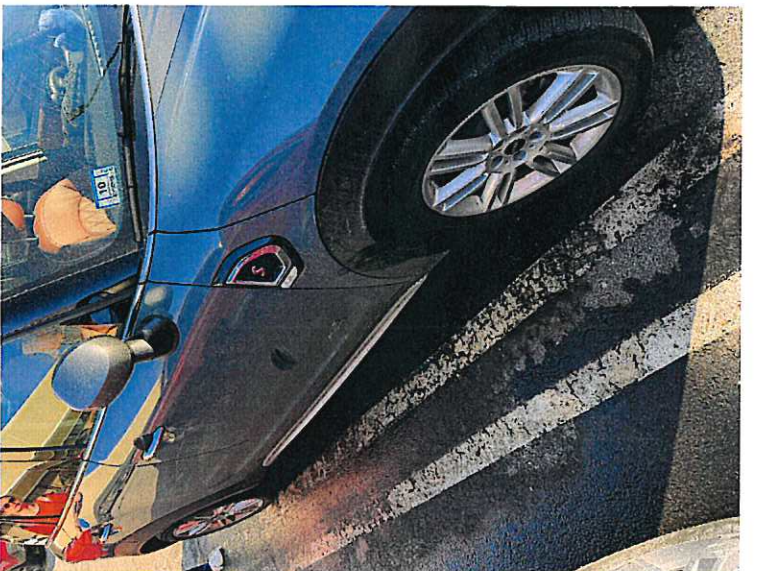
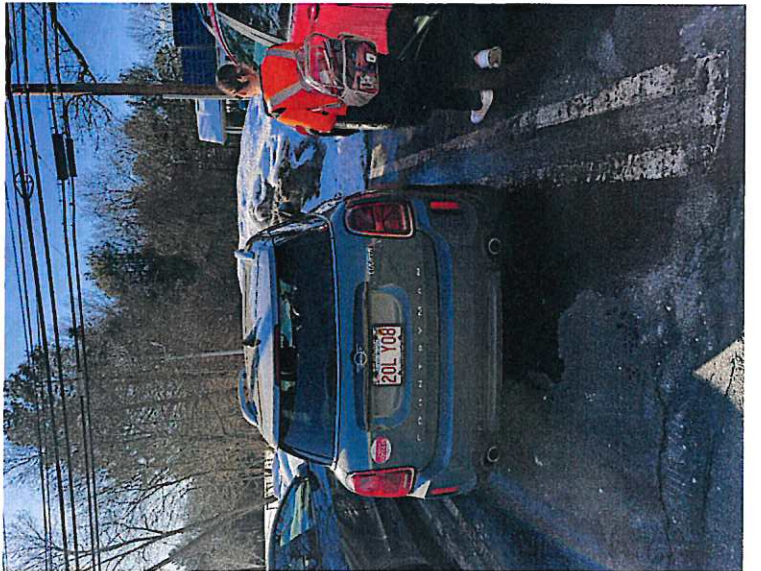
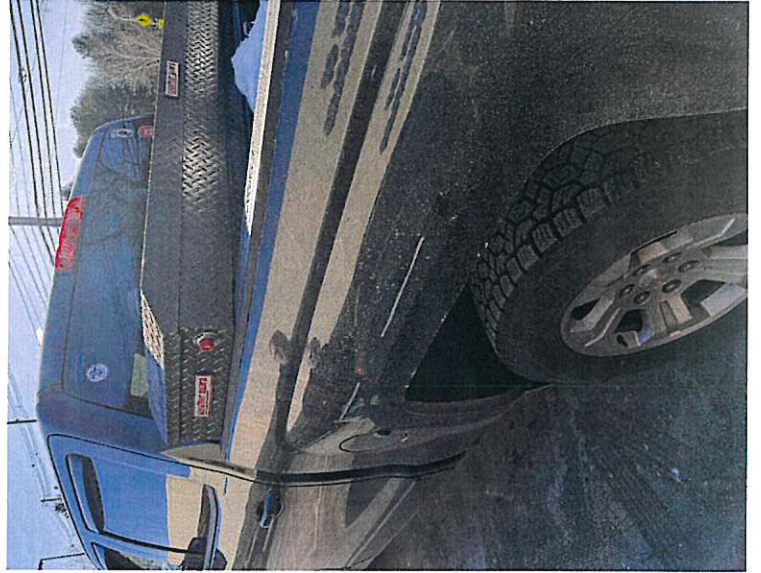
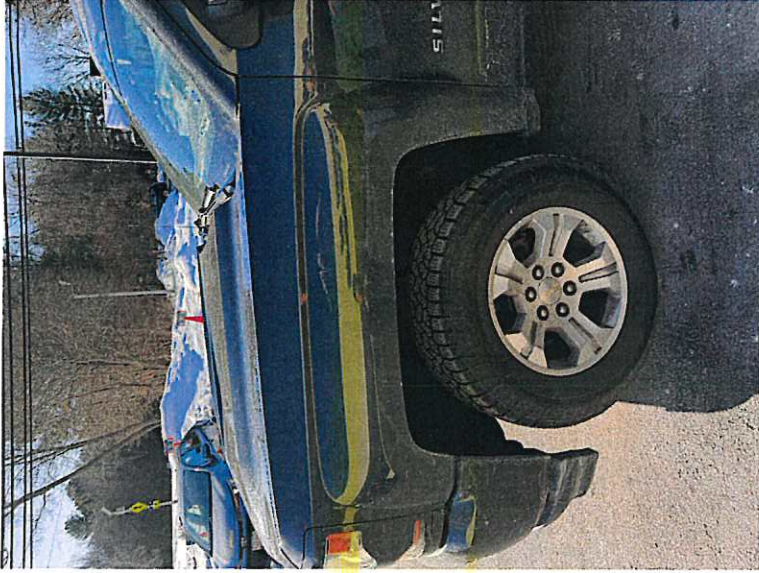
Department

