

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/16/2026Time of Crash
1400
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
1Number
Injured
0Speed Limit 10
Latitude
LongitudeState Police
Local Police
MBTA Police
Campus Police
Other

0000

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 Number

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# 26-89-AC

License # St. DOB/Age

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

Operator POTHIER, PAUL WILLIAM

Address 4 SERENOA LN

City WILMINGTON State MA Zip 01887-2153

Insurance Company AIU INSURANCE COMPANY

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

Reg # V20094 Reg Type CO Reg State MA

Veh Year 2019 Veh Make Freightliner Veh Config 8 21

Owner BANC OF AMERICA LEASING AND CAPITAL LLC

Address 600 PEACHTREE NE ST

City ATLANTA State GA Zip 30308-2219

Vehicle Action Prior to Crash 1 22

Event Sequence 97 23 23 23 23

Most Harmful Event 97 24

Driver Contributing Code 99 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 0 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

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 # St. DOB/Age

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

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

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

Medical Facility

Operator/Occupants

See Above

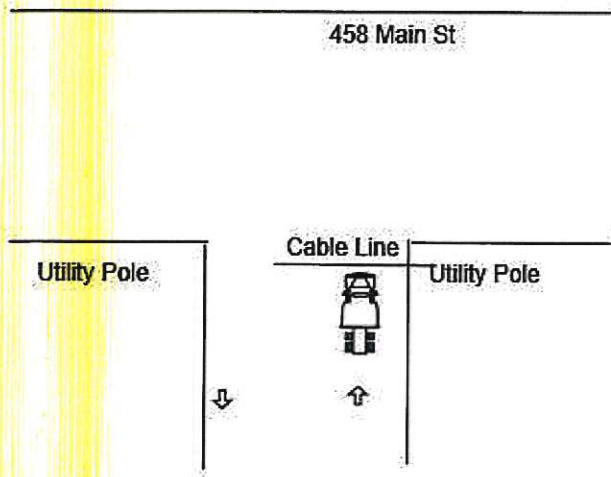
X

X

1

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

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:

The Operator of MV 1 stated that as he pulled into the driveway of 458 Main St, the top of his truck got wrapped around a cable wire and pulled it down. The operator stated he has made deliveries there before and has never had an issue. The wire was moved off to the side of the road. There were no injuries nor any damage to the pole or truck.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	262 ANDOVER ST READING MA 01960			CABLE WIRE FROM UTILITY POLE

Truck and Bus Information:

Registration # **V20094** (From Vehicle Section)

Carrier Name **DHL Express USA INC**

Bus Use **42**

Address **11800 EXIT 5 PKWY**

City **FISHERS**

St **IN**

Zip **46037**

US DOT #: **315026**

State Number

Issuing State **MA**

MC/MX/ICC #: **548005**

Interstate **4** ⁴³

Cargo Body Type Code **97** ⁴⁴

GVWR/GCWR **3** ⁴⁵

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

46

Hazmat Information:

Placard **3** ⁴⁷

Material 1 digit # **48**

Material Name Material 4 digit #

Release code **49**

Patrol Officer **Robert M DeGregorio III**

223

Wilmington Police Department

03/16/2026

Police Officer Name (Please Print)

Signature

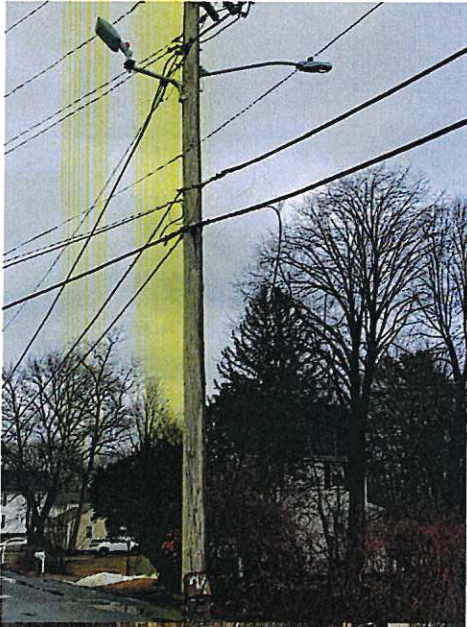
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-89-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/17/2026	Time of Crash 1419 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:			
1 1 MIDDLESEX AVE 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						2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark			
3 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 26-90-AC			
4 5 License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator BUENDIA SANCHEZ, MARTHA BEATRIZ Address 275 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-2109 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: N X 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 12 Reg # 6AXR74 Reg Type PC Reg State MA Veh Year 2025 Veh Make NISSAN Veh Config. 2 21 Owner BUENDIA, MARIA TERESA Address 275 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-2109 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 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: 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 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									
7 4 Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.									
8 1 License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator INDINGARO, BARBARA A Address 6 WINDSOR LN City BURLINGTON State MA Zip 01803-2841 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N X 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 # 6034VT Reg Type PC Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 2 21 Owner INDINGARO, BARBARA A Address 6 WINDSOR LN City BURLINGTON State MA Zip 01803-2841 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 7 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 3 25 4 25 BAC Test Result: 30 Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33			
9 2 Please fill out for operator and all occupants involved									
Operator/Occupants Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility									
Operator/Occupants See Above									

