

Date of Crash 04/05/2026 Time of Crash 0320 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 35 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 _____ 244 MIDDLESEX AVE
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section. Crash Report ID# **26-111-AC**

License # _____ St _____ DOB/Age _____ Reg # **1FAY13** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **2**
 Operator **BENSON, NICHOLAS SHARKEY** Owner **BENSON, ROBERT EDWARD**
 Address **300 MIDDLESEX AVE** Address **300 MIDDLESEX AVE**
 City **WILMINGTON** State **MA** Zip **01887-2120** City **WILMINGTON** State **MA** Zip **01887-2120**
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **22 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 **97 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: **1 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

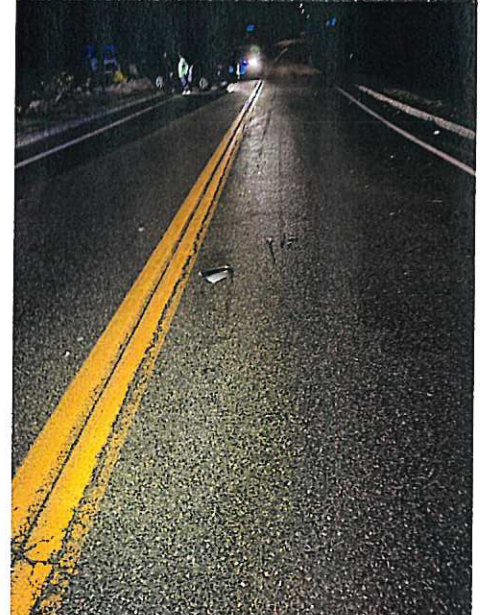
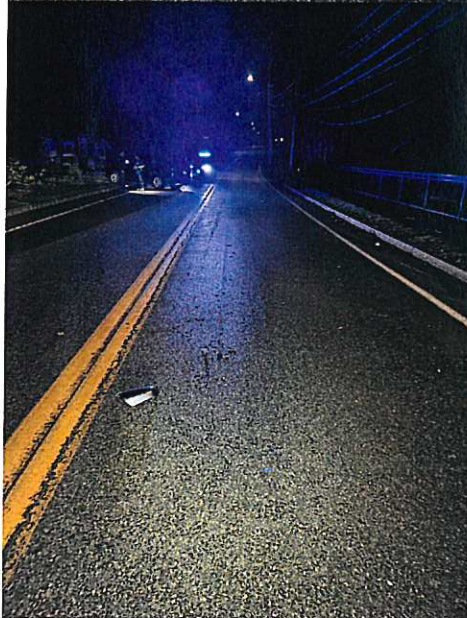
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	2	0	0	9	2	Winchester Hospital

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

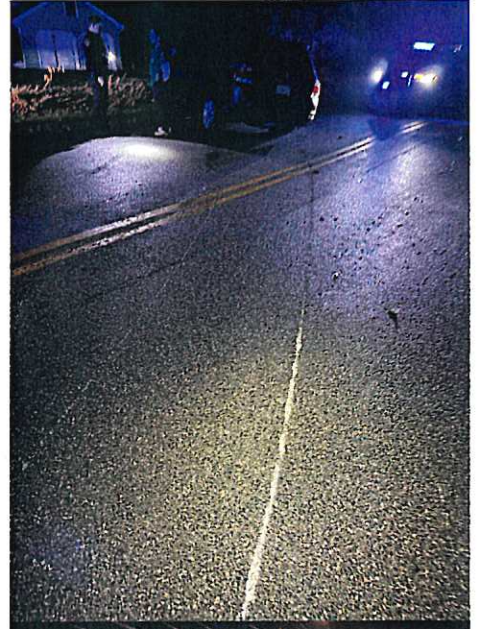
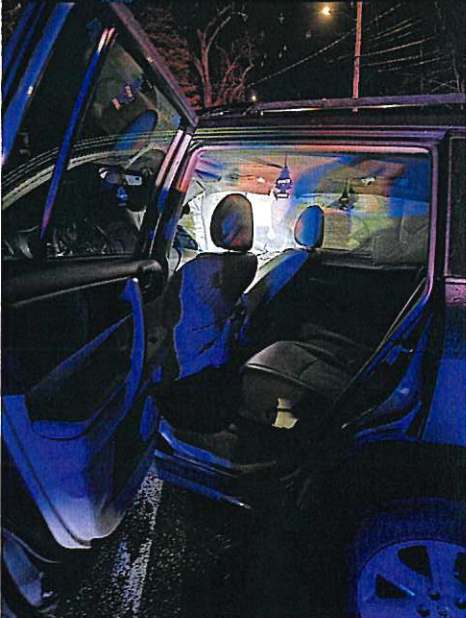
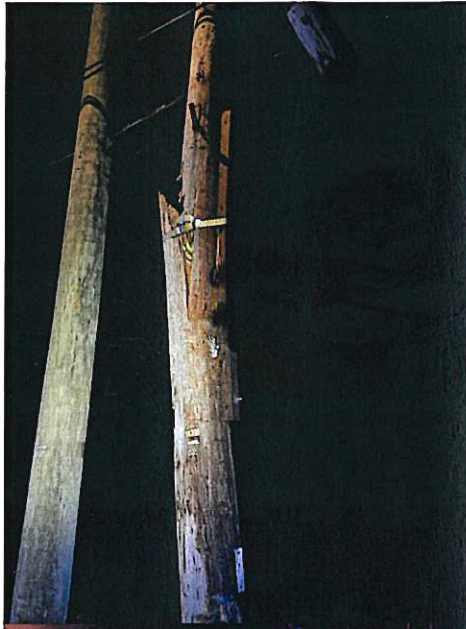
License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ 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**
 Towed from scene? **33**

