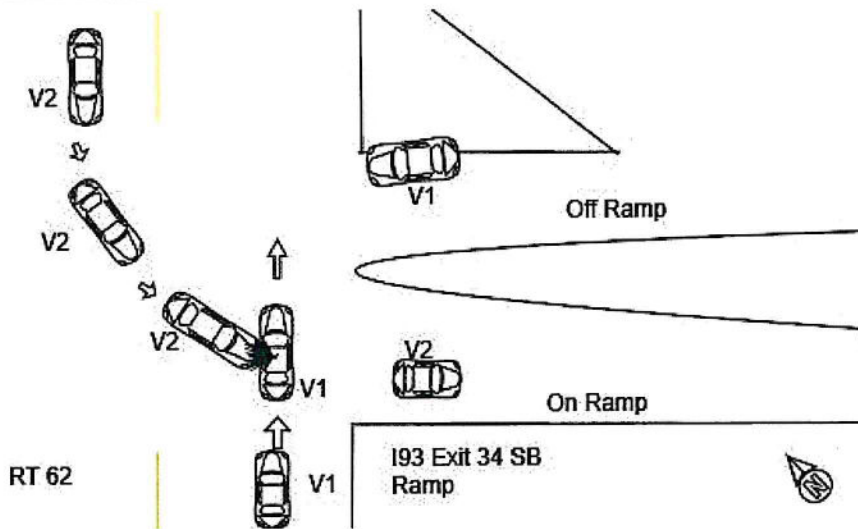


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/05/2026	Time of Crash 0716 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 Route# Direction ROUTE 62 HWY Name of Roadway/Street			2 Route# Direction Address # Name of Roadway/Street				10			
At			Feet N S E W of . or Exit Number				11			
1 Route# Direction I93SBR34 RAMP Name of Intersecting Roadway/Street			3 Feet N S E W of Route# Intersecting Roadway/Street				11			
Also at Intersection with			Feet N S E W of				11			
2 Route# Direction Name of Intersecting Roadway/Street			Landmark				11			
3 Please Select One of the Following:			☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped				Crash Report ID# 26-133-AC			
License # 1 DOB/Age			Reg # 7VEY40 Reg Type PC Reg State MA				12			
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2015 Veh Make FORD Veh Config. 2 21				12			
Operator KILLION, HEATHER COLLEEN Last First Middle			Owner KILLION, JANET ELLEN Last First Middle				12			
1 Address 50 NICHOLS ST APT 4			Address 50 NICHOLS ST				12			
City TEWKSBURY State MA Zip 01876-3321			City TEWKSBURY State MA Zip 01876-3321				12			
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 7 27 3 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			
1 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				13			
Operator			See Above				13			
7 5 Please Select One of the Following:			☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # S DOB/Age			Reg # 5RLX28 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21							
8 1 Operator PENA, LLAMEL COLLEEN Last First Middle			Owner MARTE, CAROLY Last First Middle							
Address 18 HOLLAND AVE APT 4			Address 18 HOLLAND AVE APT 4							
City LYNN State MA Zip 01905-2354			City LYNN State MA Zip 01905-2354							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22				Damaged Area Code: 1 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 4 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			
2 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							

→ = 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 was traveling East on Salem St RT 62 when V2 was traveling West in the opposite lane of travel. As both vehicles arrived at the entrance to the on ramp for I93 exit 34 SB ramps V2 attempted to make a left hand turn onto I93 when they struck the left side of V1 as they were traveling straight passing the ramp. V1 came to a rest on the off ramp of exit 34 and V1 came to a rest on the on ramp of exit 34. V1 sustained left side damage and damage to the right rear tire with left and right-side airbag deployment. V2 sustained front end damage no airbag deployment. V1 operator stated they were traveling straight and did not see V2 when they were struck, V2 operator stated they did not see anyone approaching and believed they were clear to make the turn. Both operators declined medical attention. Both vehicles were towed by Cain's Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Caleb A Wiig

237

Wilmington Police Department

05/05/2026

Police Officer Name (Please Print)