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 (Buendia-Sanchez) was entering the Salem Street traffic island(s) rotary from Ballardvale Street to follow Middlesex Avenue towards RT62. V1 was traveling straight without restriction entering the island rotary. V2 (Indignaro) was traveling from Salem Street when approaching traffic island(s) with the posted yield sign for cars before merging on to or across Middlesex Avenue. V2 was heading towards RT62 to go to the RMV & entered traffic island without yielding. This caused collision with V1 which was otherwise entering traffic Island(s) with ROW. V2 opr stated she was unfamiliar with the area (roads & signage) & did not see V1 approaching. No injuries observed or reported. V1 damaged along right side and doors. V2 damaged on left front end & fender. V2 failure to yield/ grant right of way most probable cause of crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Richard DiPerri

173

Wilmington Police Department

03/17/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Date of Crash

03/17/2026

Time of Crash

1438

24HR

City/Town

Wilmington

Commonwealth of Massachusetts

Motor Vehicle Crash

Police Report

RMV Document Number

Number Vehicles

2

Number Injured

0

Speed Limit

25

Latitude

Longitude

State Police

Local Police

MBTA Police

Campus Police

Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route#

Direction

Name of Roadway/Street

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 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# 26-91-AC

License #

S

DOB/Age

Sex

Lic. Class

D

19

19

Lic. Restrictions

I

20

CDL

nt

Operator

Last

First

Middle

Address

City

Stat

Zip

Insurance Company PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction:

N

X

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 # 3E6690

Reg Type MC

Reg State MA

Veh Year 2015

Veh Make HONDA

Veh Config. 3

21

Owner

Last

First

Middle

Address

City

State

Zip

Vehicle Action Prior to Crash

1

22

Damaged Area Code:

11

27

27

27

Event Sequence

42

23

1

23

41

23

23

Test Status:

1

28

Most Harmful Event

1

24

Type of Test:

0

29

Driver Contributing Code

10

25

2

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

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

5

5

99

0

10

1

Please Select One of the Following:

☒ Vehicle 1

#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

Operator FRANCHINA, JOHN CHARLES

Last

First

Middle

Address 15 COOLIDGE RD

City READING

State MA

Zip 01867-2858

Insurance Company SAFETY INSURANCE COMPANY

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

Reg # 5NKN35

Reg Type PC

Reg State MA

Veh Year 2025

Veh Make LEXUS

Veh Config. 1

21

Owner FRANCHINA, LORELLA LUCIA

Last

First

Middle

Address 15 COOLIDGE RD

City READING

State MA

Zip 01867-2858

Vehicle Action Prior to Crash

1

22

Damaged Area Code:

7

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

X

X

1

1

4

0

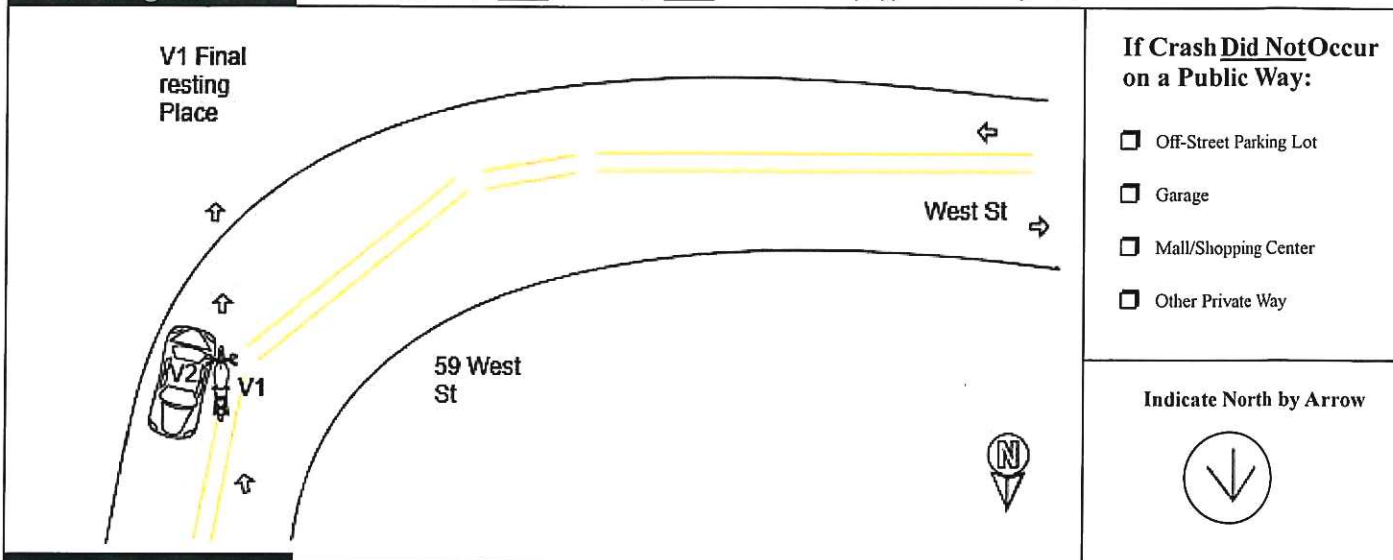
0

10

1

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

Crash Diagram:



Crash Narrative:

Vehicle 1 (V1) was traveling south on West St approaching the curve in the area of 59 West St. Vehicle 2 (V2) was traveling north on West St in the same area. V1 began to navigate the turn but due to high speed, continued straight crossing the center double yellow line. Once across the centerline, V1 sideswiped V2, continuing straight off the roadway to the left. Ultimately dumping the bike and coming to rest in the woods. V2 sustained very minor damage to the left rear tire/rim. V1 sustained damage to all side. No airbags deployed.

V1 was towed due to damage. V2 drove 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

03/17/2026

Police Officer Name (Please Print)

Signature

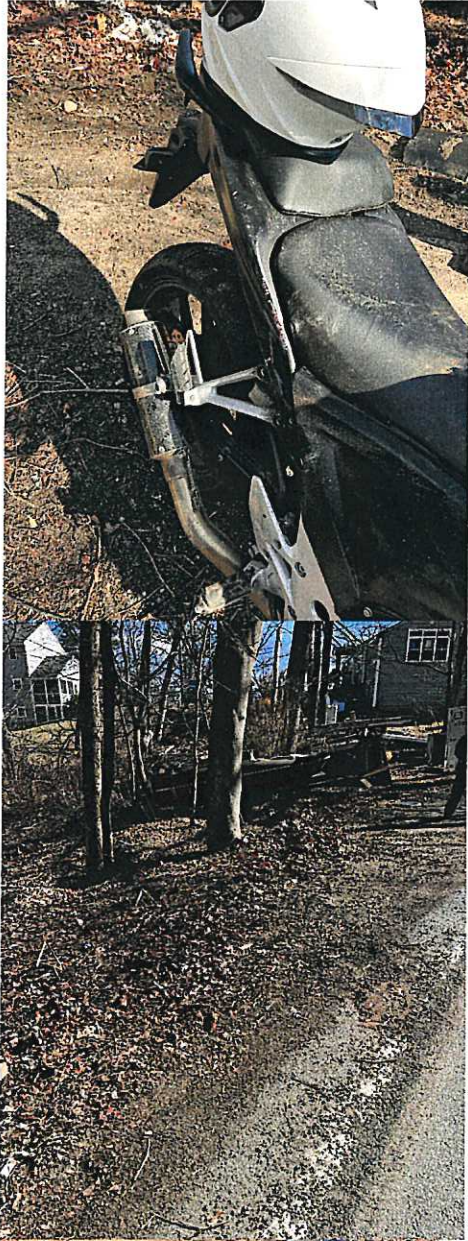
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-91-AC