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

Wilmington Police Department
Images Associated with 26-111-AC



Wilmington Police Department
Images Associated with 26-111-AC



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# **20** Direction _____ Address # **OX BOW DR** 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 **10** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-112-AC**

License # _____ St _____ DOB/Age _____ Reg # **4HJP31** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1 21**

Operator **Driverless M.V.** Owner **BARROWS, TYRA ANTOINETTE**

Address _____ Address **77 SUFFOLK ST**

City _____ State **MA** Zip **02148-5806**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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	XXXXXX	XX	1	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____ Reg # **VT62MM** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2022** Veh Make **Jeep** Veh Config. **1 21**

Operator **IRETON-MARINO, MARIANNE J** Owner **MARINO, DAVID JAMES**

Address **16 OX BOW DR** Address **16 OX BOW DR**

City **WILMINGTON** State **MA** Zip **01887-3474** City **WILMINGTON** State **MA** Zip **01887-3474**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N S W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **0 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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	XXXXXX	XX	1	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 26-112-AC



Date of Crash **04/05/2026** Time of Crash **1749** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **2** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 155 Name of Roadway/Street SHAWSHEEN AVE</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 26-114-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL _____ Endorsement _____</p> <p>Operator ELEMAN, MILDRED A</p> <p>Address 9 PONDOVER RD APT 9</p> <p>City BILLERICA State MA Zip 01821-1920</p> <p>Insurance Company PROGRESSIVE DIRECT INSURA</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 8AH196 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make KIA Veh Config. 1 21</p> <p>Owner ELEMAN, MILDRED A</p> <p>Address 9 PONDOVER RD APT 9</p> <p>City BILLERICA State MA Zip 01821-1920</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 0 27</p> <p>Event Sequence 42 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 22 24 Type of Test: 29</p> <p>Driver Contributing Code 9 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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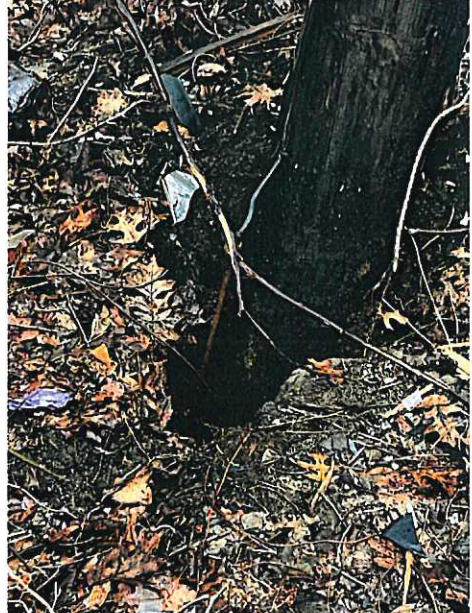
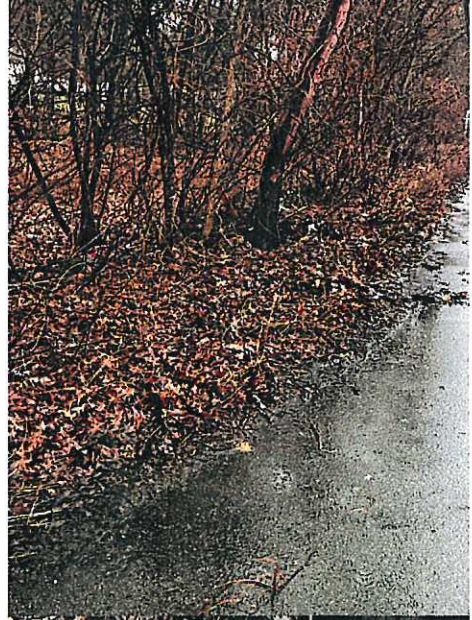
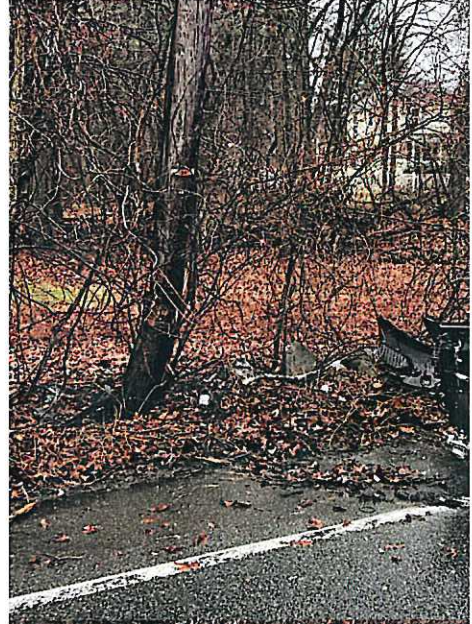
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	2	7	2	Lahey Hospital
MELISSA ENGBRETSON		9 PONDOVER RD BILLERICA, MA 01821-1920	F	3	1	1	0	2	7	2	Lahey Hospital

