

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/08/2026	Time of Crash 0614 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			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			Route# Direction Address # Name of Roadway/Street							
Also at Intersection with			Feet N S E W of			Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark				
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-81-AC	
License # St DOB/Age			Reg # 19WM17		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make HONDA		Veh Config. 1 21			
Operator WIGNESWARAN, VIBISHAN			Owner BALASINGHAM, WIGNESWARAN							
Address 117 WILMINGTON RD			Address 117 WILMINGTON RD							
City BURLINGTON State MA Zip 01803-1125			City BURLINGTON State MA Zip 01803-1125							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 20 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 22 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 21 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 1 33					
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 1 1 0 0 8 0							
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			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

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:

Operator of motor vehicle number 1, Vibishan Wigneswaran stated that he was traveling west on route 62 (Burlington Ave.) and crashed into the utility pole (See images).

Forrest Towing took the vehicle to their yard

Verizon and Reading Light were notified about the damage to poles number 175 and 3-15 (See images).

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPARTMENT	230 ASH ST READING MA 01867		4	UTILITY POLE

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

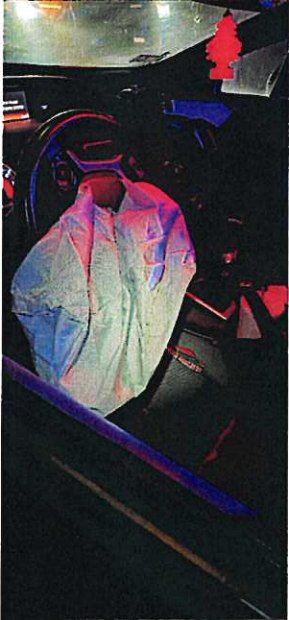
Hazmat Information:

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

Patrol Officer Julio J Quiles 197 Wilmington Police Department 03/08/2026

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

Wilmington Police Department
Images Associated with 26-81-AC



Wilmington Police Department
Images Associated with 26-81-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 03/09/2026	Time of Crash 1302 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			Feet N S E W of or Exit Number																				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																				
Also at Intersection with			Landmark																				
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-82-AC											
License # St DOB/Age			Reg # 86EX43 Reg Type PC Reg State MA			Veh Year 2025 Veh Make CHEVROLET Veh Config. 1			Owner STEFANIK, ROBERT G														
Sex M Lic. Class D Lic. Restrictions B CDL Endorsement			Veh Year 2025 Veh Make CHEVROLET Veh Config. 1			Owner STEFANIK, ROBERT G			Address 3 WEST JAMAICA AVE														
Operator STEFANIK, ROBERT G			City WILMINGTON State MA Zip 01887-1714			Vehicle Action Prior to Crash 4			Damaged Area Code: 3 27 4 27 27														
Address 3 WEST JAMAICA AVE			City WILMINGTON State MA Zip 01887-1714			Event Sequence 1 23 23 23 23			Test Status: 1 28														
City WILMINGTON State MA Zip 01887-1714			Most Harmful Event 1 24			Type of Test: 0 29			BAC Test Result: 1 30														
Insurance Company THE STANDARD FIRE INSURAN			Driver Contributing Code 4 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 1 33														
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Driver Distracted by 0 26 26																				
Citation # (If Issued)																							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																							
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator		See Above		X		X		1		1		2		0		0		10		2		Lahey Hospital	
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.											
License # St DOB/Age			Reg # 5RP424 Reg Type PC Reg State MA			Veh Year 2023 Veh Make KIA Veh Config. 1			Owner TURNER, MICHAELA LORRAINE														
Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement			Veh Year 2023 Veh Make KIA Veh Config. 1			Owner TURNER, MICHAELA LORRAINE			Address 7 DEWEY AVE														
Operator TURNER, MICHAELA LORRAINE			City WILMINGTON State MA Zip 01887-2054			Vehicle Action Prior to Crash 1			Damaged Area Code: 2 27 27 27														
Address 7 DEWEY AVE			City WILMINGTON State MA Zip 01887-2054			Event Sequence 1 23 23 23 23			Test Status: 1 28														
City WILMINGTON State MA Zip 01887-2054			Most Harmful Event 1 24			Type of Test: 0 29			BAC Test Result: 1 30														
Insurance Company THE COMMERCE INSURANCE CO			Driver Contributing Code 1 25 25			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 1 33														
Vehicle Travel Direction: N E W Responding to Emergency? 2			Driver Distracted by 0 26 26																				
Citation # (If Issued)																							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub																							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub																							
Please fill out for operator and all occupants involved																							
Name (Last First Middle)		Address		DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility	
Operator/Occupants		See Above		X		X		1		1		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

