

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/26/2026	Time of Crash 1412 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			211 LOWELL ST								
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			Feet N S E W of			Landmark								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-128-AC		
License #, St, DOB/Age			Reg # 51T248			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006			Veh Make TOYOTA			Veh Config. 1 21					
Operator BLIZZARD, DONNA L			Owner BLIZZARD, DONNA L											
Address 211 DEMINGWAY EXT			Address 211 DEMINGWAY EXT											
City WILMINGTON State MA Zip 01887-3647			City WILMINGTON State MA Zip 01887-3647											
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 1 27 2 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 4 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					
JANICE WEED			42 CUNNINGHAM ST WILMINGTON, MA 01887-1365			F			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 # 5584270			Reg Type PC			Reg State NH					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022			Veh Make GMC			Veh Config. 1 21					
Operator GAIESKI, CHRISTOPHER JAMES			Owner GAIESKI, CHRISTOPHER JAMES											
Address 10 HIGGINS AVE			Address 10 HIGGINS AVE											
City SANDOWN State NH Zip 038732528			City SANDOWN State NH Zip 038732528											
Insurance Company ARBELLA			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 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														
Name (Last First Middle)			Address			DOB/Age			Sex					
Operator/Occupants			See Above			1			1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Woburn St

211A 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 Sunday April 26, 2026, I, Officer Dale Parsons #236, responded to the area of 211A Lowell St. for report of a 2 car MV crash. On arrival I saw MV#1 and MV#2 parked in the parking lot. I asked OP#1 what happened. OP#1 said that she was exiting the parking lot of 211A Lowell St., turning right onto Woburn St. OP#1 said that she saw MV#2 had stopped at red light. OP#1 believed OP#2 was going to let her into the lane of traffic. OP#1 pulled onto Woburn St. and the crash occurred. I then spoke with OP#2, who informed me that he had stopped at red light. OP#2 said drove straight at green, and crashed. I asked OP#1 if she saw any kind of gesture from OP#2, indicating that he was allowing them to enter the lane of traffic, and she said no. OP#2 said he did not make any gestures, inviting MV#2 to go in front of him. No injuries were reported, moderate damage to MV#1, minor damage to MV#2. Both cars were in operable condition, and information was exchanged.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dale H Parsons

236

Wilmington Police Department

04/26/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

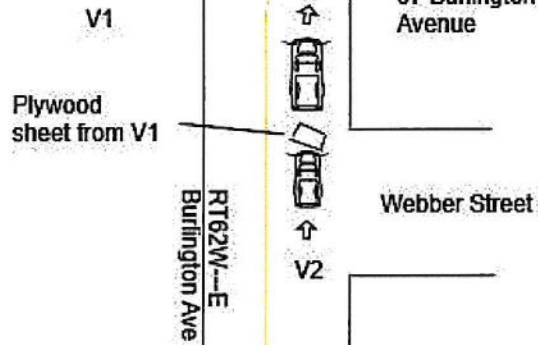
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/25/2026	Time of Crash 1144 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
1 <u>WEBBER ST</u> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ 2 <u>BURLINGTON AVE</u> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			2 <u>_____</u> Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____ 3 <u>_____</u> Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <u>N S E W</u> of _____ Mile Marker _____ or _____ Exit Number _____ Landmark _____				10				
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# 26-129-AC							11	
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>MENDEZ, JUAN M</u> Address <u>253 HURLEY ST APT 2</u> City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02141-2177</u> Insurance Company <u>PILGRIM INSURANCE COMPANY</u> Vehicle Travel Direction: <u>N S E</u> ☒ 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>2YTW83</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>21</u> Owner <u>MENDEZ, MARIA E</u> Address <u>253 HURLEY ST APT 1</u> City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02141-2119</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>97</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>97</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</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>							12	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							13	
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			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							10	
Operator See Above			Operator See Above							10	
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>2</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>2</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							14	
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SANTANA, KENLLIE JOEL</u> Address <u>894 BOSTON RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-6134</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <u>N S E</u> ☒ 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>4VHE53</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u> Owner <u>CASTILLO GARCIA, JENNIFER</u> Address <u>284 CHELMSFORD ST</u> City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-2403</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>7</u> <u>27</u> <u>27</u> Event Sequence <u>10</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</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>							14	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							14	
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			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							14	
Operator/Occupants See Above			Operator/Occupants See Above							14	