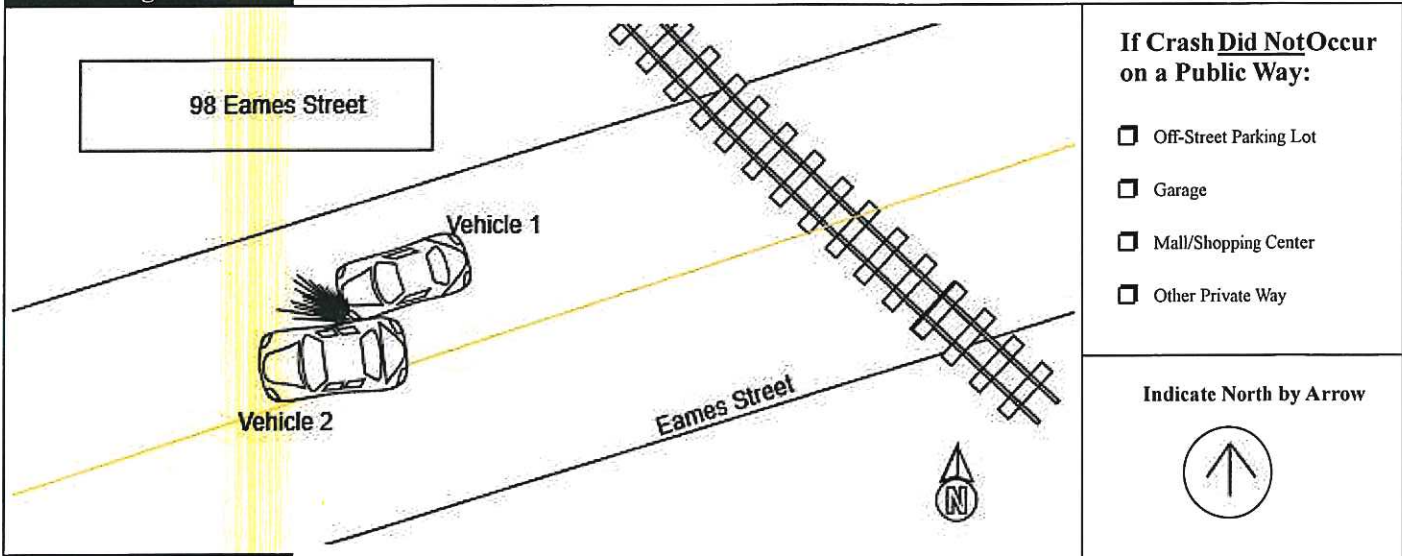


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/17/2026	Time of Crash 1737 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or 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# 26-92-AC	
License # St DOB/Age			Reg # 794VE1		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2024		Veh Make MAZDA		Veh Config. 1 21			
Operator HSIEH, DAVID MICHAEL			Owner HSIEH, DAVID MICHAEL							
Address 3 EARL STOKES CIR			Address 3 EARL STOKES CIR							
City WOBURN State MA Zip 01801-1559			City WOBURN State MA Zip 01801-1559							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following:			☒ Vehicle 20 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 4025RK		Reg Type PC		Reg State MA			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2005		Veh Make TOYOTA		Veh Config. 1 21			
Operator Driverless M.V.			Owner YIM, KIMBERLEE MINNA							
Address			Address 17 KLIANTHI DR							
City State Zip			City LOWELL State MA Zip 01854-1933							
Insurance Company THE STANDARD FIRE			Vehicle Action Prior to Crash 9 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 1			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 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										

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On Tuesday, March 17, 2026, at approximately 5:30PM, vehicle 1 was traveling west of Eames Street. Vehicle 2 was also traveling the same direction and crossed over the double yellow line and attempted to pass vehicle 1. When Vehicle 2 merged back into the lane, the rear of the vehicle side swiped the front left of vehicle 1.

Vehicle 2 left the scene without exchanging information.

No injured reported.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
HSIEH DAVID MICHAEL	3 EARL STOKES CIR WOBURN MA 01801-		97	MOTOR VEHICLE

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

Police Officer Name (Please Print)

Signature

232

ID/Badge #

Wilmington Police Department

Department

03/17/2026

Date

Wilmington Police Department
Images Associated with 26-92-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/17/2026	Time of Crash 2133 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet NSEW of or Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW 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# 26-93-AC	
License # St. DOB/Age			Reg # 5RPJ75		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make NISSAN		Veh Config. 1 21			
Operator HOLT, CAMRYN ROSE			Owner HOLT, CAMRYN ROSE							
Address 3 BRADLEY RD			Address 3 BRADLEY RD							
City DANVERS State MA Zip 01923-3403			City DANVERS State MA Zip 01923-3403							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: NSEW Responding to Emergency? 2			Event Sequence 6 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 6 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							
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: NSEW 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:

Burlington Ave

Deer

Vehicle 1

Stafford 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

Crash Narrative:

On Tuesday, March 19, 2026 at approximately 9:35PM, Vehicle 1 was traveling West on Burlington Ave. As Vehicle 1 approached the area of Stafford Street, a deer ran out of the wooded area and collided with the front of Vehicle 1. The collision caused damage to the front center area of the vehicle.

No parties were injured.

The vehicle was driven away from the scene.

Photo of the damaged area is 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

03/17/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-93-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/19/2026	Time of Crash 0952 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		2 10					
At					Feet N S E W of Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street		3 11					
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# 26-94-AC	
License # St. DOB/Age			Reg # 2ZGT13 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2004 Veh Make HYUNDAI Veh Config. 1 21		1 12					
Operator LARSON, ETHAN MICHAEL			Owner LARSON, STEPHANIE M		1 12					
Address 111 LOWELL RD APT 210			Address 111 LOWELL RD APT 210		1 12					
City NORTH READING State MA Zip 01864-1690			City NORTH READING State MA Zip 01864-1690		1 12					
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 7 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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										
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 153ZS7 Reg Type PC Reg State MA		1 14					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make FORD Veh Config. 1 21		1 14					
Operator WARD, KIMBERLY JEAN			Owner WARD, KIMBERLY JEAN		1 14					
Address 397 MIDDLESEX AVE			Address 397 MIDDLESEX AVE		1 14					
City WILMINGTON State MA Zip 01887-2151			City WILMINGTON State MA Zip 01887-2151		1 14					
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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/Occupants See Above										