222 Main St (CVS)

Savers Parking Lot

Main St

Market Basket Plaza

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 northbound on Main St and began to turn left into the Savers Parking lot. Vehicle 2 (V2) was traveling southbound on Main St attempting to proceed straight through the intersection. V1 turned left crossing both southbound lanes of travel and began to enter the parking lot. V1 and V2 collided in the right most southbound travel lane. V1 sustained damage to the rear right side and V2 sustained front right damage. V1 had airbags deployed and V2 did not have any airbags deploy.

Both vehicles were towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

03/09/2026

Police Officer Name (Please Print)

Signature

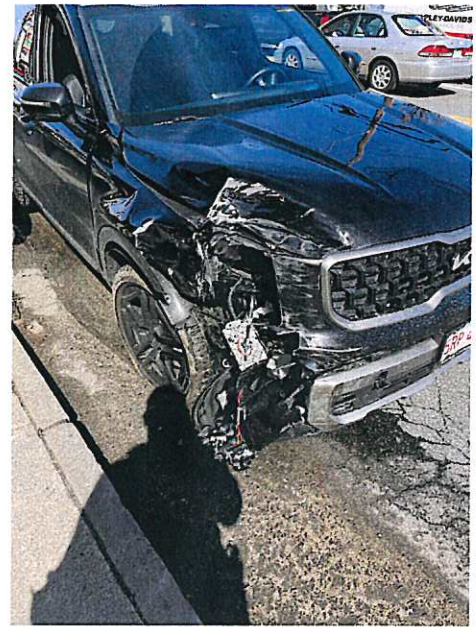
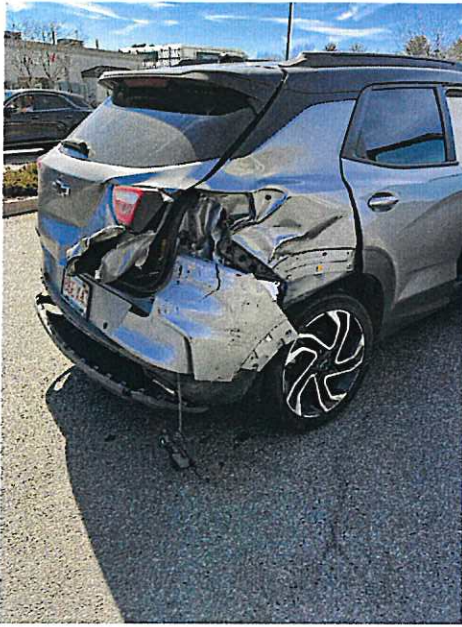
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-82-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/09/2026	Time of Crash 2015 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 ☒ 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# 26-83-AC							
License # S DOB/Age			Reg # 2GMG92 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21							
Operator ARCILA ARCILA, RICARDO			Owner ARCILA ARCILA, RICARDO							
Address 23 LYNNFIELD ST			Address 23 LYNNFIELD ST							
City LYNN State MA Zip 01904-2219			City LYNN State MA Zip 01904-2219							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22							
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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 8 27 27 27							
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			Test Status: 1 28							
Operator See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							
Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # TDE6725 Reg Type PC Reg State VA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012 Veh Make CHRYSLER Veh Config. 1 21							
Operator GOHIL, DHARUVI DHARMENDRASINH			Owner VORA, PRIYANK KALPESHKUMAR							
Address 71 SAVIN ST APT 2			Address 2230 MAIN ST APT 207							
City BOSTON State MA Zip 02119-4174			City TEWKSBURY State MA Zip 01876-3243							
Insurance Company ALLSTATE			Vehicle Action Prior to Crash 4 22							
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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			Damaged Area Code: 8 27 27 27							
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			Test Status: 1 28							
Operator/Occupants See Above			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Towed from scene? 2 33							

→ = 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

North Arrow: (N) with an arrow pointing up and slightly right.