→ = 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 (Mendez) traveling RT62W near Webber Street when the pick up's cargo strap broke & and a sheet of plywood fell off p/u truck hitting V2 (Santana. V2 was also traveling RT62W and was directly behind V1. No injuries observed or reported. No damage to V1. V2 damaged on front end, and along left side including knocking off driver's door mirror. Damage was direct result of cargo strap failure on V1 and from flying plywood. Plywood removed from roadway by V1 OPR Mendez.

Vehicle towed by Forrest.

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

Police Officer Name (Please Print)

Signature

173

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/28/2026

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/28/2026	Time of Crash 1510 24HR	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:			
1 Route# Direction SHAWSHEEN AVE Name of Roadway/Street At			2 Route# Direction Address # Name of Roadway/Street				10			
Route# Direction RICHMOND ST Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				11			
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street Landmark				3			
3 Please Select One of the Following: ☒ Vehicle 120 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-130-AC							
License # St DOB/Age Sex F Lic. Class B 19 19 Lic. Restrictions E 20 CDL S Operator TORIBIO, LUISA Address 15 NESMITH ST APT 1 City LAWRENCE State MA Zip 01841-4820 Insurance Company OLD REPUBLIC INSURANCE CO Vehicle 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 # SB1A4FH Reg Type SB Reg State MA Veh Year 2024 Veh Make Freightliner Veh Config. 4 21 Owner MIDWEST BUS SALES INC Address 23889 W 40TH ST City SHAWNEE State KS Zip 66226-2284 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? 1 33				1 12 1 13			
6 Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Operator			See Above							
7 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # SB1A4FH 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? 1 33				1 14			
8 Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Operator/Occupants			See Above							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/28/2026	Time of Crash 1510 24HR	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 SHAWSHEEN AVE			Route# Direction Address # Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of . or Exit Number			Feet N S E W of . or Exit Number								
Route# Direction RICHMOND ST			Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark											
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-130-AC											
License # St. DOB/Age			Reg # SB1A4FH Reg Type Reg State			Veh Year Veh Make Veh Config.								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.			Veh Year Veh Make Veh Config.								
Operator Last First Middle			Owner Last First Middle			City State Zip								
Address			Address			City State Zip								
City State Zip			City State Zip			City State Zip								
Insurance Company			Insurance Company			Insurance Company								
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Citation # (If Issued)			Event Sequence 23 23 23 23			Test Status: 28								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 24			Type of Test: 29								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 1 33								
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator			See Above				1							
					F		11	0	4	0	0	10	1	
					M		11	0	4	0	0	10	1	
					F		11	0	4	0	0	10	1	
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.														
License # St. DOB/Age			Reg # SB1A4FH Reg Type Reg State			Veh Year Veh Make Veh Config.								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.			Veh Year Veh Make Veh Config.								
Operator Last First Middle			Owner Last First Middle			City State Zip								
Address			Address			City State Zip								
City State Zip			City State Zip			City State Zip								
Insurance Company			Insurance Company			Insurance Company								
Vehicle Travel Direction: N S E W Responding to Emergency?			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Citation # (If Issued)			Event Sequence 23 23 23 23			Test Status: 28								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Most Harmful Event 24			Type of Test: 29								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
						Towed from scene? 1 33								
Please fill out for operator and all occupants involved														
Name (Last First Middle)			Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants			See Above				1							
					F		11	0	4	0	0	10	1	
					M		11	0	4	0	0	10	1	
					I		11	0	4	0	0	10	1	