Precinct/Barracks

02/12/2026

Date

Wilmington Police Department
Images Associated with 26-60-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
02/12/2026Time of Crash
1519
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
3Number
Injured
0Speed 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 MIDDLESEX AVE_____ Feet N S E W of _____ • _____ or _____
Mile Marker _____ Exit Number __________ Feet N S E W of _____
Route# _____ Intersecting Roadway/Street COLONIAL DR_____ Feet N S E W of _____

Landmark _____

Please Select One
of the Following:☒ Vehicle 14 #Occupants _____☐ Hit/Run☐ MopedCrash Report ID# 26-61-ACLicense # _____ S _____ DOB/Age _____
Se. _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____Operator _____
Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Insurance Company THE COMMERCE INSURANCE COVehicle Travel Direction: N S X 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 # 4NEJ42 Reg Type PC Reg State MAVeh Year 2009 Veh Make HONDA Veh Config. 1 21Owner RAPOSA, LAURA ANNAddress 9 ALLGROVE LNCity WILMINGTON State MA Zip 01887-2157Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 0 29Driver Contributing Code 1 25 25 BAC Test Result: 1 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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

F 6 1 4 0 0 10 1

F 6 1 4 0 0 10 1

F 3 1 4 0 0 10 1

F 4 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 _____
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
Endorsement _____Operator FAULKNER, THOMAS EAddress 24 MARSHALL STCity NORTH READING State MA Zip 01864-3018Insurance Company THE COMMERCE INSURANCE COVehicle Travel Direction: N S X 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 # 113YT9 Reg Type PC Reg State MAVeh Year 2020 Veh Make RAM Veh Config. 1 21Owner FAULKNER, THOMAS EAddress 24 MARSHALL STCity NORTH READING State MA Zip 01864-3018Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 5 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 0 29Driver Contributing Code 1 25 25 BAC Test Result: 1 30Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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

F 1 1 4 0 0 10 1

Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2026	Time of Crash 1519 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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		MIDDLESEX AVE	
At		Feet N S E W of		Mile Marker Exit Number	
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of		COLONIAL DR	
Also at Intersection with		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 32 #Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 26-61-AC
-------------------------------------	---	----------------------------------	--------------------------------	---------------------------

License #	St	DOB/Age	Reg # 5HJC64	Reg Type PC	Reg State MA
Sex	Lic. Class D	Lic. Restrictions 20	Veh Year 2012	Veh Make CADILLAC	Veh Config. 1 21
Operator	Owner FITZGERALD, SCOT ANDREW				
Address	Address 6 CHANDLER RD				
City	State	Zip	City WILMINGTON	State MA	Zip 01887-2449
Insurance Company SAFETY INSURANCE COMPANY	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		Test Status: 1 28		
Citation # (If Issued)	Event Sequence 1 23 23 23 23		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		Susp. Alcohol: 2 31 Susp. Drug: 2 32		
Driver Contributing Code 19 25 25		Towed from scene? 2 33			
Driver Distracted by 0 26 26					

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		1	1	4	0	0	10	1	
GENESIS WEBB		7R CONCORD ST WILMINGTON, MA 01887	F	3	1	4	0	0	10	1	

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 D	Lic. Restrictions 20	Veh Year	Veh Make	Veh Config. 21
Operator	Owner				
Address	Address				
City	State	Zip	City	State	Zip
Insurance Company	Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27		
Vehicle Travel Direction: N S E W	Responding to Emergency?		Test Status: 28		
Citation # (If Issued)	Event Sequence 23 23 23 23		Type of Test: 29		
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		BAC Test Result: 30		
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub		Susp. Alcohol: 31 Susp. Drug: 32		
Driver Contributing Code 25 25		Towed from scene? 33			
Driver Distracted by 26 26					

