

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/01/2026

Time of Crash
1105
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

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 _____
Mile Marker Exit NumberFeet N S E W of _____
Route# Intersecting Roadway/StreetFeet N S E W of _____

Landmark

Please Select One
of the Following:☒ Vehicle 1 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **26-75-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator ZAYA, ALISON ROSE
Last First MiddleAddress 1 BROAD STCity WILMINGTON State MA Zip 01887-1944Insurance Company THE COMMERCE INSURANCE COVehicle 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 # 3XPT22 Reg Type PC Reg State MAVeh Year 2024 Veh Make HYUNDAI Veh Config. 1 21Owner ZAYA, ALISON ROSE
Last First MiddleAddress 1 BROAD STCity WILMINGTON State MA Zip 01887-1944Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 1 25 25 BAC Test Result: 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			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 _____

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____Operator KENNEDY, JASON MICHAEL
Last First MiddleAddress 16 HOBSON AVECity WILMINGTON State MA Zip 01887-2061Insurance Company FARMERS PROPERTY & CASUALVehicle 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 # 5XKR33 Reg Type PC Reg State MAVeh Year 2013 Veh Make HONDA Veh Config. 1 21Owner KENNEDY, JASON MICHAEL
Last First MiddleAddress 16 HOBSON AVECity WILMINGTON State MA Zip 01887-2061Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27Event Sequence 1 23 23 23 23 Test Status: 1 28Most Harmful Event 1 24 Type of Test: 29Driver Contributing Code 1 25 25 BAC Test Result: 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

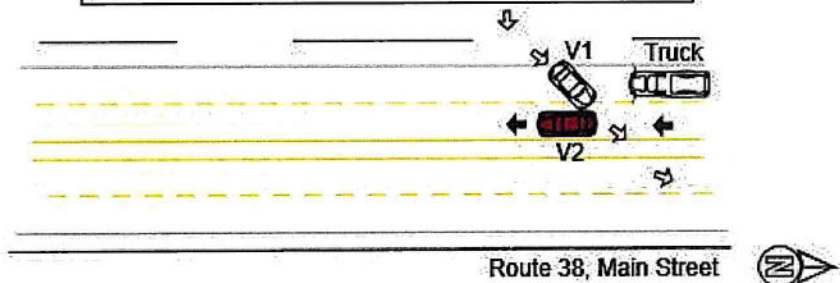
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Speedway Gas Station
273 Main 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:

V1 was taking a left turn out of the Speedway parking lot onto Route 38, Main Street, in Wilmington. V2 was traveling straight, southbound, on Main Street. The vehicles crashed in front of 273 Main St. Opr1 stated a truck stopped to let her come out and take her left turn and V2 crashed into her. She stated she could not fully see around the truck but pulled out when she believed it was safe to do so. Opr2 stated he was traveling straight. He stated he observed the truck that stopped but he did not see her pulling out and attempting to take the left in front of it. Opr2 stated he swerved to attempt to avoid the crash but he was unable to avoid it.

Both vehicles in operable condition. Moderate damage to V1 front right. Moderate damage to V2 rear right side.

(No information available for truck)

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

03/01/2026

Police Officer Name (Please Print)

Signature

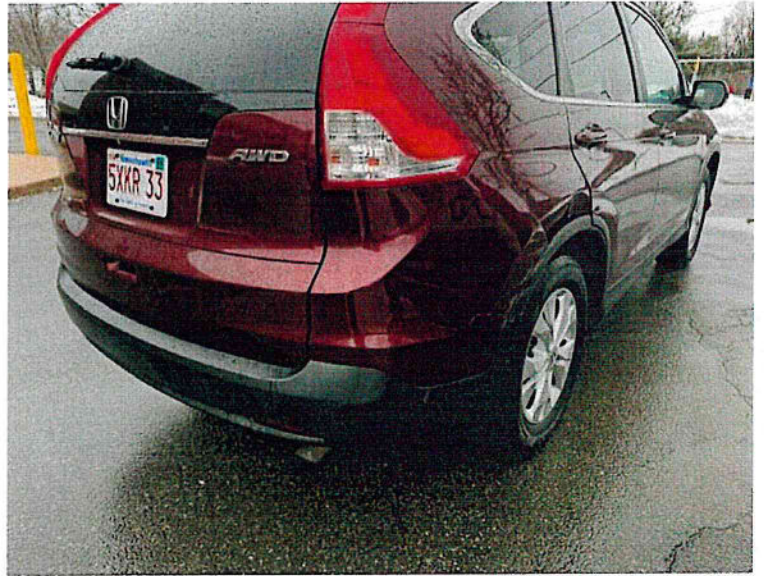
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-75-AC