Crash Narrative:

On March 9, 2026, I was driving northbound on Middlesex Ave when I came across two vehicles on the side of the road. The operator of Vehicle 1 stated that he was traveling straight on High St. and had a green light when Vehicle 2 attempted to turn left onto RT 62, causing front-left damage to the car. Operator of Vehicle 2 stated that she was already turning left when Vehicle 1 came out of nowhere and struck her vehicle, causing damage to the front-left side. Both vehicles sustained front left damage due to Vehicle 2 failing to yield to oncoming traffic.

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

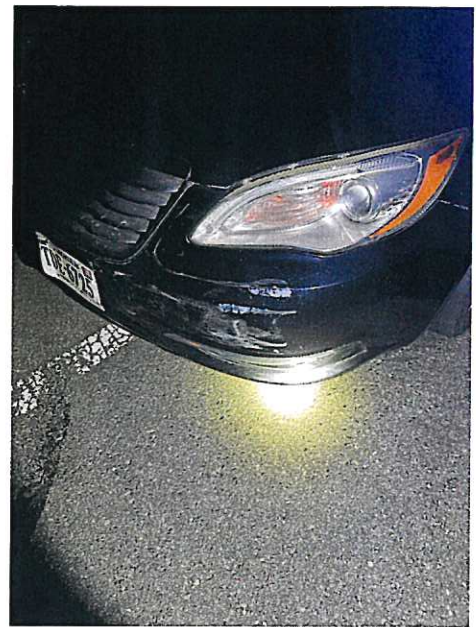
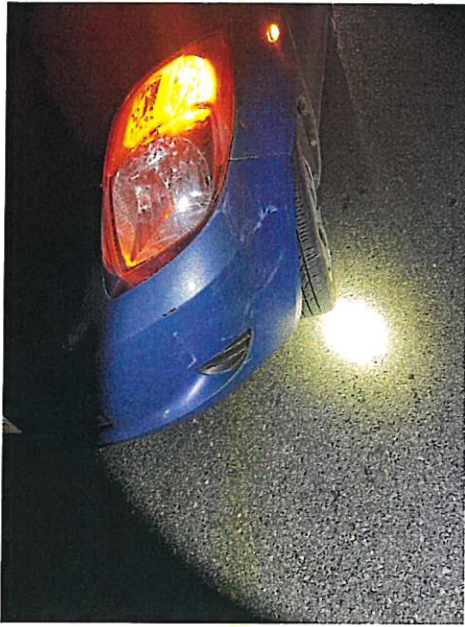
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Kyle P Collins 239 Wilmington Police Department 03/09/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-83-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/10/2026	Time of Crash 0736 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 35 CONCORD ST										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street			Landmark										
Please Select One of the Following:			☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-84-AC				
License # St. DOB/Age			Reg # 782XS6		Reg Type PC		Reg State MA						
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017		Veh Make GMC		Veh Config. 1 21						
Operator SICILIANO, MICHAEL JOSEPH			Owner SICILIANO, MICHAEL JOSEPH										
Address 253 WOBURN ST			Address 253 WOBURN ST										
City WILMINGTON State MA Zip 01887-2105			City WILMINGTON State MA Zip 01887-2105										
Insurance Company GREEN MOUNTAIN INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 1 27 2 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 18 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 23 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.				
License # St. DOB/Age			Reg # 5NHT11		Reg Type PC		Reg State MA						
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make NISSAN		Veh Config. 1 21						
Operator BURTON, LYANNI LIZ			Owner BURTON, ROBERT JOHN										
Address 498 PARK ST			Address 498 PARK ST										
City NORTH READING State MA Zip 01864-2037			City NORTH READING State MA Zip 01864-2037										
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 8 27 6 27 27								
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 1 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/Occupants		See Above				1	1	4	0	0	10	1	
						1	4	1	4	0	10	1	
						F	6	1	4	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/10/2026	Time of Crash 0736 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 30	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		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			Route# Direction Address # Name of Roadway/Street		Feet N S E W of Intersecting Roadway/Street					
Also at Intersection with					Feet N S E W of Intersecting Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street					Landmark					
Please Select One of the Following:			☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-84-AC	
License / St DOB/Age			Reg # 1MCB70 Reg Type PC Reg State MA		Veh Year 2023 Veh Make BMW Veh Config. 1					
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2023 Veh Make BMW Veh Config. 1		Owner WILSON, LAURA ALFREDA					
Operator WILSON, LAURA ALFREDA			Owner WILSON, LAURA ALFREDA		Address 5 STONEBURY WAY					
City TEWKSBURY State MA Zip 01876-2855			City TEWKSBURY State MA Zip 01876-2855		Vehicle Action Prior to Crash 2					
Insurance Company THE COMMERCE INSURANCE CO			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Most Harmful Event 1 24		Type of Test: 0 29					
Citation # (If Issued)			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub					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 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		Veh Year Veh Make Veh Config. 21					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21		Owner					
Operator			Owner		Address					
City State Zip			City State Zip		Vehicle Action Prior to Crash 22					
Insurance Company			Event Sequence 23 23 23 23		Test Status: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 24		Type of Test: 28					
Citation # (If Issued)			Driver Contributing Code 25 25		BAC Test Result: 29					
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Cl/Sec/Sub Viol. 4: Cl/Sec/Sub					Towed from scene? 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					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Concord St, Wilmington, MA 01887



