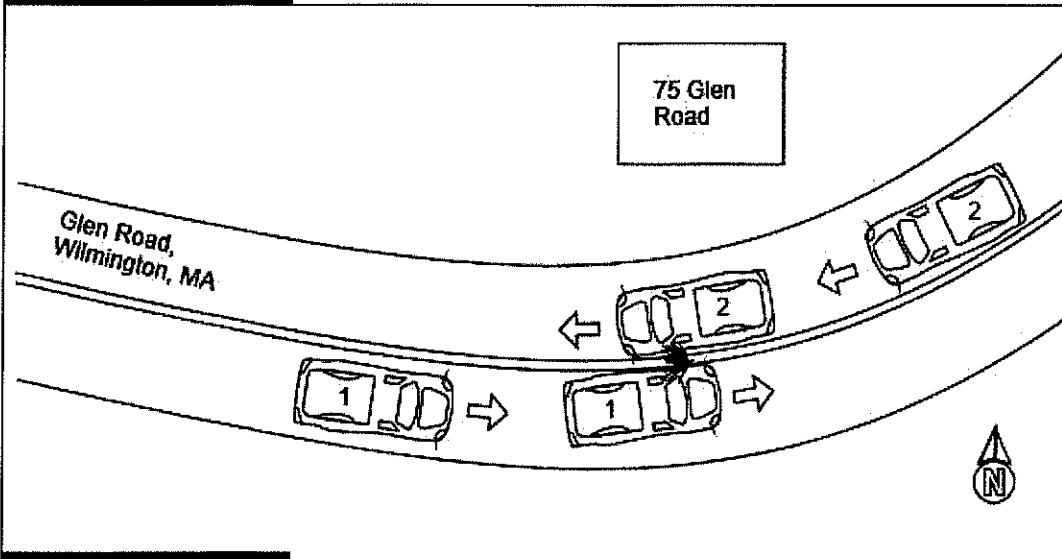


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/14/2026	Time of Crash 1710 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of or								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Mile Marker Exit Number					
Also at Intersection with			Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark					
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped		
Crash Report ID#			26-119-AC								
License # St DOB/Age			Reg # 636ZB8			Reg Type PC			Reg State MA		
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017			Veh Make RAM			Veh Config. 1 21		
Operator WIROLL, DANIEL J			Owner WIROLL, DANIEL J								
Address 27 CHANDLER RD			Address 27 CHANDLER RD								
City ANDOVER State MA Zip 01810-2814			City ANDOVER State MA Zip 01810-2814								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator			See Above			1 1 4			0 0 10 1		
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped		
Crash Report ID#			VT23734								
License # St DOB/Age			Reg # VT23734			Reg Type PC			Reg State MA		
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019			Veh Make GMC			Veh Config. 1 21		
Operator MINGHELLA, CHRISTOPHER MICHAEL			Owner MINGHELLA, CHRISTOPHER MICHAEL								
Address 154 LAKE ST			Address 154 LAKE ST								
City WILMINGTON State MA Zip 01887-1623			City WILMINGTON State MA Zip 01887-1623								
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1 1 4			0 0 10 0		

→ = 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 MV 1 stated he was traveling East on Glen Road when he and MV 2 bumped left mirrors in the area of 75 Glen Road. MV 1 stated that the section of roadway where the collision occurred is a tight section of the roadway. MV 1 drew attention to the fact that both involved pickup trucks had large, extended tow mirrors and believed both trucks were in their travel lanes and the mirrors touched over the double yellow line.

Operator of MV 2 stated that he was traveling West on Glen Road. :

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

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/14/2026

Date

Wilmington Police Department
Images Associated with 26-119-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 04/15/2026		Time of Crash 0921 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit <u>35</u> 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 _____ Name of Intersecting Roadway/Street _____ _____ Also at Intersection with _____ _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Route# _____ Direction _____ Address # <u>340</u> <u>MAIN ST</u> _____ _____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ • _____ or _____ _____ Mile Marker _____ Exit Number _____ _____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ _____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Landmark _____									
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped						Crash Report ID# 26-120-AC									
License # _____ St. _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>P</u> <u>20</u> CDL _____ Operator <u>DENIS, JESULA CETOUTE</u> Address <u>19 GEORGE ST APT 2</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-4618</u> Insurance Company <u>LIBERTY MUTUAL FIRE INSUR</u> Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____						Reg # <u>4YVZ49</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>21</u> Owner <u>FORTUNE, MARRIO</u> Address <u>19 GEORGE ST APT 2</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>									
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		<u>X</u>	<u>X</u>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # _____ St. _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>ANASTASIOU, IMOGEN ROSE AVERY</u> Address <u>485 FOLEY ST APT 912</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-1298</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: ☒ S ☒ E ☒ W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____												Reg # <u>4LNH66</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>ANASTASIOU, JAMES PANOS</u> Address <u>485 FOLEY ST APT 912M</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-1266</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Damaged Area Code: <u>6</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>			
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		<u>X</u>	<u>X</u>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Entrance to AL PRIME 342 Main St	340 Main St Entrance	Middlesex Ave	
			If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way
			Indicate North by Arrow