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Market Basket/ CVS
Plaza Entrance

V1

Hanging traffic
light fixture

Main
Street

Savers
Plaza
Entrance

V2



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

I responded to a two car motor vehicle crash in the area of CVS in Main Street. Upon arrival I observed V1 on the side walk with heavy front end and drivers side damage and V2 with heavy front end damage. Op1 stated he was driving on Main Street (North Bound) in the right lane and was driving through the intersection and had a green light when his vehicle was struck by V2. Op2 stated she was turning left into the CVS Plaza and did not see any vehicles coming and proceeded and then struck V1.

Both vehicles were towed by Forrest 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 John A Fortes

228

Wilmington Police Department

03/19/2026

Police Officer Name (Please Print)

Signature

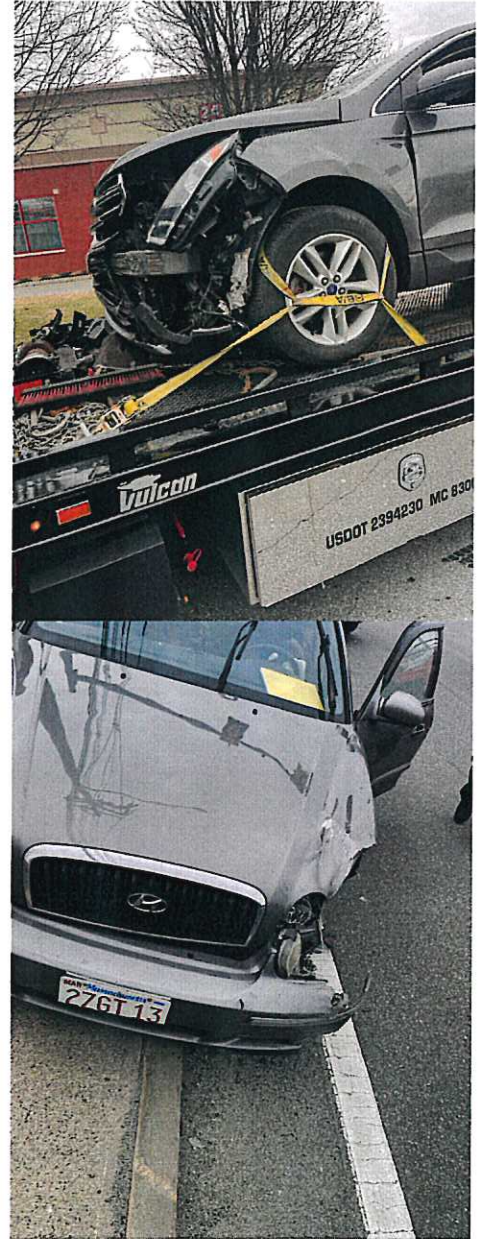
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-94-AC