33
Concord St

35
Concord St

I-93S
On-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:

Operator of MV 1 stated that he was traveling East on Concord Street, in the area of 35 St. Traffic was stopped due to a red light at the intersection of Concord St and I-93S. MV 1 stated that, due to solar glare, he could not see that MV 2 had stopped and rear ended MV 2. MV 1 was polite and apologetic. MV 2 stated that she was stopped in traffic and had pulled to the right, planning to get onto I-93S. MV 2 stated she was rear ended by MV 1, which pushed her vehicle into the rear of MV 3. MV 1 was towed to A&S Towing by A&S. MV 2 & MV 3 in driveable condition.

It should be noted that there was significant solar glare at the time of this crash. Multiple vehicles had difficulty seeing officers directing traffic around the crash 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

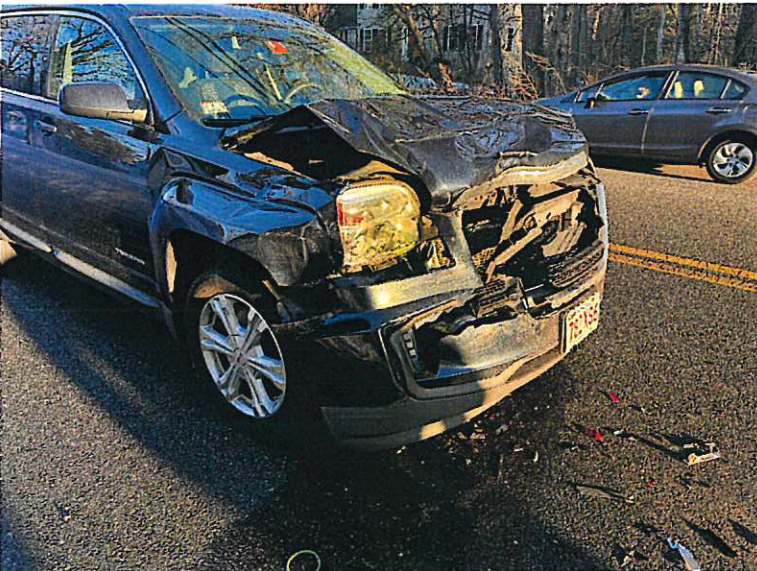
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

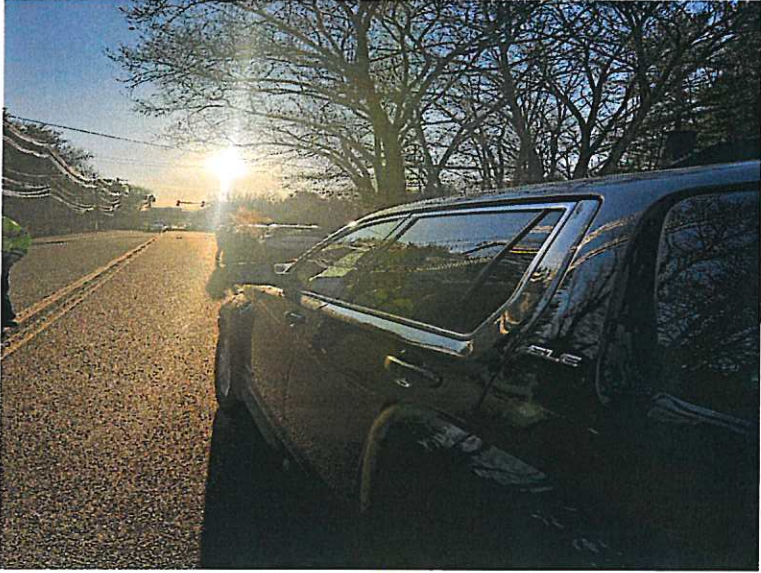
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer James R Hill 225 Wilmington Police Department 03/10/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-84-AC