Crash Narrative:

MV1 AND MV2 WERE DRIVING NORTH ON MAIN ST/RT 38. MV2 SLOWED DOWN AND CAME TO A STOP, AS THERE WERE CARS STOPPED IN TRAFFIC IN FRONT OF THE GAS STATION (AL PRIME), WAITING TO PULL IN TO THE LOT. MV1 STRUCK MV2 FROM BEHIND. MV1 DID NOT STOP AND EXCHANGE INFORMATION. ACCORDING TO WITNESSES, MV1 TURNED AROUND IN THE LOT OF AL PRIME AND DROVE AWAY. THERE WAS DAMAGE TO THE REAR LEFT SIDE OF MV2, AND DAMAGE TO THE FRONT END OF MV1. NO INJURIES REPORTED, NO TOWS.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
NALEHACH RYHOR	104 ANDOVER ST WILMINGTON MA 01887-1241		
MARCHESE DEBORAH CECILE	4 NORTH ST WILMINGTON MA 01887-2119		

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 Kayla M Hanson

230

Wilmington Police Department

04/15/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-120-AC



Wilmington Police Department
Images Associated with 26-120-AC

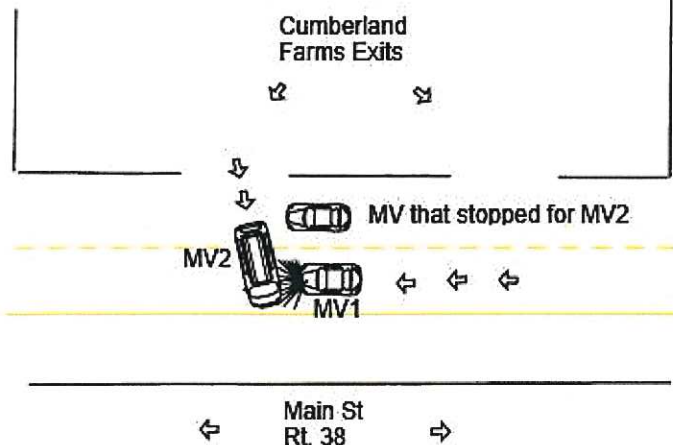


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/16/2026	Time of Crash 0709 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			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# 26-122-AC							
License: S DOB/Age			Reg # 6YB546 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL H Endorsement			Veh Year 2018 Veh Make SUBARU Veh Config 1 21							
Operator BURDICK, JULIA BLANCHE			Owner BURDICK, JULIA BLANCHE							
Address 9 PUTNEY CIR 9 PUTNEY CIR			Address 9 PUTNEY CIR 9 PUTNEY CIR							
City BILLERICA State MA Zip 01821-0000			City BILLERICA State MA Zip 01821-0000							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N X 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			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
Operator See Above			Operator See Above							
Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # S DOB/Age			Reg # 4ESY17 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019 Veh Make CHEVROLET Veh Config 1 21							
Operator FIGUEIREDO DA COSTA, WODSON			Owner FIGUEIREDO DA COSTA, WODSON							
Address 130 AVON ST APT 2			Address 130 AVON ST APT 2							
City MALDEN State MA Zip 02148-7225			City MALDEN State MA Zip 02148-7225							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 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 18 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			Please fill out for operator and all occupants involved							
Name (Last First Middle) Address			Name (Last First Middle) Address							
Operator/Occupants See Above			Operator/Occupants See Above							

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

After further investigation, it was learned that MV1 was traveling SB on Main St in the left hand lane passing Cumberland Farms, when a vehicle came out of the Cumberland Farms exit turning left. MV1 one stated they were traveling straight when all of a sudden MV2 came out into traffic. MV1 had no time to react. After speaking with MV2, operator stated they were turning left onto Main St from the Cumberland Farms parking lot. A vehicle in the right lane had stopped for them, but when they pulled out they did not account for the vehicles in the left lane. Please note Cumberland Farms exits on Main St have posted no left hand turn signs.

No injuries reported MV2 was sent on their way, and MV1 awaited personal tow arrangements.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/16/2026

Date

Wilmington Police Department
Images Associated with 26-122-AC