Signature

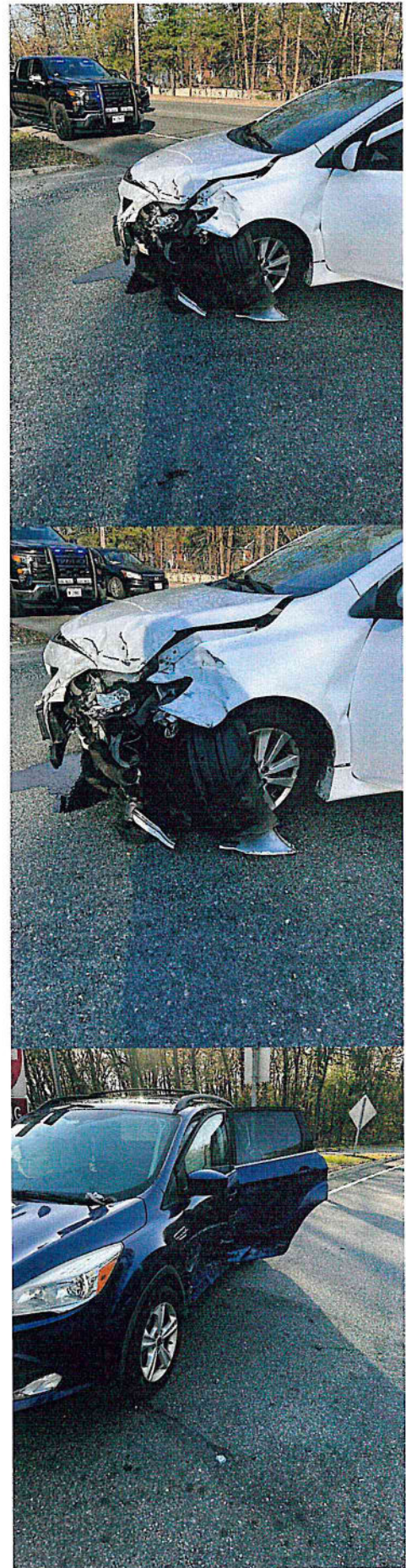
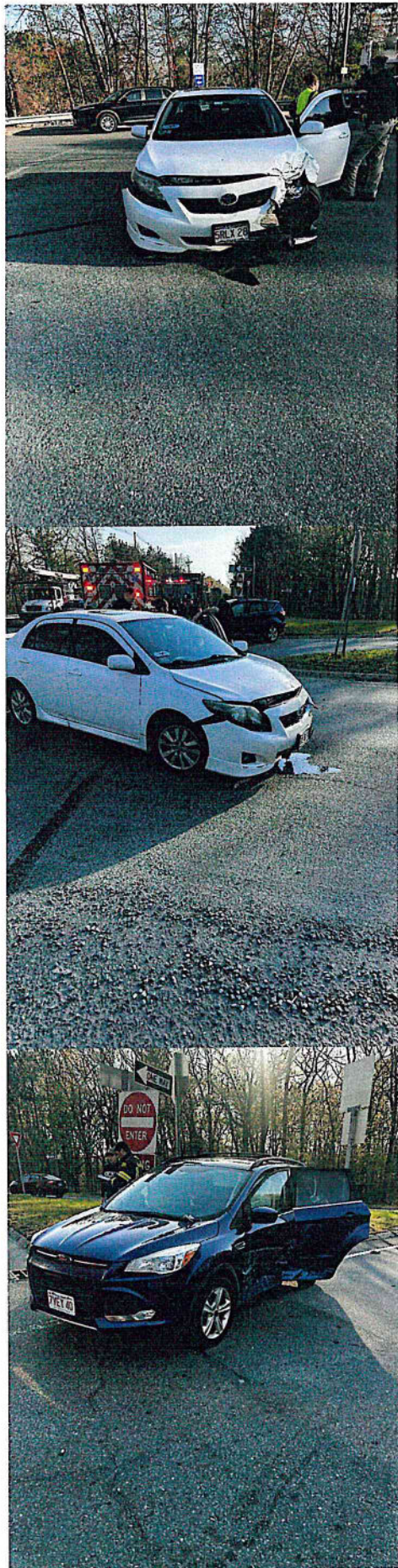
ID/Badge #