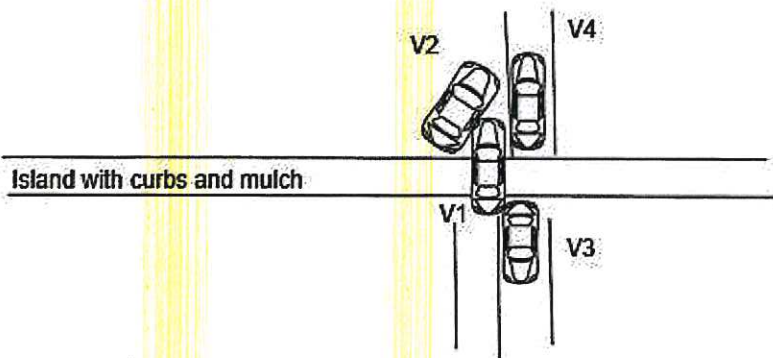


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/19/2026	Time of Crash 1148 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			Route# Direction Name of Roadway/Street		2 10					
At			Route# Direction Address # Name of Roadway/Street		235 MAIN ST					
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					
2 1			Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of					
					Landmark					
3			Please Select One of the Following:		Crash Report ID# 26-95-AC					
			☒ Vehicle 11 #Occupants		☐ Hit/Run ☐ Moped					
4 1			License #, St, DOB/Age		Reg # 1TPA22 Reg Type PC Reg State MA					
			Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement		Veh Year 2020 Veh Make SUBARU Veh Config. 1 21					
			Operator AYLWARD, RUTH ANNE		Owner AYLWARD, RUTH ANNE					
			Address 10 TOWN FARM LN		Address 10 TOWN FARM LN					
			City NORTH BILLERICA State MA Zip 01862-1226		City NORTH BILLERICA State MA Zip 01862-1226					
5			Insurance Company THE STANDARD FIRE INSURAN		Vehicle Action Prior to Crash 1 22					
			Vehicle Travel Direction: X S E W Responding to Emergency? 2		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 19 25 25					
6 1			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		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 4 0 0 10 1					
7 1			Please Select One of the Following:		Complete the Vulnerable User section.					
			☒ Vehicle 21 #Occupants		☐ Hit/Run ☐ Moped ☐ Vulnerable User					
8 1			License #, S, DOB/Age		Reg # 3PVD26 Reg Type PC Reg State MA					
			Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement		Veh Year 2007 Veh Make HONDA Veh Config. 1 21					
			Operator ALISMA, DIEUDONNE		Owner ALISMA, DIEUDONNE					
			Address 60 MILL ST APT 2		Address 60 MILL ST APT 2					
			City WOBURN State MA Zip 01801-2751		City WOBURN State MA Zip 01801-2751					
9 2			Insurance Company AMICA PROPERTY & CASUALTY		Vehicle Action Prior to Crash 11 22					
			Vehicle Travel Direction: X S E W Responding to Emergency? 2		Event Sequence 1 23 23 23 23					
			Citation # (If Issued)		Most Harmful Event 1 24					
			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		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/Occupants See Above		1 0 4 0 0 10 1					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/19/2026	Time of Crash 1148 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 4	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				2 10							
At			Feet N S E W of or Exit Number				3 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											
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following:			☒ Vehicle 31 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-95-AC		
License # St DOB/Age			Reg # 5VBZ28 Reg Type PC Reg State MA			7 12								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008 Veh Make ACURA Veh Config. 1 21											
Operator SANTIAGO, RICARDO JR			Owner COSME, LUZ E											
Address 18 8TH AVE APT 1			Address 18 8TH AVE APT 1											
City LOWELL State MA Zip 01854			City LOWELL State MA Zip 01854-1502											
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 3 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			2 13					
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33								
Viol. 4: Ch/Sec/Sub														
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator			See Above			1 0 4 0 0 10 1			Medical Facility					
Please Select One of the Following:			☒ Vehicle 41 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg # 3LL631 Reg Type PC Reg State MA			21								
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2015 Veh Make VOLKSWAGEN Veh Config. 1 21											
Operator VIVEIROS, ANGELINA D			Owner VIVEIROS, ANGELINA D											
Address 13 OAKWOOD RD APT #1			Address 13 OAKWOOD RD APT #1											
City WILMINGTON State MA Zip 01887-1751			City WILMINGTON State MA Zip 01887-1751											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 2 27 27 27								
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32			1 14					
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					
Operator/Occupants			See Above			1 0 4 0 0 10 1			Medical Facility					

→ = 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:

I responded to a four car motor vehicle crash in the Savers parking lot. Upon arrival Op1 was sitting in her vehicle which was partially on the island over the curb and partially on the pavement in the parking lot. Op1 stated she was attempting to exit her parking spot and thought her vehicle was in reverse and it was in drive causing her to go over the island and into the two vehicles in front of her. She then reversed the vehicle and caused minor damage to the vehicle behind her. I made contact with the operators of the other vehicles, all of which were not in or near their vehicles at the time of the crash. V1 and V2 were towed from the scene by Forrest Towing and the other two vehicles were drivable. all parties were given exchange information.