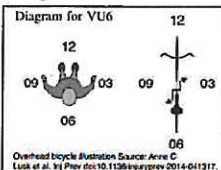


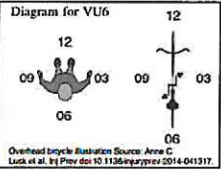
Wilmington Police Department
Images Associated with 26-84-AC

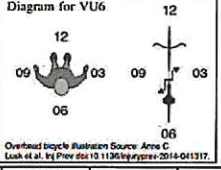


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/11/2026	Time of Crash 2151 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
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# 26-86-AC	
License # St DOB/Age			Reg # 2KPV91		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make NISSAN		Veh Config. 1 21			
Operator ROBLES, SIXTO J			Owner ROBLES, SIXTO J							
Address 55 OXFORD RD			Address 55 OXFORD RD							
City TEWKSBURY State MA Zip 01876-4035			City TEWKSBURY State MA Zip 01876-4035							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 3 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 3 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 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 1		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			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator/Occupants See Above			X 1		1 1 4 0 0 10 1					

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

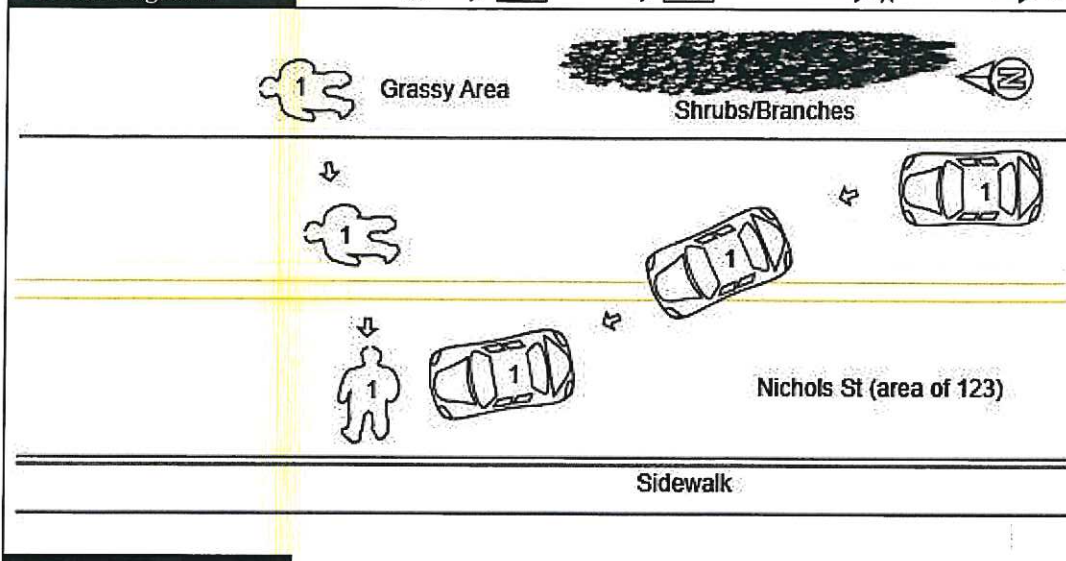
Vulnerable User		Type 1 VU1		Action 1 VU2		Location 4 VU3	
VU: <u>CENTRELLA, JEANNE C</u> Last First Middle							
Address <u>23 FELTON ST</u>				Primary Injury Area: 1 VU7			
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3233</u>				Test Status: 1 VU11			
License # _____ St _____ DOB/Age _____				Event Sequence 19 VU8 VU8 VU8		Type of Test: VU12	
Traffic Control Device 0 VU4		 Overhead Bicycle Illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/ijeprev-2014-041317.		Contributing Code 13 VU9 VU9		BAC Test Result: VU13	
Origin/Destination 99 VU5				Distracted by 1 VU10 VU10		Susp. Alcohol: 1 VU14	
Contact Point: 09 VU6						Susp. Drug: 99 VU15	
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User		F	97	10	0	0	7
						VU21 Transp. Code	Medical Facility
Vulnerable User						2	