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

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

Crash Diagram:

Middlesex Ave	
	
Colonial Drive	
	

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 Thursday, February 12, 2025 at approximately 3:20PM, Vehicle 1 (4NFJ42) was stopped in traffic waiting to take a left onto Colonial Drive from Middlesex Ave. Vehicle 2 (113YT9) was stopped behind Vehicle 1 waiting for it to make the turn onto Colonial Drive. At this point, Vehicle 3 (5HJC64) drove up from the rear and collided with the rear of Vehicle 2 causing damage to the front of Vehicle 3 and the rear of Vehicle 2. The collision caused Vehicle 2 to collide with the rear of Vehicle 1 causing damage to the front of Vehicle 2 and the rear of Vehicle 1. all vehicles were driven from the scene.

Photos attached.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Christopher K Miccichi

232

Wilmington Police Department

02/12/2026

Police Officer Name (Please Print)

Signature

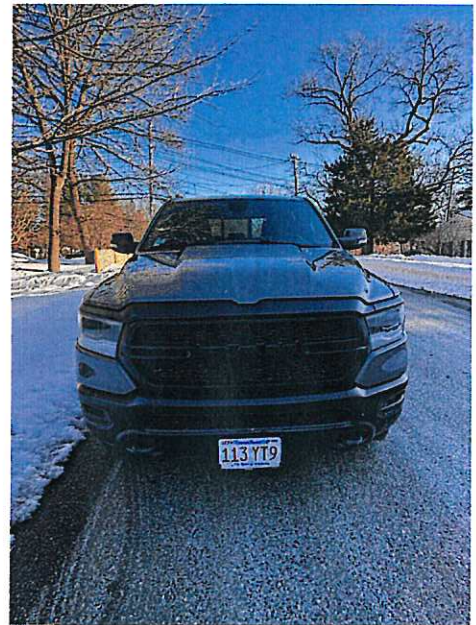
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-61-AC

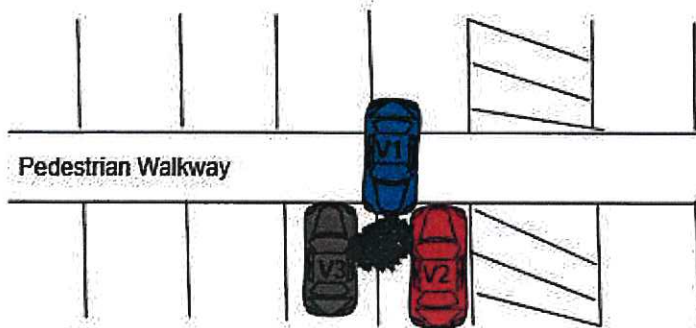


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/12/2026	Time of Crash 1551 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police 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 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-62-AC		
License # St DOB/Age			Reg # 852JV7			Reg Type PC			Reg State MA					
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2017			Veh Make LINCOLN			Veh Config. 1					
Operator MYERS, ROBERT M			Owner SHORES, SHIRLEY EDNA											
Address 190 WOBURN ST			Address 190 WOBURN ST											
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-2104											
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1			Damaged Area Code: 10 27 8 27 7 27								
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 28 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 2 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 97 25			BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility											
Operator See Above			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 # 8EA564			Reg Type PC			Reg State MA					
Sex M Lic. Class D Lic. Restrictions B CDL Endorsement			Veh Year 2022			Veh Make HONDA			Veh Config. 1					
Operator BARNES, EARL L JR			Owner BARNES, EARL L JR											
Address 44 ALLENDALE AVE			Address 44 ALLENDALE AVE											
City BILLERICA State MA Zip 01821-6236			City BILLERICA State MA Zip 01821-6236											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11			Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 2 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														
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											

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 02/12/2026	Time of Crash 1551 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 10	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:			Crash Report ID# 26-62-AC									
☒ Vehicle 30 #Occupants			☐ Hit/Run ☐ Moped									
License # St DOB/Age			Reg # R2505 Reg Type PC Reg State MA									
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21									
Operator Driverless M.V.			Owner DEVELLIS, PATRICIA BURKE									
Address			Address 44 HOUGHTON RD									
City State Zip			City WILMINGTON State MA Zip 01887-2242									
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11 22									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 23 23 23 23									
Citation # (If Issued)			Most Harmful Event 2 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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:			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									
Address			Address									
City State Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 22									
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23									
Citation # (If Issued)			Most Harmful Event 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 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:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Market Basket
(260 Main Street)



Crash Narrative:

Vehicle 1 (V1) was entering the handicap parking spot adjacent to the north entrance of the Market Basket Store. V1's operator mistook the accelerator for the break and accelerated. This caused the vehicle to jump the curb, running over a handicap parking sign and a tree. He continued across the pedestrian walkway entering the handicap parking spots adjacent to him and struck Vehicle 2 (V2) which was stationary, occupied. The tree that V1 knocked over fell and caused scratches to Vehicle 3 (V3) which was parked unoccupied. No airbags were deployed. V1 was towed by Forrest Towing. V2 and V3 were able to be driven from the scene. V1 sustained front left and left side damage. V2 sustained front left damage, and V3 sustained a scratch to the front right fender.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MULLINS KAREN A	3 PLEASANT RD WILMINGTON MA 01887-1429		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MARKET BASKET STORES	875 EAST ST TEWKSBURY MA 01876		97	HANDICAP PARKING SIGN
MARKET BASKET STORES	875 EAST ST TEWKSBURY MA 01876		97	TREE

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

02/12/2026

Police Officer Name (Please Print)

Signature

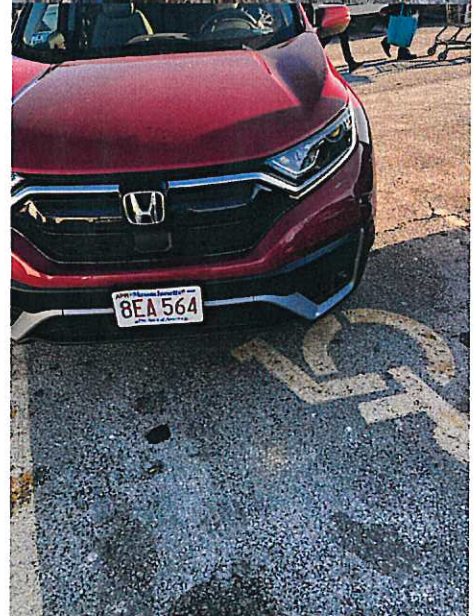
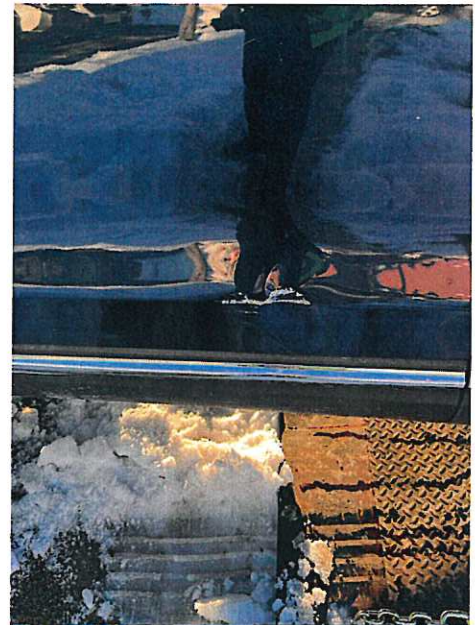
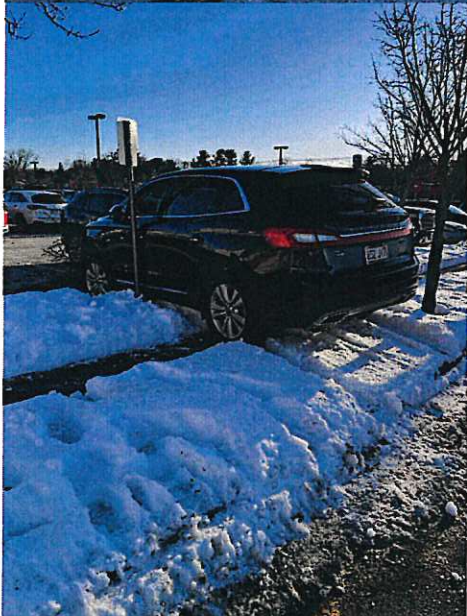
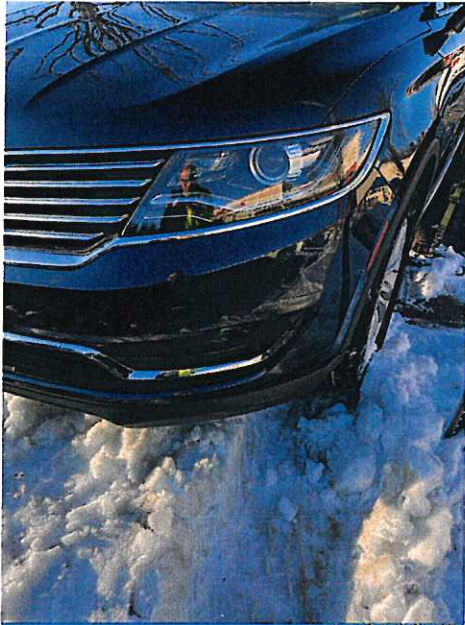
ID/Badge #