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

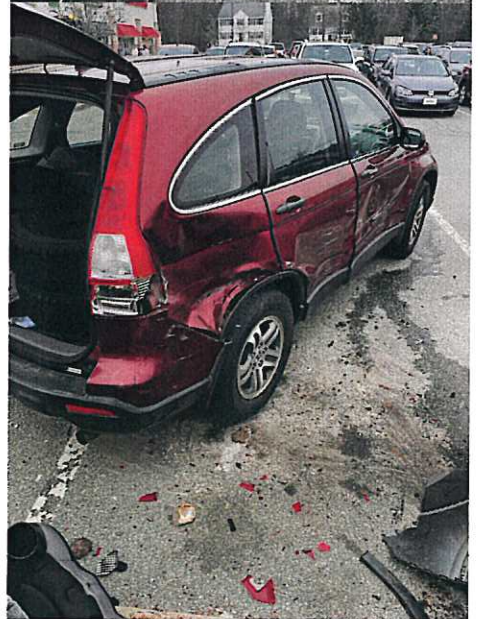
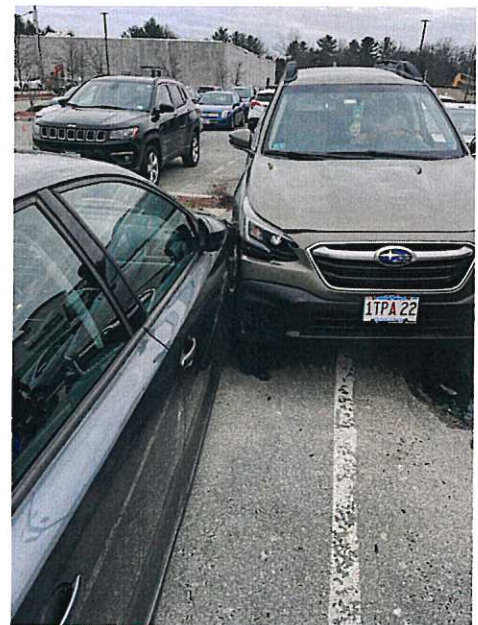
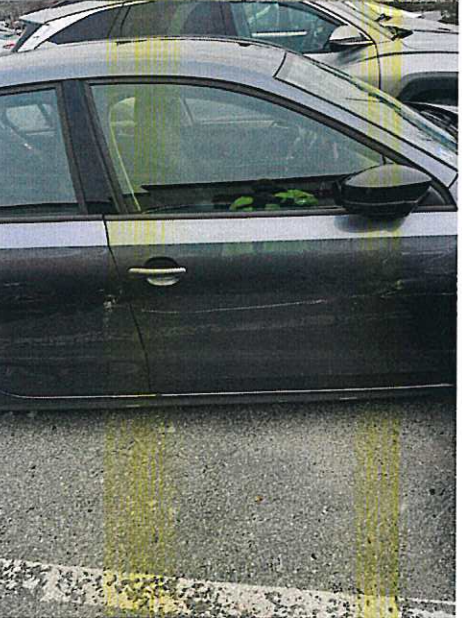
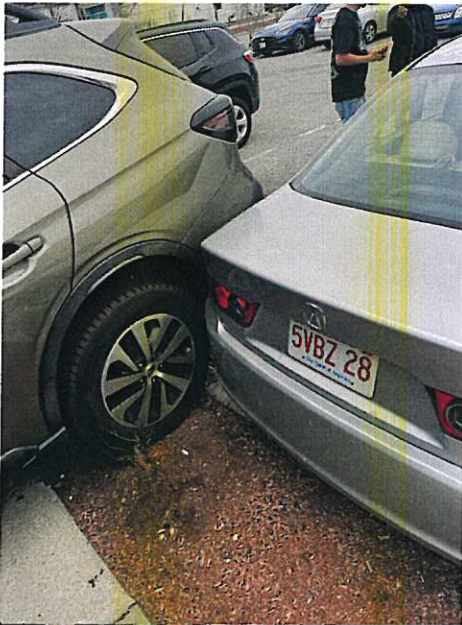
Department

Precinct/Barracks

03/19/2026

Date

Wilmington Police Department
Images Associated with 26-95-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/19/2026	Time of Crash 1622 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 300 LOWELL ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-96-AC							
License # St DOB/Age Sex M Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement			Reg # 3XDM52 Reg Type PC Reg State MA							
Operator GILBERT, ROBERT L Last First Middle			Veh Year 2022 Veh Make TESLA Veh Config 1 21							
Owner ZOLOTNITSKAYA, KSENIA I Last First Middle			Address 111 NICHOLS ST							
City WILMINGTON State MA Zip 01887-1631			City WILMINGTON State MA Zip 01887-1631							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26			Towed from scene? 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 0							
Please Select One of the Following: ☒ Vehicle 22 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex F Lic. Class D M Lic. Restrictions 1 20 CDL Endorsement			Reg # 5GRT88 Reg Type PC Reg State MA							
Operator CANNING, MACKENZIE CAROLINE Last First Middle			Veh Year 2018 Veh Make Jeep Veh Config 1 21							
Owner CANNING, MACKENZIE CAROLINE Last First Middle			Address 19 COOK AVE							
City WILMINGTON State MA Zip 01887-3331			City WILMINGTON State MA Zip 01887-3331							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 6 22 Damaged Area Code: 0 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23 Test Status: 1 28							
Citation # (If Issued)			Type of Test: 0 29							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 1 24 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 19 25 5 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 6 26 26			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1 1 4 0 0 10 1							
MATTHEW AMENTOLA 71 MIDDLESEX AVE WILMINGTON, MA 01887-2710			M 3 1 4 0 0 10 1							

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

Crash Diagram:

Burger King Parking Lot

Red Heat Parking Lot

Lowell 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

Crash Narrative:

On March 19, 2026, I was dispatched to 300 Lowell St.