Department

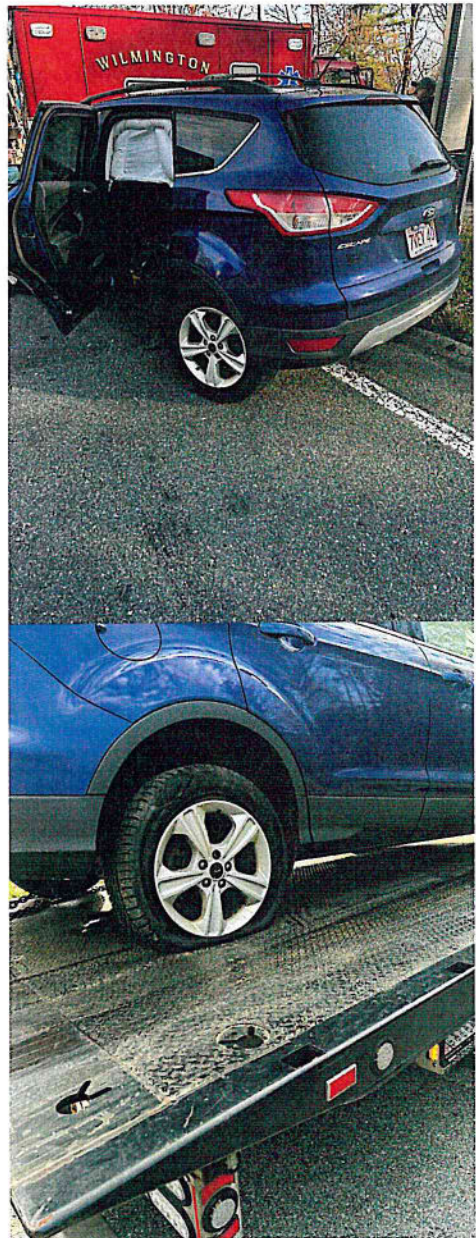
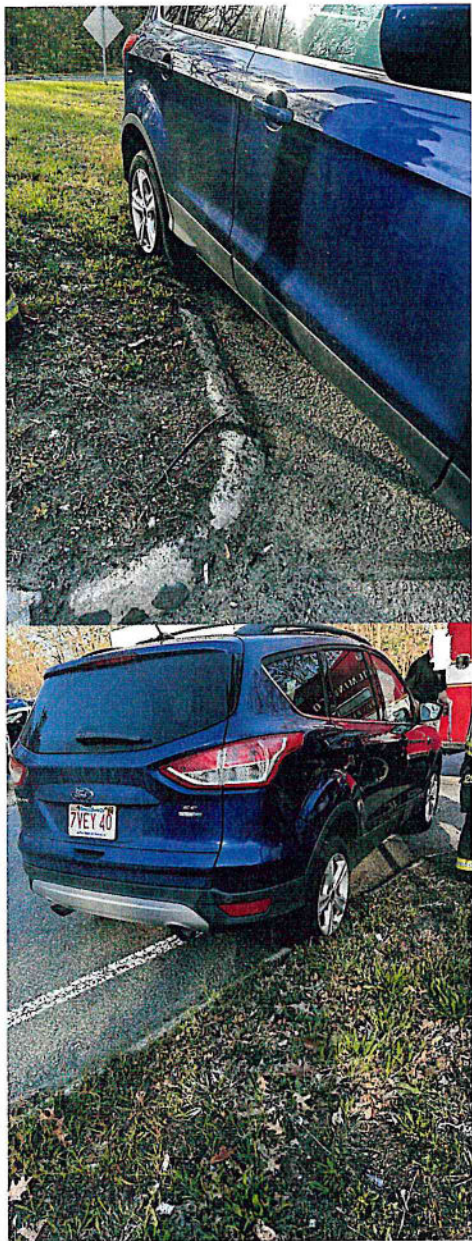
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-133-AC



Wilmington Police Department
Images Associated with 26-133-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/05/2026	Time of Crash 1633 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	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 or 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# 26-134-AC				
License # St DOB/Age			Reg # 5919HD Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21							
Operator FUDGE, DEBORAH ANN			Owner FUDGE, DEBORAH ANN							
Address 15 GUNDERSON RD			Address 15 GUNDERSON RD							
City WILMINGTON State MA Zip 01887-1519			City WILMINGTON State MA Zip 01887-1519							
Insurance Company USAA GENERAL INDEMNITY CO			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 3 27 10 27 27				
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 4 23 23 23 23			Test Status: 1 28				
Citation # (If Issued)			Most Harmful Event 4 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 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				
Operator See Above			X X 1 1 4 0 0 10 0							
Please Select One of the Following:			☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Age			Reg # Reg Type Reg State							
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27				
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28				
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29				
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30				
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32				
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				
Operator/Occupants See Above			X X 1							

