

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
05/10/2026Time of Crash
1654
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
1Number
Injured
0Speed Limit 35
Latitude _____
Longitude _____State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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 # 269 Name of Roadway/Street BALLARDVALE STFeet 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☐ MopedCrash Report ID# 26-139-ACLicense _____ S _____ DOB/Age _____
Sex M Lic. Class D Lic. Restrictions 20 CDL _____
Endorsement _____Operator THERMOSIER, KERBY
Last First MiddleAddress 14 COLFAX AVECity LAWRENCE State MA Zip 01841-4802Insurance Company PILGRIM INSURANCE COMPANYVehicle 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 # 4HAY26 Reg Type PC Reg State MAVeh Year 2011 Veh Make HONDA Veh Config. 1 21Owner THERMOSIER, KERBY
Last First MiddleAddress 14 COLFAX AVECity LAWRENCE State MA Zip 01841-4802Vehicle Action Prior to Crash 1 22Event Sequence 26 23 23 23Most Harmful Event 26 24Driver Contributing Code 21 25 25Driver Distracted by 0 26 26Damaged Area Code: 11 27 27 27Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed 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

Please Select One
of the Following:☐ Vehicle 2 #Occupants _____☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class _____ Lic. Restrictions 20 CDL _____
Endorsement _____Operator _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Insurance Company _____

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

Citation # (If Issued) _____

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

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

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21Owner _____
Last First Middle

Address _____

City _____ State _____ Zip _____

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

Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety 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



271
Ballardvale St.



Crash Narrative:

Registered owner of vehicle 1 stated he fell asleep and woke up when he crashed his vehicle onto the shoulder of the roadway in front of 271 Ballardvale St. R.O. refused medical transport and stated he had no injuries.

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 Seth A Mucha-Kangas

235

Wilmington Police Department

05/10/2026

Police Officer Name (Please Print)

Signature

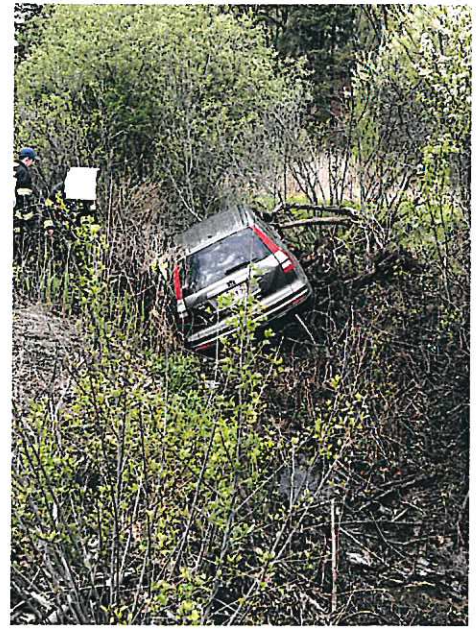
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-139-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
05/12/2026Time of Crash
0759
24HRCity/Town
WilmingtonMotor Vehicle Crash
Police ReportNumber
Vehicles
3Number
Injured
0Speed Limit 35
Latitude
LongitudeState 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

38 N 127 MAIN ST
Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

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

Feet N S E W of AAA TIRE
LandmarkPlease Select One
of the Following:☒ Vehicle 11 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 26-140-AC

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator OREILLY, GERALD FREDERICK
Last First Middle

Address 922 ISAAC FRYE HWY

City WILTON State NH Zip 03086

Insurance Company PLYMOUTH ROCK ASSURANCE C

Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 1

Citation # (If Issued)

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

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

Reg # 1WXW72 Reg Type PC Reg State MA

Veh Year 2014 Veh Make BUICKS Veh Config 1 21

Owner WEST, ALICIA STEPHANIE
Last First Middle

Address 31 DRAGON CT APT 31

City WOBURN State MA Zip 01801-1038

Vehicle Action Prior to Crash 6 22 Damaged Area Code: 8 27 4 27 3 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 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

Operator

See Above

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

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator LOUIS, CHADRIQUE
Last First Middle

Address 35 MILL RD

City WILMINGTON State MA Zip 01887-3347

Insurance Company USAA GENERAL INDEMNITY 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 # 6BYA54 Reg Type PC Reg State MA

Veh Year 2021 Veh Make VOLVO Veh Config 2 21

Owner LOUIS, CHADRIQUE
Last First Middle

Address 35 MILL RD

City WILMINGTON State MA Zip 01887-3347

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 2 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: 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