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____				Primary Injury Area: VU7			
City _____ State _____ Zip _____				Test Status: VU11			
License # _____ St _____ DOB/Age _____				Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU12	
Traffic Control Device VU4		 Overhead Bicycle Illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/ijeprev-2014-041317.		Contributing Code VU9 VU9		BAC Test Result: VU13	
Origin/Destination VU5				Distracted by VU10 VU10		Susp. Alcohol: VU14	
Contact Point: VU6						Susp. Drug: VU15	
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User							
						VU21 Transp. Code	Medical Facility
Vulnerable User							

Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle							
Address _____				Primary Injury Area: VU7			
City _____ State _____ Zip _____				Test Status: VU11			
License # _____ St _____ DOB/Age _____				Event Sequence VU8 VU8 VU8 VU8		Type of Test: VU12	
Traffic Control Device VU4		 Overhead Bicycle Illustration Source: Anne C. Lusk et al. In: Prev doi:10.1136/ijeprev-2014-041317.		Contributing Code VU9 VU9		BAC Test Result: VU13	
Origin/Destination VU5				Distracted by VU10 VU10		Susp. Alcohol: VU14	
Contact Point: VU6						Susp. Drug: VU15	
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User							
						VU21 Transp. Code	Medical Facility
Vulnerable User							

→ = 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:

03/11/26, 2151hrs, dispatched to 123 Nichols St, Car v pedestrian MVC. On arrival, MV1 facing NB in SB lane. PED1 lying in roadway in front of MV1, :

MV1 light damage, hood, pass headlight. OP1 stated, traveling NB appx 25/30 mph. Saw PED1 along roadway on grassy side of street. PED1 stepped out into roadway. OP1 broke and swerved left/away from PED1, PED1 jumped in front of MV1 waiving. MV1 hit PED1.

OP1 stayed on scene. MV1 not towed.

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

03/11/2026

Police Officer Name (Please Print)

Signature

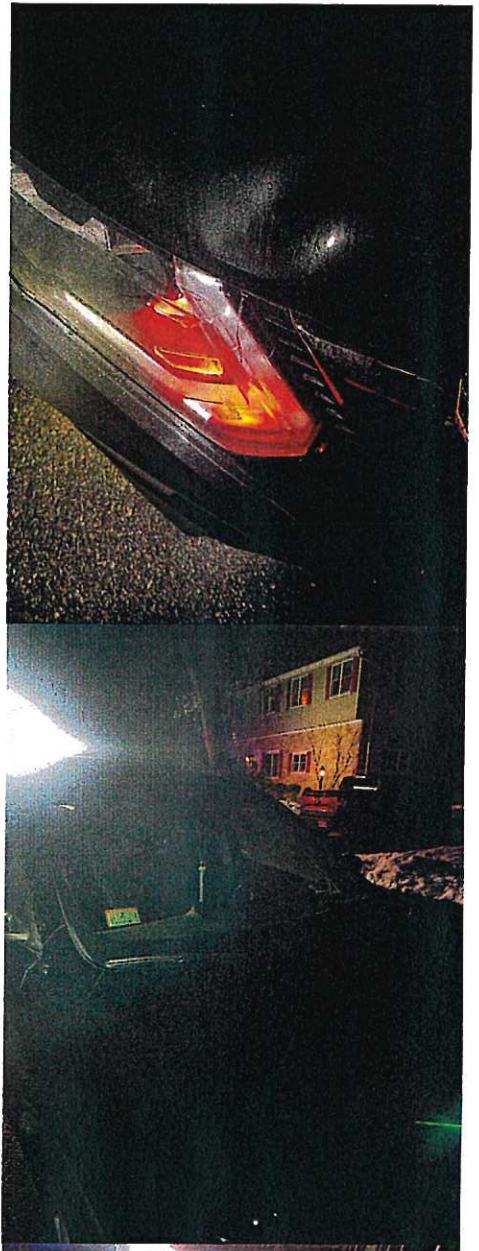
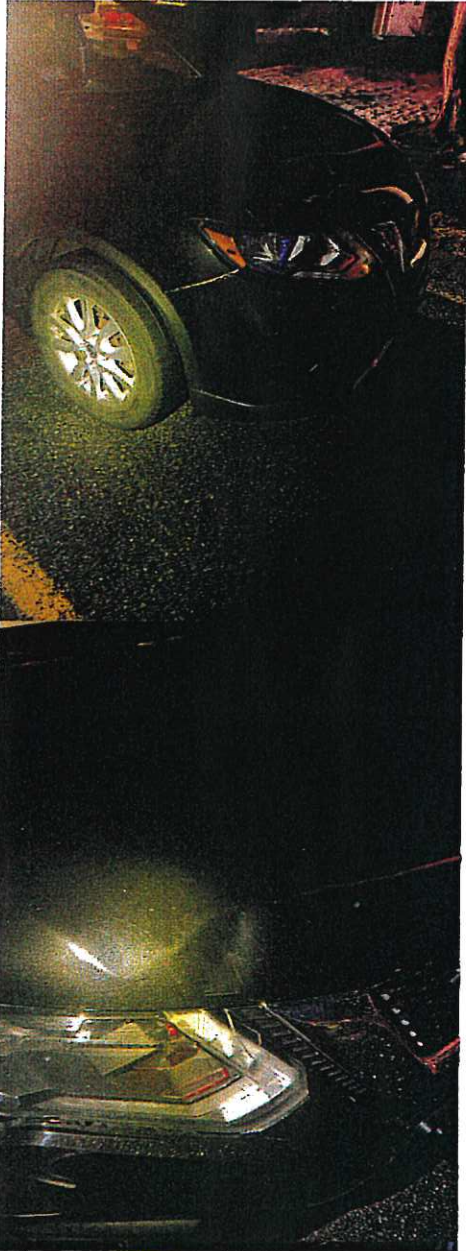
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-86-AC