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

Vulnerable User		Type 9 VU1	Action 2 VU2	Location 9 VU3					
VU: _____ Last _____ First _____ Middle _____ Address: _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____									
Traffic Control Device 0 VU4 Origin/Destination 97 VU5 Contact Point: 09 VU6		Primary Injury Area: 2 VU7 Event Sequence 7 VU8 VU8 VU8 VU8 Contributing Code 11 VU9 VU9 Distracted by 1 VU10 VU10							
		Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15							
Overhead bicyclist illustration Source: Anne C. Lusk et al. In: Prev. doi:10.1136/jepprev-2014-041317									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User		M	97	6	2	0	8	0	

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

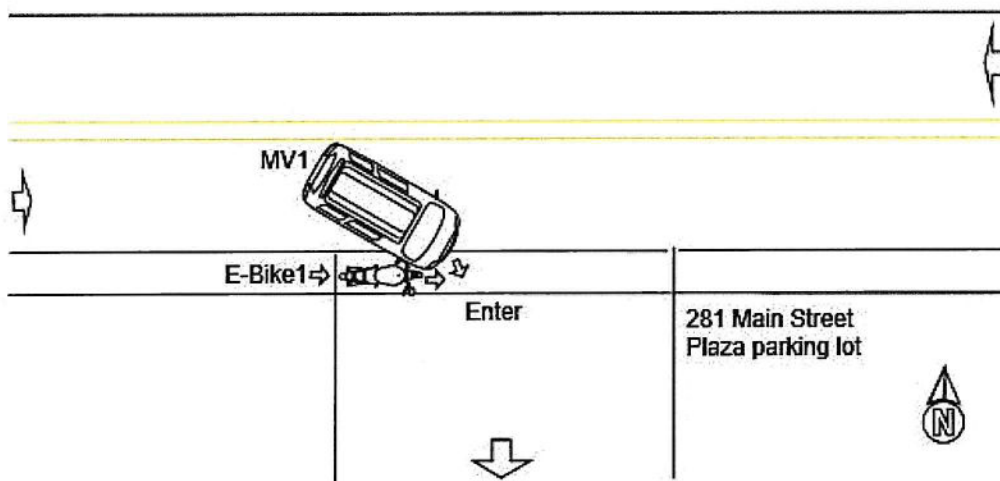
Vulnerable User		Type VU1	Action VU2	Location VU3					
VU: _____ Last _____ First _____ Middle _____ Address: _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____									
Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		Primary Injury Area: VU7 Event Sequence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

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

Crash Diagram:

ie: → 1 → 2

→ O → B



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of motor vehicle 1, Deborah Fudge stated that she was traveling east on Main Street, turned right into the parking lot at 281 Main Street, and collided with the E-bike. Mrs. Fudge stated that she did not observe the E-bike on the sidewalk until after they collided. Operator of Yozma Electric Mini Dirt Bike (E-bike 1) (Juvenile) stated that he was traveling east on the Main Street sidewalk and was struck by MV1. There was minor damage to MV1 and E-bikel (See images).

mother arrived on

scene and took custody Daniel Figueroa witnessed the accident and corroborated all parties' statements.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FIGUEROA DANIEL ENRIQUE	95 ARLINGTON ST HAVERHILL MA 01830-5923		1