Wilmington Police Department
Images Associated with 26-75-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/02/2026	Time of Crash 1637 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 1 SHAWSHOEN AVE Route# Direction Name of Roadway/Street At MELODY LN Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 1 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 2 11 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# 26-77-AC							
License # St DOB/Agx Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BENSON, JAIME M Address 300 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-2120 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle 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 # 1FAE71 Reg Type PC Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21 Owner BENSON, JAIME M Address 300 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-2120 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 5 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			Please fill out for operator and all occupants involved							
Operator			Operator							
See Above			See Above							
7 3 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Agx Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator UNDERWOOD, JESSICA D Address 4 HILL ST City HUDSON State NH Zip 03051 Insurance Company STATE FARM INSURANCE Vehicle 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 # 4323110 Reg Type PC Reg State NH Veh Year 2022 Veh Make VOLKSWAGEN Veh Config. 1 21 Owner UNDERWOOD, JESSICA D Address 4 HILL ST City HUDSON State NH Zip 03051 Vehicle Action Prior to Crash 2 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: 5 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			Please fill out for operator and all occupants involved							
Operator/Occupants			Operator/Occupants							
See Above			See Above							

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Melody Ln Shawsheen 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 March 2, 2026, I, Officer Parsons #236, responded to the intersection of Shawsheen Ave. and Melody Ln. for report of a minor two car MVA. Upon my arrival, I was told, by both Op#1 and Op#2, that Op#2 was stopped on Shawsheen Ave. waiting to turn left onto Melody Ln. when Op#1 rear ended Op#2. Op#1 said that as they were applying the breaks, their foot slipped off, resulting in the crash. Both vehicles sustained minor damage, with MV#1 having the most. MV#1's front bumper would need to be replaced. Both MVs were still in drivable condition. I assisted in the exchange of information, and gave instructions on how to file their crash reports. I also informed both drivers that I would be filing a crash report, and gave instructions on how to request it. Both operators would drove away without further incident.

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 Dale H Parsons

236

Wilmington Police Department

03/02/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/03/2026

Time of Crash
1535
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
2

Speed Limit 25
Latitude
Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

150 CHESTNUT ST

Feet N S E W of or 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 1 Occupants☐ Hit/Run☐ Moped

Crash Report ID# 26-78-AC

License # St. DOB/Age

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

Operator Last First Middle

Address

City State Zip

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

Reg # 571PX6 Reg Type PC Reg State MA

Veh Year 2021 Veh Make FORD Veh Config. 1 21

Owner NICHOLSON, LUCILLE ANNE

Address 26 DAY CIR

City WOBURN State MA Zip 01801-5442

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: 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? 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	3	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 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator WARNER, TYLER J

Address 4 BROOKSIDE CT

City METHUEN State MA Zip 01844

Insurance Company NORFOLK & DEDHAM MUTUAL F

Vehicle 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 # R47338 Reg Type CO Reg State MA

Veh Year 2018 Veh Make FORD Veh Config. 2 21

Owner PRIME PLUMBING LLC

Address 220 MASSACHUSETTS AVE

City ARLINGTON State MA Zip 02474-8403

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: 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? 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	1	3	0	0	8	2	Winchester Hospital
ELIJAH BELTRAN	23 CARTER LN WILMINGTON, MA 01887-2693		M	3	1	3	0	0	8	2	Lahey Hospital

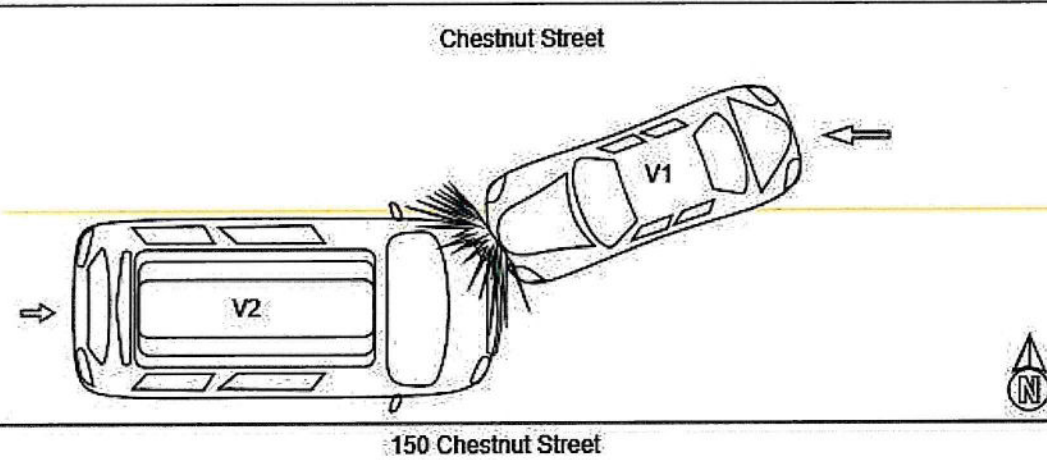
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

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:

V1, a blue Ford Bronco bearing MA registration 571PX6, was traveling westbound on Chestnut Street. V2, a white Ford Transit bearing MA registration R47338, operated by Tyler Warner, was traveling eastbound on Chestnut Street. It should be noted that road conditions at this time were heavy snow, ice underneath the snow, and the road was covered. V1 hit ice and lost traction while turning and crossed the median into the opposite lane of travel, hitting V2 head-on. Both vehicles were disabled and had airbag deployments. Both vehicles had total front end damage.