Department

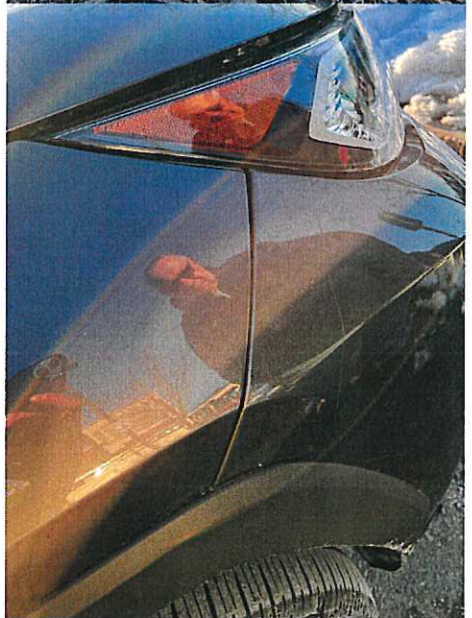
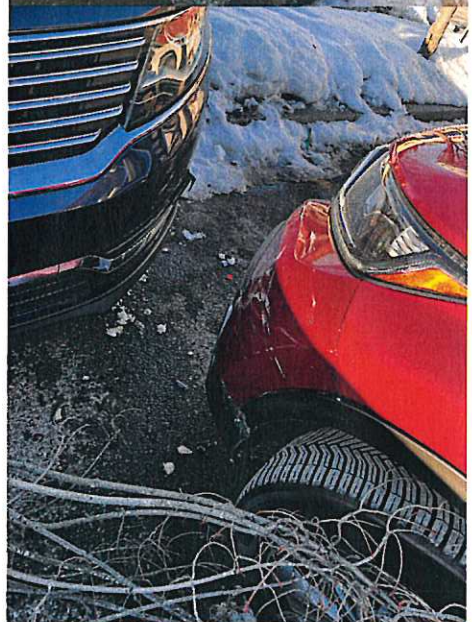
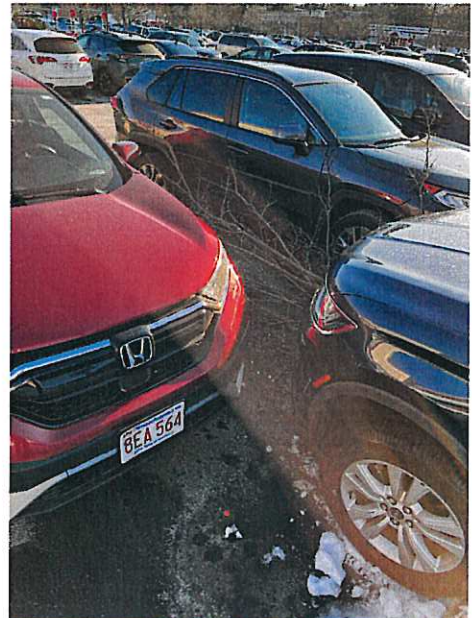
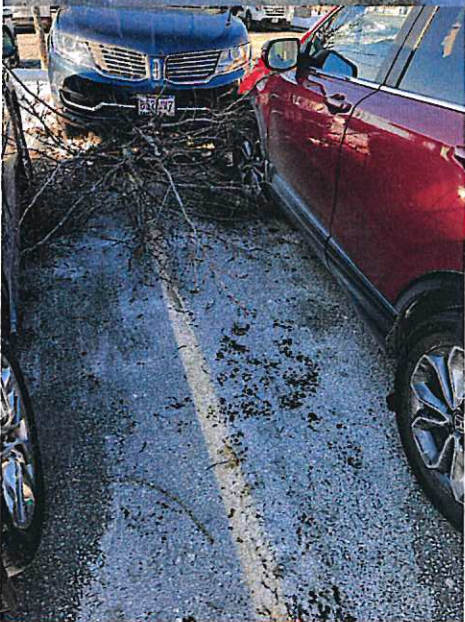
Precinct/Barracks

Date

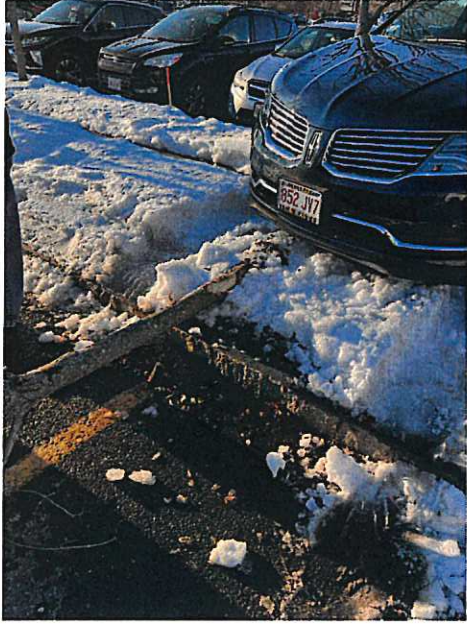
Wilmington Police Department
Images Associated with 26-62-AC