Once on scene, the operator of Vehicle 1 stated that he was driving westbound while Vehicle 2 was attempting to exit the parking lot of 300 Lowell St. Vehicle 1 went around Vehicle 2, and due to traffic, suddenly braked his vehicle, causing Vehicle 2 to rear-end his Vehicle 1 sustained minor damage to the vehicle bumper, while Vehicle 2 sustained no cosmetic 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 Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

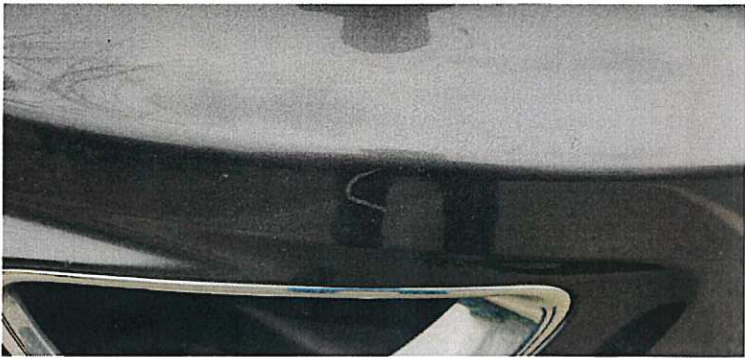
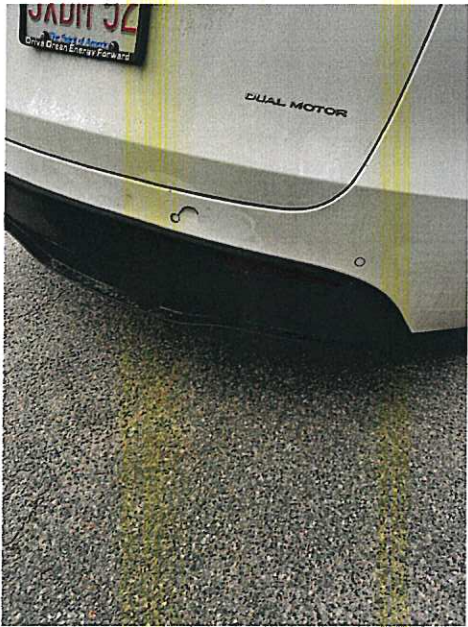
Department

Precinct/Barracks

03/19/2026

Date

Wilmington Police Department
Images Associated with 26-96-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/21/2026Time of Crash
2025
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
1Number
Injured
0Speed Limit 35
Latitude _____
Longitude _____State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

WOBURN ST

Route# Direction Name of Roadway/Street

At

OX BOW DR

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 1 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 26-97-AC

License _____ St _____ DOB/Age _____

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
EndorsementOperator BRUTUS, ALAIN GREGORIE

Last First Middle

Address 3917 SW BAMBERG STCity PORT SAINT LUCIE State FL Zip 34953Insurance Company PROGRESSIVE AMERICAN INSVehicle 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 # IM63RCReg Type PCReg State FLVeh Year 2014Veh Make NISSANVeh Config. 1 21Owner PHILEUS, GERTHA

Last First Middle

Address 2560 SW MARSHFIELD CTCity PORT ST LUCIE State FL Zip 34953-7080Vehicle Action Prior to Crash 1 22Damaged Area Code: 2 27 27 27Event Sequence 5 23 23 23 23Test Status: 1 28Most Harmful Event 5 24Type of Test: 0 29Driver Contributing Code 1 25 25BAC Test Result: 1 30Driver Distracted by 0 26 26Susp. 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

14
Seat
Pos.35
Safety
System36
Airbag
Status37
Eject
Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator

See Above

1

1

4

0

0

10

0

Please Select One
of the Following:☐ Vehicle 2 _____ #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____

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

Operator _____

Last First Middle

Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21

Owner _____

Last First Middle

Address _____

City _____ State _____ Zip _____

Vehicle Action Prior to Crash 22Damaged Area Code: 27 27 27Event Sequence 23 23 23 23Test Status: 28Most Harmful Event 24Type of Test: 29Driver Contributing Code 25 25BAC Test Result: 30Driver Distracted by 26 26Susp. Alcohol: 31 Susp. Drug: 32Towed from scene? 33

Please fill out for operator and all occupants involved

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Code38
Trap
Code39
Injury
Status40
Transp.
Code

Medical Facility

Operator/Occupants

See Above

1

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

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 March 21, 2026, I was dispatched to the area of Morse Ave and Woburn St for a 1 car motor vehicle crash involving a deer. The operator of the vehicle stated that he was driving northbound on Woburn St when two deer came from his left side, jumping over the vehicle. The operator said that he clipped the second deer's legs, but it continued into the woods. The vehicle sustained front right 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 Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/21/2026

Date

Wilmington Police Department
Images Associated with 26-97-AC