Both vehicles were towed by A&S Towing. A motor vehicle inventory was completed per department policy for both vehicles.

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 03/03/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-78-AC



Wilmington Police Department
Images Associated with 26-78-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 03/03/2026	Time of Crash 1639 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other																
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																			
1 1			BURLINGTON AVE		2 10																			
Route# Direction			Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street																			
At					Feet N S E W of . or Exit Number																			
4 4			BOUTWELL ST		4 11																			
Route# Direction			Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street																			
Also at Intersection with					Feet N S E W of Landmark																			
2 4			Route# Direction Name of Intersecting Roadway/Street																					
3			Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped		Crash Report ID# 26-79-AC																			
4			License # S' DOB/Ag		Reg # 3APE92 Reg Type PC Reg State MA																			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21																					
Operator KIKAIRE, MUSA			Owner KIKAIRE, MUSA																					
Address 15 ROYAL CREST DR APT 5			Address 15 ROYAL CREST DR APT 5																					
City NORTH ANDOVER State MA Zip 01845-6444			City NORTH ANDOVER State MA Zip 01845-6444																					
Insurance Company SAFETY INSURANCE COMPANY			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 19 25 7 25																					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26																					
6 3			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 Trp Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator			See Above		X		X		1		1		4		0		0		10		1			
7 4			Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																					
8 1			License # S' DOB/Ag		Reg # RS68PV Reg Type PC Reg State MA																			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2017 Veh Make CHEVROLET Veh Config. 1 21																					
Operator CANTY, LAURA LEE			Owner CANTY, LAURA LEE																					
Address 21 BRIDGE LN			Address 21 BRIDGE LN																					
City WILMINGTON State MA Zip 01887-2604			City WILMINGTON State MA Zip 01887-2604																					
Insurance Company SAFETY INSURANCE COMPANY			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																					
9 2			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 Trp 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

→

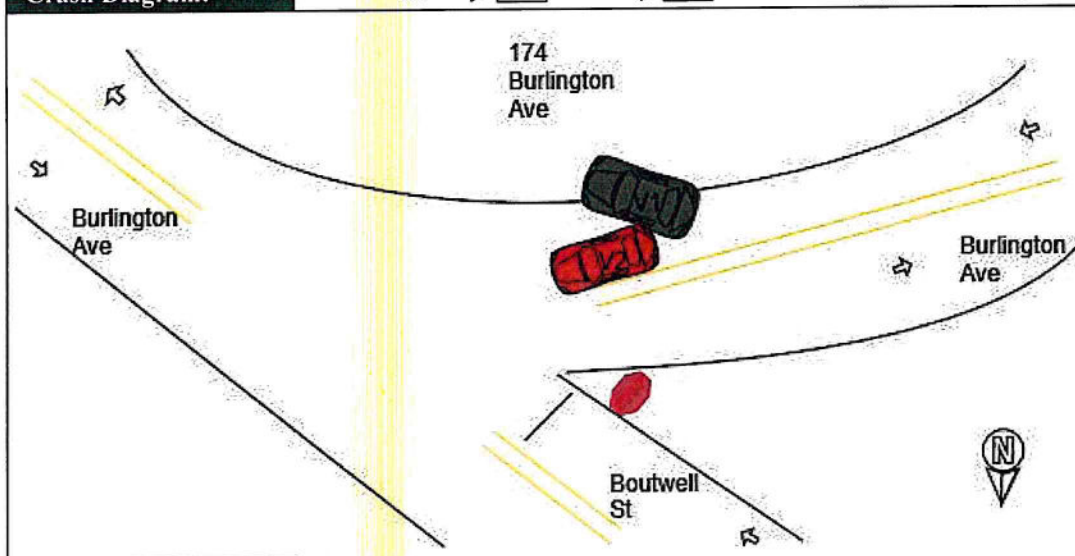
2

→

○

→

○



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 eastbound on Burlington Ave (Rt.62) behind Vehicle 2 (V2). V2 began to slow down and come to a stop to turn left onto Boutwell St. V1 attempted to stop but due to the heavy snow on the roadway, he slid. In an effort to avoid the collision he veered right, causing the left side to side swipe the right rear of V2. V1 came to final rest in a snow bank roadside. No airbags were deployed. V1 needed to be winched out of the snow bank by A&S towing. Both vehicles were driven from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