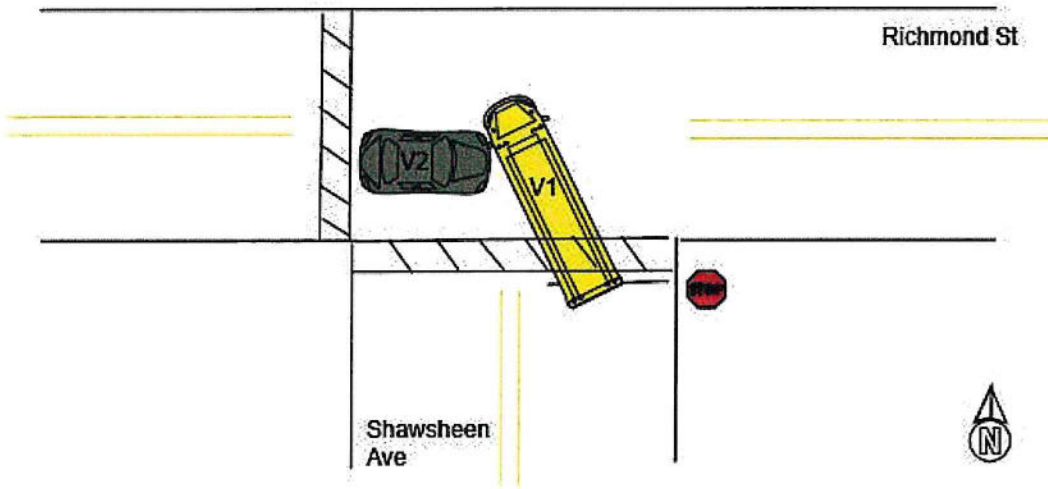
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/28/2026	Time of Crash 1510 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 SHAWSHEEN AVE Route# Direction Name of Roadway/Street At Route# Direction RICHMOND ST Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number 3 11 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# 26-130-AC							
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 # SB1A4FH Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33							
6 1 Please fill out for operator and all occupants involved			1 12							
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			F 11 0 4 0 0 10 1							
			M 11 0 4 0 0 10 1							
			M 11 0 4 0 0 10 1							
7 3 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			1 13							
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 # SB1A4FH Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 1 33							
8 1 Please fill out for operator and all occupants involved			1 14							
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			F 11 0 4 0 0 10 1							
			M 11 0 4 0 0 10 1							
			M 11 0 4 0 0 10 1							

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AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
1 1			SHAWSHOEN AVE			2 10					
Route# Direction			Name of Roadway/Street			Route# Direction			Address # Name of Roadway/Street		
At						Feet N S E W of			Mile Marker or Exit Number		
2 1			RICHMOND ST			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			Landmark		
2 1			Route# Direction			Name of Intersecting Roadway/Street					
3			Please Select One of the Following:			☒ Vehicle 120 #Occupants			☐ Hit/Run		
						☐ Moped			Crash Report ID# 26-130-AC		
License #			St. DOB/Age			Reg # SB1A4FH			Reg Type Reg State		
Sex Lic. Class 19 19			Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21					
Operator			Last First Middle			Owner			Last First Middle		
4 2			Address			Address					
City State Zip			City State Zip			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27		
Insurance Company						Event Sequence 23 23 23 23			Test Status: 28		
Vehicle Travel Direction: N S E W			Responding to Emergency?			Most Harmful Event 24			Type of Test: 29		
5 1			Citation # (If Issued)			Driver Contributing Code 25 25			BAC Test Result: 30		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32		
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub			Towed from scene? 1 33			1 13		
6 1			Please fill out for operator and all occupants involved								
Name (Last First Middle)			Address			DOB/Age Sex			Medical Facility		
Operator			See Above			M 11 0 4 0 0 10 1					
7 3			Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run		
						☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License #			St. DOB/Age			Reg # 3GGE12			Reg Type PC Reg State MA		
St. Lic. Class D 19 19			Lic. Restrictions B 20 CDL Endorsement			Veh Year 2014 Veh Make Jeep Veh Config. 1 21					
8 1			Operator			Owner HELBERT, YVONNE M			Last First Middle		
Address			Address 22 FAIRVIEW AVE			City WILMINGTON			State MA Zip 01887-2417		
City State Zip			City State Zip			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27		
Insurance Company THE STANDARD FIRE INSURAN						Event Sequence 1 23 23 23 23			Test Status: 1 28		
Vehicle Travel Direction: N S X W			Responding to Emergency? 2			Most Harmful Event 1 24			Type of Test: 0 29		
9 1			Citation # (If Issued)			Driver Contributing Code 1 25 25			BAC Test Result: 1 30		
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 1 33		
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											
Name (Last First Middle)			Address			DOB/Age Sex			Medical Facility		
Operator/Occupants			See Above			1 99 4 0 0 10 1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was stationary at the stop sign on Shawsheen Ave for the intersection with Richmond St. V1 proceeded out into the travel lanes and began to turn left to travel west. Vehicle 2 (V2) was traveling eastbound on Richmond St. V1 and V2 collided in the roadway causing left side damage to V1 and front end damage to V2. No airbags were deployed and all parties involved signed medical refusals with the Wilmington Fire Department. V1 was towed by A&S Towing, and V2 was towed by Cains Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
CHRISTIE JENNIFER LYNN	47 PARK ST WILMINGTON MA 01887-1510		