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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 26-114-AC



Wilmington Police Department
Images Associated with 26-114-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# <u>72</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **26-116-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL _____</p> <p>Operator <u>POWER, MATTHEW JOHN</u></p> <p>Address <u>40 ELLINGWOOD AVE</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821</u></p> <p>Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>4AMF76</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2024</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> 21</p> <p>Owner <u>POWER, MATTHEW JOHN</u></p> <p>Address <u>40 ELLINGWOOD AVE</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821</u></p> <p>Vehicle Action Prior to Crash <u>4</u> 22 Damaged Area Code: <u>5</u> 27 27 27</p> <p>Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28</p> <p>Most Harmful Event <u>1</u> 24 Type of Test: <u>0</u> 29</p> <p>Driver Contributing Code <u>1</u> 25 25 BAC Test Result: <u>1</u> 30</p> <p>Driver Distracted by <u>0</u> 26 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32</p> <p>Towed from scene? <u>2</u> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	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.

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL _____</p> <p>Operator <u>AYEMERE, ELLIOT OBERAIFOH</u></p> <p>Address <u>1 BEVERLY AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1716</u></p> <p>Insurance Company <u>PROGRESSIVE CASUALTY INSU</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>TA18HL</u> Reg Type <u>TX</u> Reg State <u>MA</u></p> <p>Veh Year <u>2025</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> 21</p> <p>Owner <u>OMOAFE CORP</u></p> <p>Address <u>11 CRAGMERE TER APT 1</u></p> <p>City <u>MATTAPAN</u> State <u>MA</u> Zip <u>02126-2508</u></p> <p>Vehicle Action Prior to Crash <u>1</u> 22 Damaged Area Code: <u>8</u> 27 27 27</p> <p>Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28</p> <p>Most Harmful Event <u>1</u> 24 Type of Test: <u>0</u> 29</p> <p>Driver Contributing Code <u>5</u> 25 25 BAC Test Result: <u>1</u> 30</p> <p>Driver Distracted by <u>0</u> 26 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32</p> <p>Towed from scene? <u>2</u> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	XXXX	XX	1	1	4	0	0	10	1	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/10/2026 Time of Crash 0956 City/Town 24HR 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:

1

Route# Direction Name of Roadway/Street At

38 S 205 MAIN ST Route# Direction Address # Name of Roadway/Street

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

Feet N S E W of Mile Marker Exit Number

2

Route# Direction Name of Intersecting Roadway/Street

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

CUMBERLAND FARMS Landmark

3

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 26-117-AC

4

License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Reg # 41DA78 Reg Type PC Reg State MA Veh Year 2024 Veh Make HYUNDAI Veh Config. 2 21

Operator DEMPSEY, MARCIA COYE Last First Middle

Owner DEMPSEY, MARCIA COYE Last First Middle

Address 22 APACHE WAY

Address 22 APACHE WAY

City WILMINGTON State MA Zip 01887-2691

City WILMINGTON State MA Zip 01887-2691

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 6 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: 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

6

Table with columns: 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 row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

7

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

Crash Report ID# 26-117-AC

8

License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 5CVD67 Reg Type PC Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 2 21

Operator CALLAHAN, CHRISTINE M Last First Middle

Owner CALLAHAN, CHRISTINE M Last First Middle

Address 6 CARTER RD

Address 6 CARTER RD

City BURLINGTON State MA Zip 01803-1004

City BURLINGTON State MA Zip 01803-1004

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 5 22 Damaged Area Code: 2 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: 29