Wilmington Police Department
Images Associated with 26-62-AC



Wilmington Police Department
Images Associated with 26-62-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/13/2026	Time of Crash 0753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 2	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 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 1 Occupants	☐ Hit/Run	☐ Moped	Crash Report ID# 26-63-AC
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License #	St	DOB/Age	Reg # 347LM3	Reg Type PC	Reg State MA	
Sex F	Lic. Class D	Lic. Restrictions B	CDL	Veh Year 2021	Veh Make TOYOTA	Veh Config. 1
Operator AMES, LISA JEAN			Owner AMES, LISA JEAN			
Address 144 PARK ST APT B			Address 144 PARK ST APT B			
City NORTH READING State MA Zip 01864-2540			City NORTH READING State MA Zip 01864-2540			
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 1			
Vehicle Travel Direction: N S E F Responding to Emergency? 2			Event Sequence 1 23 23 23 23			
Citation # (If Issued)			Most Harmful Event 1 24			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26			
			Towed from scene? 1 33			

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		1	1	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.
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License #	St	DOB/Age	Reg # 9NW121	Reg Type PC	Reg State MA	
Sex M	Lic. Class D	Lic. Restrictions 1	CDL	Veh Year 2012	Veh Make KIA	Veh Config. 1
Operator CASSIO MUNIZ, VITOR			Owner MUNIZ KNISKERN, KELIANA A			
Address 68 POPLAR ST			Address 140 PRESCOTT RD			
City WATERTOWN State MA Zip 02472-1234			City WHITINSVILLE State MA Zip 01588-1727			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 6			
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			
Citation # (If Issued)			Most Harmful Event 1 24			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 13 25 4 25			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26			
			Towed from scene? 1 33			

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above		1	1	1	0	0	8	2	Lahey HOSPITAL

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																							
Date of Crash 02/13/2026	Time of Crash 0753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 2	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other																																		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																																							
Route# Direction LOWELL ST			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street																																							
At							Feet N S E W of . or Exit Number																																							
Route# Direction I93NBR31 RAMP			Route# Direction Address # Name of Roadway/Street				Feet N S E W of 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 12 #Occupants				☐ Hit/Run				☐ Moped				Crash Report ID# 26-63-AC																															
License #			DOB/Ag				Reg # W64333				Reg Type CO				Reg State MA																															
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20				CDL Endorsement				Veh Year 2016				Veh Make FORD				Veh Config. 2 21																											
Operator JEREMIAS, RAFAEL CANDIDO							Owner MR2 DRYWALL CORP																																							
Address 10008 INWOOD DR							Address 44 CORNELL ST																																							
City WOBURN			State MA Zip 01801-5180				City LOWELL				State MA Zip 01851-1505																																			
Insurance Company PROGRESSIVE CASUALTY INSU							Vehicle Action Prior to Crash 1 22				Damaged Area Code: 7 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			See Above												1				1				4				0				0				10				1							
FRANDY HERNANDEZ MUY			133 MAPLEWOOD RD LYNN, MA 01904-2044				M				3				1				4				0				0				10				1											
Please Select One of the Following:			☐ Vehicle 4 #Occupants				☐ Hit/Run				☐ Moped				☐ Vulnerable User				Complete the Vulnerable User section.																											
License #			St				DOB/Ag				Reg #				Reg Type				Reg State																											
Sex Lic. Class 19 19			Lic. Restrictions 20				CDL Endorsement				Veh Year				Veh Make				Veh Config. 21																											
Operator							Owner																																							
Address							Address																																							
City			State Zip				City				State Zip																																			
Insurance Company							Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27																																			
Vehicle Travel Direction: N S E W			Responding to Emergency?				Event Sequence 23 23 23 23				Test Status: 28																																			
Citation # (If Issued)							Most Harmful Event 24				Type of Test: 29																																			
Viol. 1: Ch/Sec/Sub			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																															

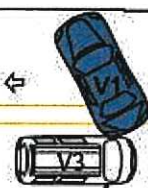
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

V1 Final Rest
(Overturned
onto roof)



Lowell
Street



193 NB
Off-Ramp



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 westbound on Lowell St (Rt.129) passing the on/off ramps for I93 Northbound. Vehicle 2 (V2) was stationary at the stop sign for the off ramp. V2 proceeded forward entering the traffic lane. He collided with the rear left side of V1. This collision cause V1 to turn clockwise and began to slide sideways. While sliding, V1 sideswiped Vehicle 3 (V3) which was traveling eastbound on Lowell St. V1 continued to slide and then flipped, overturning and coming to final rest on its roof. V2's operator stated that the suns glare was obstructing his view and he didnt see V1 until to late.