Property Damage:

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

Truck and Bus Information:

Registration # **SB1A4FH** (From Vehicle Section)

Carrier Name **NRT Bus Corp**

Bus Use **1** ⁴²

Address **230 MAIN ST** City **NORTH READING** St **MA** Zip **01864**

US DOT #: **1166825** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **2** ⁴³ Cargo Body Type Code **1** 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 **3** ⁴⁹

Patrol Officer **Michael R DiLorenzo**

217

Wilmington Police Department

04/28/2026

Police Officer Name (Please Print)

Signature

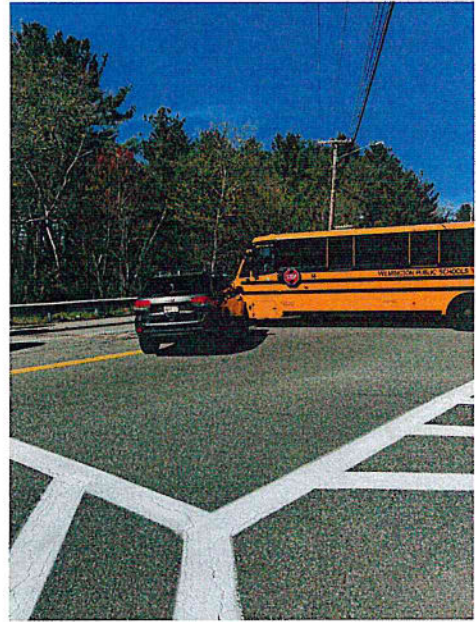
ID/Badge #

Department

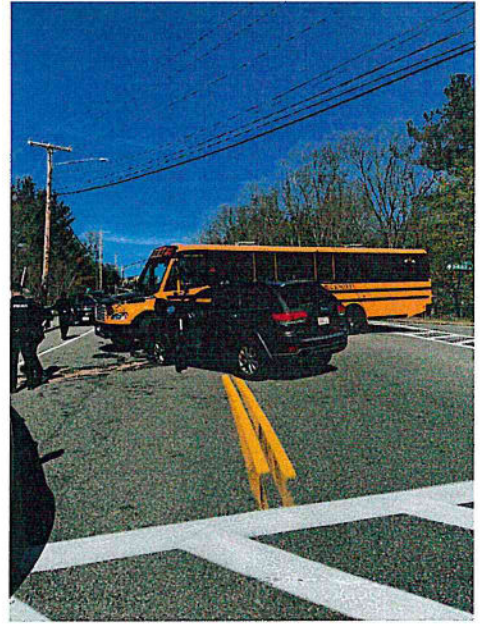
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-130-AC