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 Julio J Quiles

197

Wilmington Police Department

05/05/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

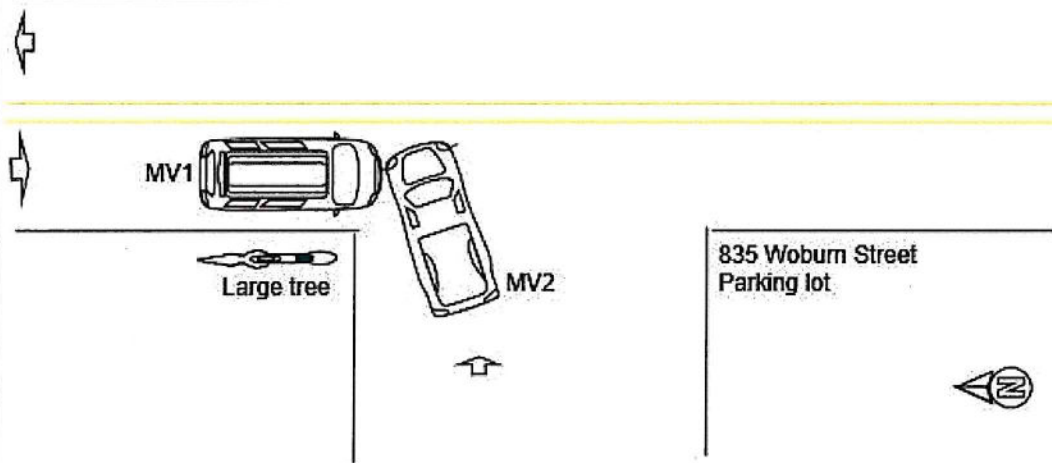
Wilmington Police Department
Images Associated with 26-134-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																			
Date of Crash 05/06/2026	Time of Crash 1549 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				835 WOBURN ST																			
At			Feet N S E W of . or				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# 26-135-AC														
License #, St. DOB/Age			Reg # 3YRY12				Reg Type PC				Reg State MA															
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2005				Veh Make HONDA				Veh Config. 1 21															
Operator JOLON GOMEZ, ANDY LEOBARDO			Owner JOLON GOMEZ, ANDY LEOBARDO																							
Address 446 WESTERN AVE APT 2			Address 446 WESTERN AVE APT 2																							
City LYNN State MA Zip 01904-3315			City LYNN State MA Zip 01904-3315																							
Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 27 2 27 8 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 1 25 25				BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Please fill out for operator and all occupants involved																										
Name (Last First Middle)			Address			DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility		
Operator			See Above			X		X		1		1		1		0		0		10		0				
Please Select One of the Following:			☒ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.														
License, St. DOB/Age			Reg # 4FFB76				Reg Type PC				Reg State MA															
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2003				Veh Make FORD				Veh Config. 1 21															
Operator TULLY, JOHN SCOTT			Owner TULLY, JOHN SCOTT																							
Address 3 SAGAMORE TRL			Address 3 SAGAMORE TRL																							
City LITTLETON State MA Zip 01460-1306			City LITTLETON State MA Zip 01460-1306																							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 22				Damaged Area Code: 8 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 18 25 19 25				BAC Test Result: 1 30																			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32																			
Please fill out for operator and all occupants involved																										
Name (Last First Middle)			Address			DOB/Age		Sex		34 Seat Pos.		35 Safety System		36 Airbag Status		37 Eject Code		38 Trap Code		39 Injury Status		40 Transp. Code		Medical Facility		
Operator/Occupants			See Above			X		X		1		1		4		0		0		10		0				

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Operator of motor vehicle 1, Andy Jolon Gomez stated that he was traveling north straight on Woburn Street when MV2 pulled out of a driveway in front of him and crashed into him. Op. of MV2, John Tully stated that he was pulling out from the parking lot at 835 Woburn Street and attempted to turn left onto Woburn Street when he collided with MV1 (See images). Mr. Tully stated that he didn't see MV1 and that his visibility was obstructed by the large tree at the end of the driveway. Both parties stated no injuries and refused medical attention. MV1 was towed around the corner

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 Julio J Quiles

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/06/2026

Date

Wilmington Police Department
Images Associated with 26-135-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
05/08/2026

Time of Crash
1722
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 _____
At _____

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# 38 Direction S Address # 331 Name of Roadway/Street MAIN ST

_____ Feet NSEW of _____ • _____ or _____ Mile Marker _____ Exit Number _____

_____ Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____

_____ Feet NSEW of NICK'S PIZZA Landmark

Please Select One
of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-137-AC

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Operator MILES, RICHARD WARREN
Last First Middle
Address 9 CASTLE DR
City WILMINGTON State MA Zip 01887-3188
Insurance Company GREEN MOUNTAIN INSURANCE
Vehicle Travel Direction: NSEW 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 # 5JVN98 Reg Type PC Reg State MA
Veh Year 2024 Veh Make HONDA Veh Config. 2 21
Owner MILES, RICHARD WARREN
Last First Middle
Address 9 CASTLE DR
City WILMINGTON State MA Zip 01887-3188
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