V1 had front and side airbags deploy, and V2 had front airbag deployment. Both were towed from the scene by A&S Towing. V3 did not have airbag deployment and was driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DOAN ROBERT L	29 N MAPLE ST WOBURN MA 01801-1404		

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

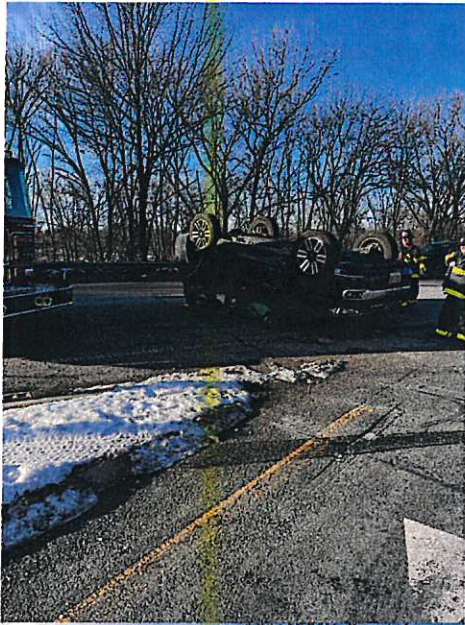
Department

Precinct/Barracks

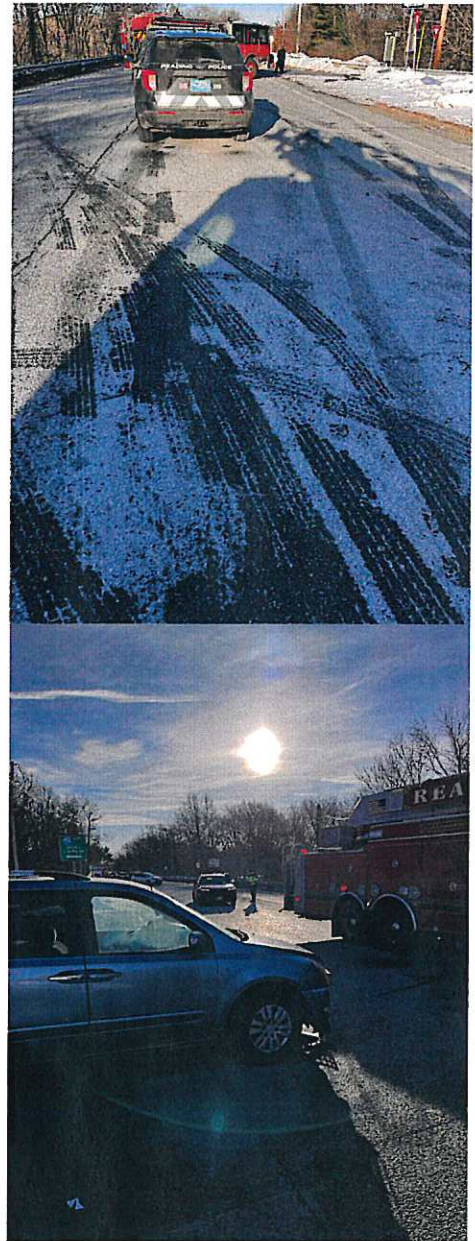
02/13/2026

Date

Wilmington Police Department
Images Associated with 26-63-AC



Wilmington Police Department
Images Associated with 26-63-AC

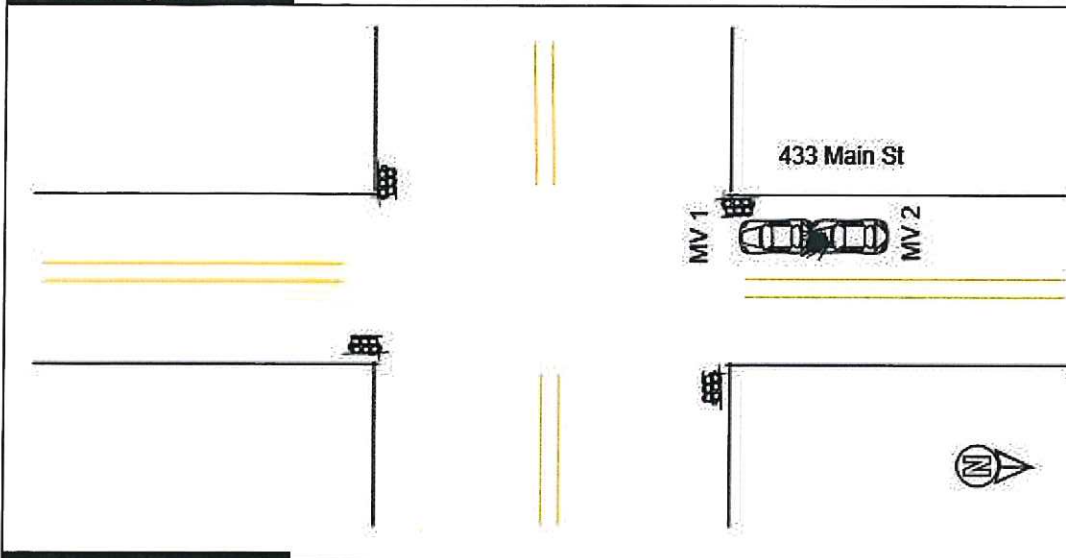


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/13/2026	Time of Crash 1539 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street											
Landmark														
Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-64-AC		
License #			Reg # 438FL9			Reg Type PC			Reg State MA					
Sex F Lic. Class D Lic. Restrictions B CDL			Veh Year 2021			Veh Make LEXUS			Veh Config 2					
Operator BLAUVELT, SUSANNE M			Owner BLAUVELT, WILLIAM F											
Address 168 CHESTNUT ST			Address 168 CHESTNUT ST											
City WILMINGTON State MA Zip 01887-3307			City WILMINGTON State MA Zip 01887-3307											
Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 2			Damaged Area Code: 6 27 5 27 27								
Vehicle Travel Direction: N E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator			See Above			1			1			1		
Please Select One of the Following:			☐ Vehicle 21 #Occupants			☒ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License #			Reg # unknown			Reg Type			Reg State					
Sex Lic. Class D Lic. Restrictions B CDL			Veh Year			Veh Make			Veh Config 21					
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			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Viol. 3: Ch/Sec/Sub						Towed from scene? 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex			Medical Facility		
Operator/Occupants			See Above			1			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



Crash Narrative:

The operator of MV 1 stated she came to a stop at the light at the intersection of Main St and Church St. While stopped at the light, she stated she was hit from behind by MV 2 a white Toyota Camry.

The operator of MV 1 stated she had a brief conversation with the operator of MV 2 but then he left the scene. The identity of MV 2 and the operator is still under investigation. the vehicle was in drivable condition. MV 1 sustained left rear and center rear damage.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

223

Wilmington Police Department

02/13/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-64-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/13/2026	Time of Crash 2129 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 HIGH ST Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				10			
Route# Direction MIDDLESEX AVE Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street Landmark				12			
Please Select One of the Following:			Crash Report ID# 26-66-AC				13			