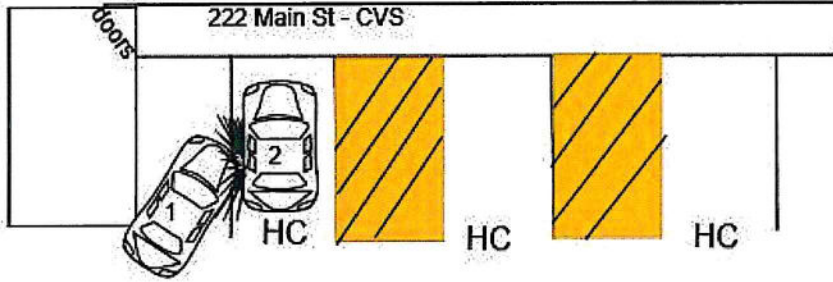
Wilmington Police Department
Images Associated with 26-130-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/29/2026	Time of Crash 1412 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 222 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-131-AC							
License # Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Operator OBRIEN, HAZEL MARY Address 18 HOBSON AVE City WILMINGTON State MA Zip 01887-2061 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E X Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 2700VB Reg Type PC Reg State MA Veh Year 2000 Veh Make TOYOTA Veh Config. 1 21 Owner HAZEL M OBRIEN REVOCABLE TRUST Address 18 HOBSON AVE City WILMINGTON State MA Zip 01887-2061 Vehicle Action Prior to Crash 97 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 12 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 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 System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 99 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 20 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company THE STANDARD FIRE INSURAN 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 # 5GJJ30 Reg Type PC Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 2 21 Owner LEAVITTS, JANICE MARIE Address 506 AMES HILL DR City TEWKSBURY State MA Zip 01876-1163 Vehicle Action Prior to Crash 11 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: 7 27 27 27 Test Status: 1 28 Type of Test: 29 BAC Test Result: 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 System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above			1							

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

Crash Diagram:



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:

MV2 WAS PARKED, UNATTENDED, IN THE CLOSEST HANDICAPPED SPOT TO THE ENTRANCE OF CVS. MV1 WAS ATTEMPTING TO PULL IN TO THE FIRST PARKING SPOT, LOCATED ADJACENT TO THE HANDICAPPED SPOT, AND OVERSTEERED, SCRATCHING THE DRIVERS SIDE AND REAR DOOR OF MV 2. NO INJURIES REPORTED, NO TOWS.

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 Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