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One
of the Following:

☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Operator PIJOAN, TIMOTHY ERIC
Last First Middle
Address 28 AUBURN AVE
City WILMINGTON State MA Zip 01887-2611
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: NSEW 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 # 2LVZ80 Reg Type PC Reg State MA
Veh Year 2024 Veh Make HONDA Veh Config. 2 21
Owner PIJOAN, TIMOTHY ERIC
Last First Middle
Address 28 AUBURN AVE
City WILMINGTON State MA Zip 01887-2611
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 1 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 4 25 18 25 BAC Test Result: 30
Driver Distracted by 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/Occupants	See Above			1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

RT38S/
Main Street



V2

V1

331 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:

V1 (Miles) was traveling straight in the right portion of the split travel lane on Main Street RT38S. V2 (Pijoan) attempted left turn from driveway from businesses at 331 Main Street to head RT38N. V2 subsequently collided with V1 as V1 passed by. No injuries observed or reported. V1 damaged along right side. V2 Damaged on left front end with bumper torn off and front end smashed. V2 operator stated his view was partially obstructed by group of people walking down sidewalk near area of his driveway exit while attempting turn. V2 opr (Pijoan) failure to yield and turning left with partially obstructed view most probable factor in causing 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

05/08/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

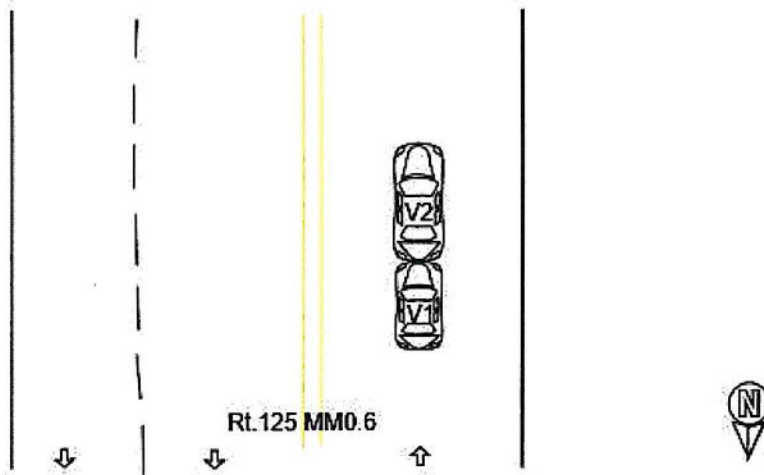
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/09/2026	Time of Crash 1145 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 45	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			125 ROUTE 125 HWY Route# Direction Address # Name of Roadway/Street Feet N S E W of 0 6 or Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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# 26-138-AC							
License # St DOB/Age Sex X Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 1ME789 Reg Type PC Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21							
Operator JONES, HEATHER MARIE Last First Middle			Owner JONES, SCOTTEN WRIGHT Last First Middle							
Address 9 DAVIS LN			Address 9 DAVIS LN							
City GEORGETOWN State MA Zip 01833-1335			City GEORGETOWN State MA Zip 01833-1335							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 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)			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 5 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32							
Driver Distracted by 0 26 26			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 99 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 M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 2TWN64 Reg Type PC Reg State MA Veh Year 2021 Veh Make Jeep Veh Config. 1 21							
Operator PERRY, JARRETT MICHAEL Last First Middle			Owner PERRY, JARRETT MICHAEL Last First Middle							
Address 35 COPLEY CIR			Address 35 COPLEY CIR							
City NORTH ANDOVER State MA Zip 01845-4548			City NORTH ANDOVER State MA Zip 01845-4548							
Insurance Company FARMERS PROPERTY & CASUAL			Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 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)			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/Occupants See Above			1 99 4 0 0 10 1							
			F 6 4 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 traveling southbound on Rt.125 behind vehicle 2 (V2) V2 began to slow for traffic at the approaching intersection with Ballardvale St. V1 observed V2 stopping and attempted to stop but stated that they could not stop in time due to the roadway being wet. V1 rear ended V2. No airbags deployed and no injuries were reported. V1 sustained heavy front end damage and V2 sustained minor rear end damage. V1 was towed by A&S Towing.

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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

05/09/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-138-AC