Wilmington Police Department
Images Associated with 26-86-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 03/14/2026	Time of Crash 1550 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			Feet N S E W of Mile Marker Exit Number														
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street														
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark														
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 26-88-AC							
License # St. DOB/Age			Reg # 7GS844 Reg Type PC Reg State MA														
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2014 Veh Make LINCOLN Veh Config. 1 21														
Operator MCKENNA, ROBERT J			Owner MCKENNA, ROBERT J														
Address 12 PARLMONT PARK			Address 12 PARLMONT PARK														
City NORTH BILLERICA State MA Zip 01862-2737			City NORTH BILLERICA State MA Zip 01862-2737														
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28											
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33											
Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle)			Address			DOB/Age			Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			See Above							1	1	4	0	0	10	0	
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.							
License # St. DOB/Age			Reg # 141KJP Reg Type PC Reg State ME														
Sex F Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025 Veh Make HONDA Veh Config. 1 21														
Operator FRANTZ, LILLIANA C			Owner FRANTZ, LILLIANA C														
Address 95 KENT ST			Address 95 KENT ST														
City PORTLAND State ME Zip 04102			City PORTLAND State ME Zip 04102														
Insurance Company TRAVELERS			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 1 27 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 18 25 4 25			BAC Test Result: 1 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33											
Viol. 4: Ch/Sec/Sub																	
Please fill out for operator and all occupants involved																	
Name (Last First Middle)			Address			DOB/Age			Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above							1	1	4	0	0	10	0	

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

Crash Diagram:

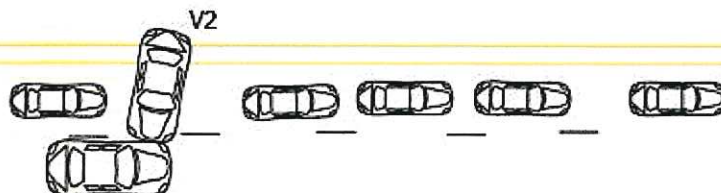
If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Main St



446 Main St
Parking lot



Crash Narrative:

On March 14, 2026, I was dispatched to 446 Main St., Cooks Skate Supply, for a two-car motor vehicle crash. Vehicle 1 was traveling northbound on Main St toward Church St. at the Main St. intersection. Vehicle 2 was attempting to turn into the parking lot of 446 Main St. Vehicle 2 struck Vehicle 1 on the side, causing damage to its driver's side door. Vehicle 2 suffered front bumper damage. The operator of Vehicle 2 said that the left lane was backed up with traffic. information was exchanged.

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

03/14/2026

Date

Wilmington Police Department
Images Associated with 26-88-AC