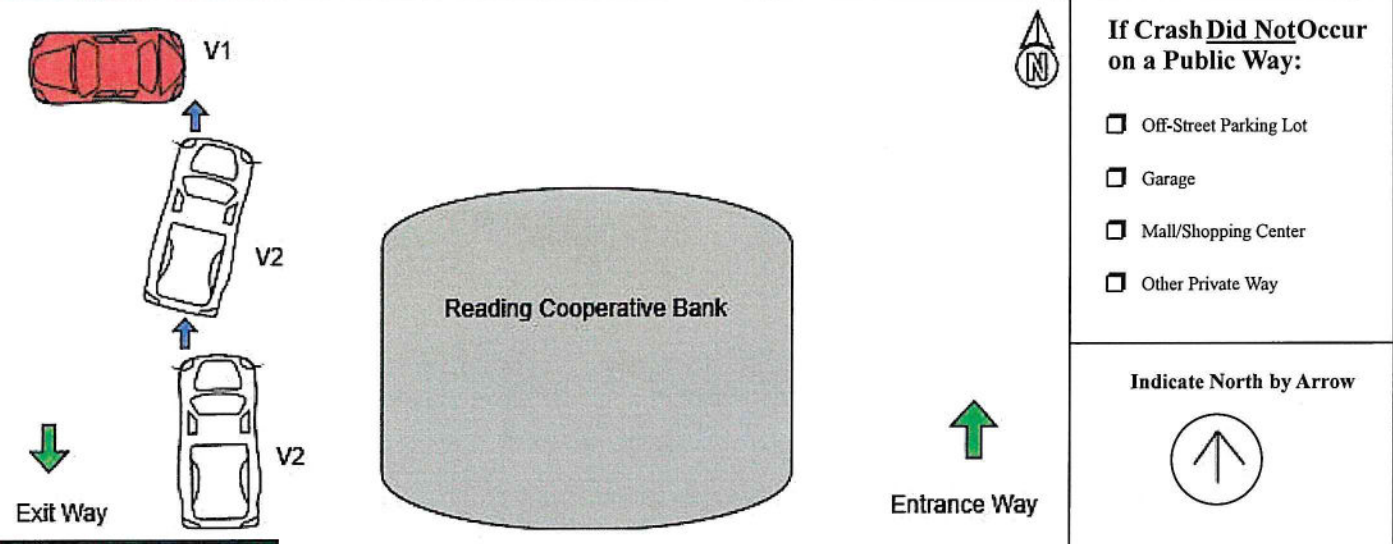
04/29/2026

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/02/2026	Time of Crash 1140 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 5	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 352 MIDDLESEX AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-132-AC							
License Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # MATT72 Reg Type PC Reg State MA							
Operator CAREY-DUGAN, PAMELA JEAN			Veh Year 2025 Veh Make SUBARU Veh Config. 1 21							
Address 3 WOODLAND ST APT 5			Owner CAREY-DUGAN, PAMELA JEAN							
City LAWRENCE State MA Zip 01841-2337			Address 3 WOODLAND ST APT 5							
Insurance Company THE STANDARD FIRE INSURAN			City LAWRENCE State MA Zip 01841-2337							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 11 22							
Citation # (If Issued)			Damaged Area Code: 6 27 5 27 27							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Event Sequence 1 23 23 23 23							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Test Status: 1 28							
			Type of Test: 0 29							
			BAC Test Result: 1 30							
			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							
Operator See Above			1 1 4 0 0 10 1							
			F 3 1 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 Sex M Lic. Class B 19 19 Lic. Restrictions B 20 CDL P Endorsement			Reg # 4SJH15 Reg Type PC Reg State MA							
Operator CARRIERE, PETER A			Veh Year 2004 Veh Make FORD Veh Config. 1 21							
Address 50 WINTER ST			Owner CARRIERE, PETER A							
City NORTH READING State MA Zip 01864-2203			Address 50 WINTER ST							
Insurance Company ARBELLA MUTUAL INSURANCE			City NORTH READING State MA Zip 01864-2203							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 3 22							
Citation # (If Issued)			Damaged Area Code: 0 27 27 27							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Event Sequence 2 23 23 23 23							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Test Status: 1 28							
			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Driver Contributing Code 19 25 12 25							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Driver Distracted by 99 26 26							
			Towed from scene? 2 33							
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 1							
			F 3 1 4 0 0 10 1							

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

Crash Diagram:



Crash Narrative:

V1 was parked (stationary) in the back-parking lot of Reading Cooperative Bank. V2 was traveling through the same parking lot attempting to turn right but ended up colliding with the rear of V1. V2 had a plow attached to the front, which is what crashed into V1. The operator of V2 (lone occupant) did not make the turn in time before hitting V1. V2 also entered the bank parking lot into the exit way instead of the entrance way on the other side of the building. V1 had one operator and one passenger. Operator of V1 stated she was parked the entire time, but the operator of V2 argued that V1 was not there when he entered the lot and appeared "out of nowhere" when he got to the back of the lot. No parties sustained any injuries (refused medical) and neither vehicle was towed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WALBOURNE DANIEL L	110 BURLINGTON ST WOBURN MA 01801		

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 W Powers

231

Wilmington Police Department

05/02/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-132-AC