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

Driver Contributing Code 19 25 4 25 BAC Test Result: 30

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

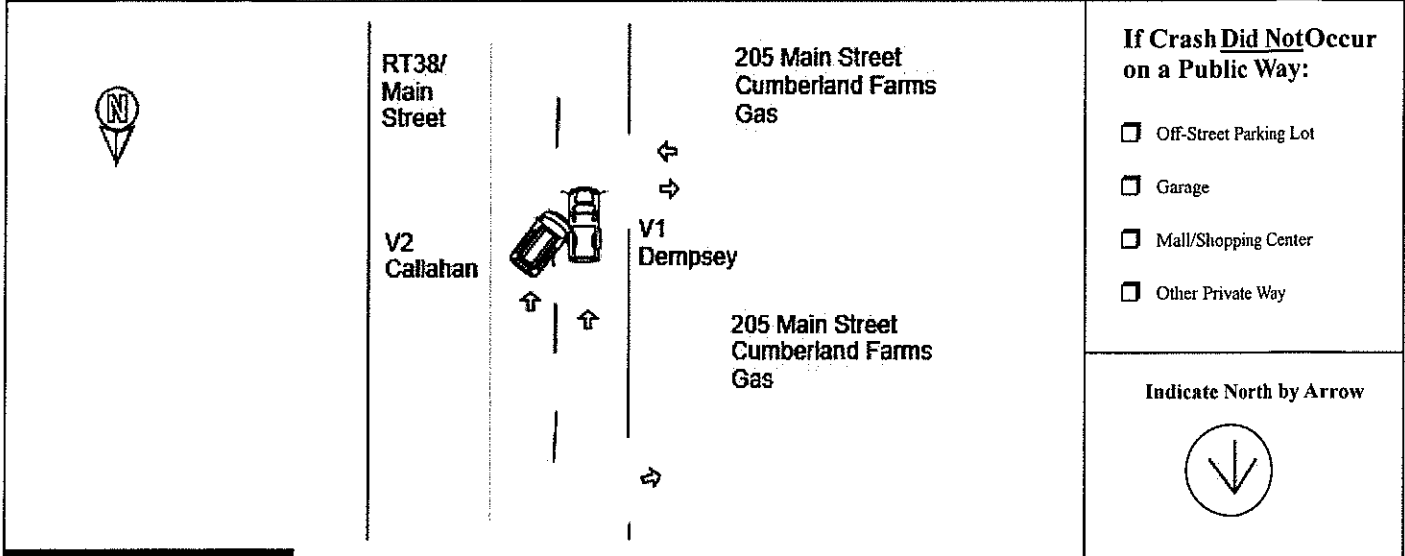
Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

9

Table with columns: 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 row: 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:

V1 (Dempsey) was traveling straight in the right portion of the split lane RT38S. V2 (Callahan) was traveling in the same direction but occupied the left portion of the split lanes. V2 Opr Callahan attempted merge for right turn from the left lane to enter driveway for 205 Main Street and caused collision with V1. No injuries observed or reported. V1 damaged on left rear passenger door, wheel, & fender. V2 damaged on right front end/fender. V2 opr stated she did not see V1 when she attempted merge for right turn and caused crash. V2 Opr. Callahan's failure to grant ROW & unsafe lane change from left lane change across right lane most probable factor in 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 04/10/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 04/10/2026
 Time of Crash: 1228
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 40
 Latitude: _____
 Longitude: _____

State Police
 Local Police
 MBTA Police
 Campus Police
 Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# _____ Direction _____ Address # **200** Name of Roadway/Street **BALLARDVALE 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# **26-118-AC**

License # _____ S: _____ DOB/Age _____
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **LANZETTA, MARK NICHOLAS**
 Address **4 GABLES CIR LOT APT 4**
 City **SALEM** State **MA** Zip **01970-1218**

Reg # **3YFK20** Reg Type **PC** Reg State **MA**
 Veh Year **2023** Veh Make **CHEVROLET** Veh Config. **2** 21
 Owner **LANZETTA, MARK NICHOLAS**
 Address **4 GABLES CIR LOT APT 4**
 City **SALEM** State **MA** Zip **01970-1218**

Insurance Company **PROGRESSIVE DIRECT INSURA**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash **4** 22
 Event Sequence **1** 23 23 23 23
 Most Harmful Event **1** 24
 Driver Contributing Code **4** 25 25
 Driver Distracted by **0** 26 26
 Damaged Area Code: **7** 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		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	XXXX	XX	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 **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____
 Operator **MURPHY, CASSIDY GRACE**
 Address **6 PLEASANT RD**
 City **WILMINGTON** State **MA** Zip **01887-1447**

Reg # **4MWT41** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** 21
 Owner **MURPHY, SHAWN MICHAEL**
 Address **6 PLEASANT RD**
 City **WILMINGTON** State **MA** Zip **01887-1447**

Insurance Company **THE COMMERCE INSURANCE CO**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2**
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

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		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	XXXX	XX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 26-118-AC