☒ Vehicle 1 #Occupants			☐ Hit/Run				☐ Moped			
License # S DOB/Age			Reg # 345PD8 Reg Type PC Reg State MA				1			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21				1			
Operator PRATT, EMILY KATHERINE Last First Middle			Owner PRATT, EMILY KATHERINE Last First Middle				1			
Address 7 FREDERICK DR			Address 7 FREDERICK DR				1			
City WILMINGTON State MA Zip 01887-1118			City WILMINGTON State MA Zip 01887-1118				1			
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 8 27 1 27 10 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			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32				1			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26				Towed from scene? 1 33			
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 1 2 0 0 10 1			
Please Select One of the Following:			Crash Report ID# 26-66-AC				13			
☒ Vehicle 2 #Occupants			☐ Hit/Run				☐ Moped			
☐ Vulnerable User Complete the Vulnerable User section.										
License # S DOB/Age			Reg # SRJ463 Reg Type CO Reg State MA				1			
Sex M Lic. Class D M 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019 Veh Make FORD Veh Config. 1 21				1			
Operator GILLIS, JOHN RICHARD Last First Middle			Owner GILLIS, JOHN RICHARD Last First Middle				1			
Address 18 MILLERS FARM RD			Address 18 MILLERS FARM RD				1			
City BILLERICA State MA Zip 01821-2960			City BILLERICA State MA Zip 01821-2960				1			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 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			Driver Contributing Code 4 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32				1			
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26				Towed from scene? 2 33			
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 1 4 0 0 10 1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

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

On February 13, 2026, I, Officer Parsons #236 was dispatched to the area of Middlesex Ave. @ High St. for report of a 2 car MVA. Upon arrival, I saw two cars pulled off just past the intersection on Middlesex Ave. I first spoke with OP2. OP2 said that he was attempting to turn left onto Rt. 62 from Middlesex Ave. OP2 said that once he began making his turn he realized he did not have enough to time to stop or pull through in order to avoid the crash. I then spoke with OP1, who said she had a green light and proceeded through the intersection. OP1 said that as she was about half way through, OP2 crashed into MV1. Witness 1 shared a similar story as both OP1 and OP2. He said that it appeared OP2 began to turn, slowed, then proceeded and crashed into OP1.

A&S Towing towed MV1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
OBRIEN MICAL A	24 OAKDALE RD WILMINGTON MA 01887-4016		

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 _____

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Hazmat Information:

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

Patrol Officer Dale H Parsons

236

Wilmington Police Department

02/13/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date