03/03/2026

Police Officer Name (Please Print)

Signature

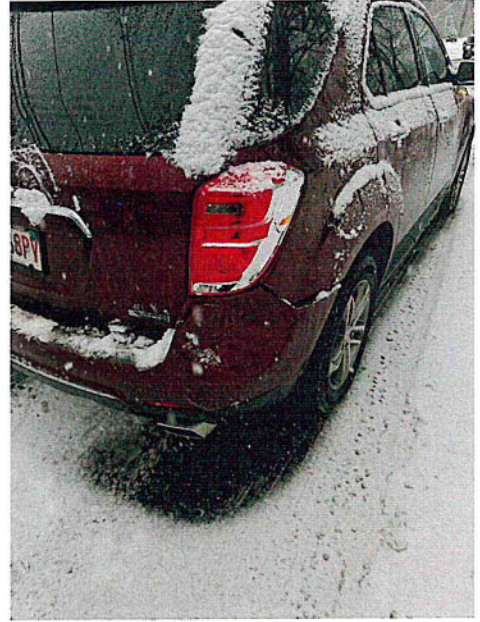
ID/Badge #

Department

Precinct/Barracks

Date

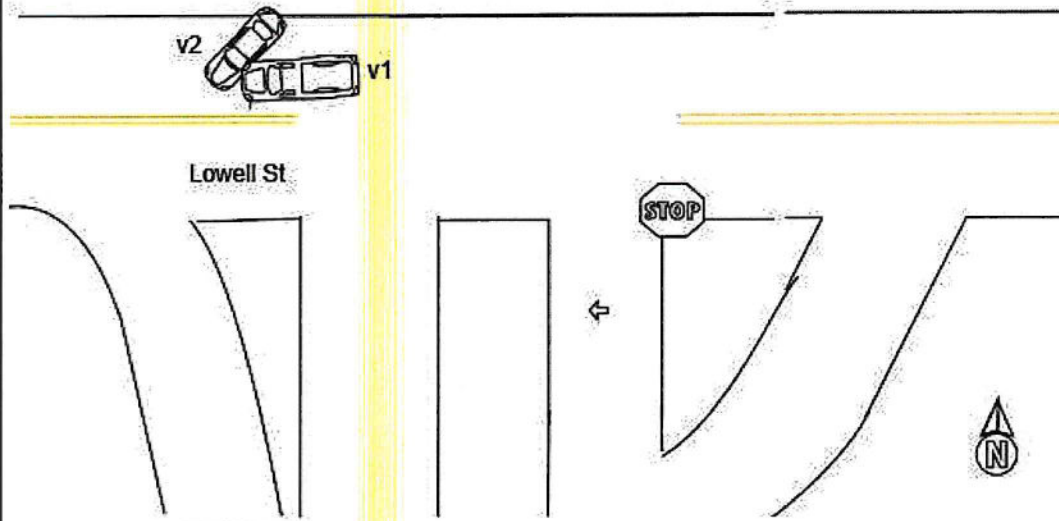
Wilmington Police Department
Images Associated with 26-79-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/03/2026	Time of Crash 1649 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			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# 26-80-AC	
License # S' DOB/Age			Reg # Y79265		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025		Veh Make FORD		Veh Config. 1 21			
Operator BROCHU, CAMERON PIERCE			Owner CAB EAST LLC							
Address 32 LAWDALE RD			Address 200 QUALITY CIR ST APT 100							
City STONEHAM State MA Zip 02180-1057			City COLLEGE STATION State TX Zip 77845-4468							
Insurance Company NORFOLK & DEDHAM MUTUAL F			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 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										
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 # S' DOB/Age			Reg # 4CWG43		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2013		Veh Make HONDA		Veh Config. 1 21			
Operator MARINEZ, FIORDALIZA			Owner MARINEZ, FIORDALIZA							
Address 4 UNION ST APT 303			Address 4 UNION ST APT 303							
City LAWRENCE State MA Zip 01840-1896			City LAWRENCE State MA Zip 01840-1896							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 4 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 12 25 4 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X X 1 1 4 0 0 10 1							

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 Tuesday, March 3, 2026, I was dispatched to Lowell St over I93 for a two-car motor vehicle crash. Vehicle 1 was traveling westbound on Lowell St. Vehicle 2 was stopped at the stop sign at the Lowell St. I-93 off-ramp intersection. Vehicle 2 was waved on by a third vehicle and tried to beat vehicle 1. Vehicle 2 overturned and, due to the snow, fishtailed and ended up sideways in the travel lane. Vehicle 2 was then struck by Vehicle 1. Vehicle 1 sustained front bumper damage, and vehicle 2 sustained driver's side door damage.

Vehicle 2 was

towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/03/2026

Date

Wilmington Police Department
Images Associated with 26-80-AC