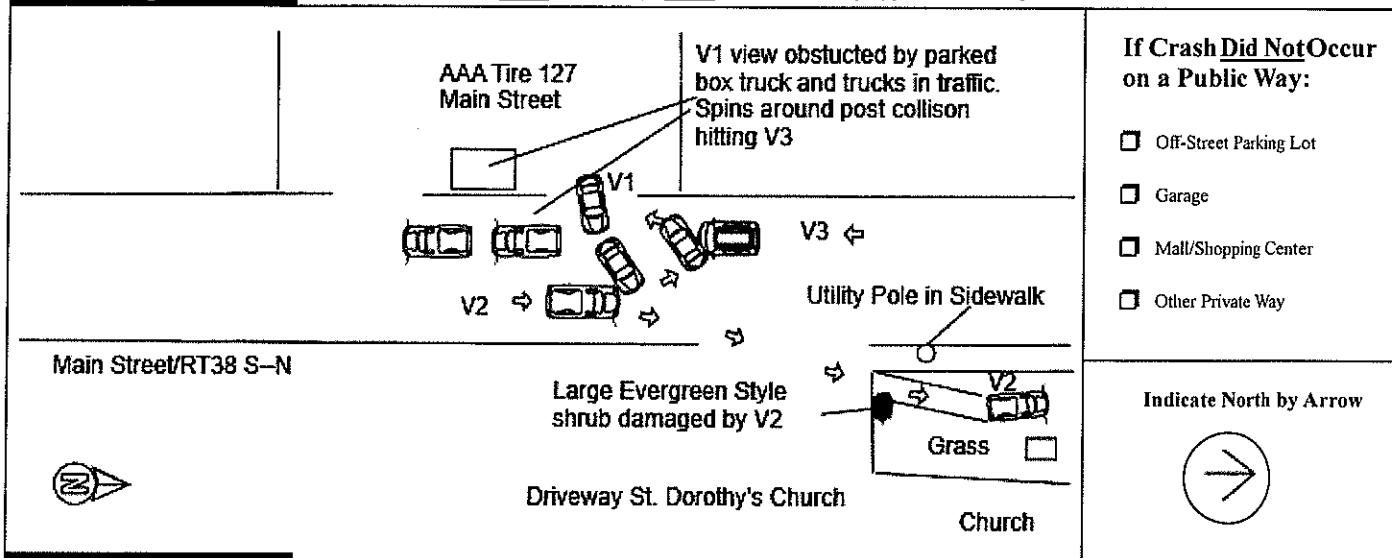
Operator/Occupants

See Above

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/12/2026	Time of Crash 0759 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	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			38 N 127 MAIN ST						2 10			
At			Feet N S E W of or Mile Marker Exit Number						3 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									
Also at Intersection with			AAA TIRE									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
Please Select One of the Following:			☒ Vehicle 3.1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-140-AC			
License # St DOB/Age			Reg # 9BA984		Reg Type PC		Reg State MA		1 12			
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2022		Veh Make VOLKSWAGEN		Veh Config. 2		21			
Operator NARAYAN, MADHUMITA			Owner NARAYAN, MADHUMITA									
Address 8 BORDER RD			Address 8 BORDER RD									
City TEWKSBURY State MA Zip 01876-3257			City TEWKSBURY State MA Zip 01876-3257									
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 27 27 27							
Vehicle Travel Direction: N S E 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						1 13	
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												
Please Select One of the Following:			☐ Vehicle 4 #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												

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

Crash Diagram:



Crash Narrative:

V1 (MA-TWXW72) attempted left turn from driveway of AA Tire @ 127 Main Street. View full or partially obstructed by truck parked in driveway and multiple passing PU trucks. V1 began merging and collided with V2 MA-6BYA54 which was traveling straight with ROW. Post collision, V2 ran off road to the right onto the front lawn of St Dorothy's Church damaging large shrub & grass surface. V1 1 was spun around & hit V3 in minor collision. No injuries observed or reported.

V1 & V2 towed from scene with heavy front end damage. V3 sustained minor damage to front left end. V1 opr attempting left turn with obstructed view and failure to yield ROW most probable factor of crash.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ST DOROTHY'S CHURCH	11 HARDEN ST WILMINGTON MA 01887		97	GRASS SURFACE & SHRUB

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

05/12/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

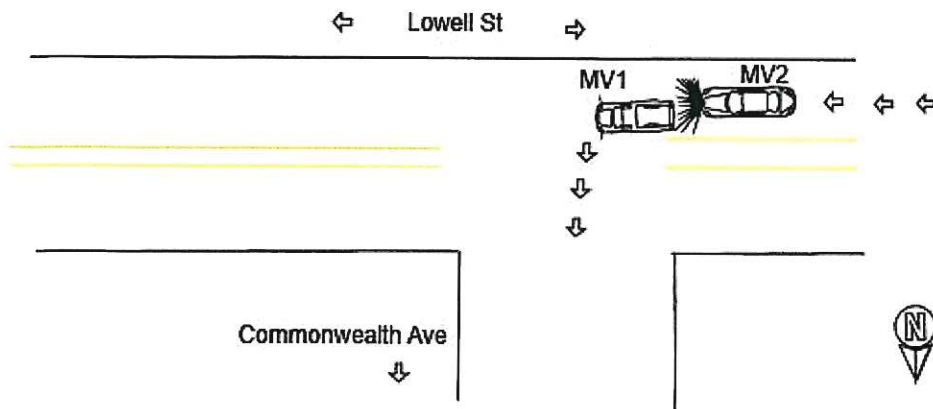
Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/12/2026	Time of Crash 1008 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 1 Route# Direction LOWELL ST At COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark								
3 Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-141-AC								
4 1 License # S' DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL H Endorsement Operator MITZA, LAWRENCE H Address 15 JACQUITH RD City WILMINGTON State MA Zip 01887-2211 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: N S X 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			5 12 Reg # X58786 Reg Type CO Reg State MA Veh Year 2011 Veh Make CHEVROLET Veh Config. 1 21 Owner LH MITZA LANDSCAPING Address 86 LOWELL ST APT 207 City WILMINGTON State MA Zip 01887-2911 Vehicle Action Prior to Crash 4 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: 4 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								
6 1 Please fill out for operator and all occupants involved			1 13								
Operator			See Above		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
ANTHONY MARIFIOTE			20 COBALT ST WILMINGTON, MA 01887-3803		M		1		99 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.			8 14								
8 1 License # S' DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator NJORGE, NAHASHON G Address 7 LINDSELL ST City SAUGUS State MA Zip 01940 Insurance Company ARBELLA PROTECTION INSURA Vehicle Travel Direction: N S X 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			9 2 Reg # LVA2505 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21 Owner MERRIMACK TRANSIT LLC Address 12 BAY ST APT 207 City WILMINGTON State MA Zip 01887-4121 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: 2 27 1 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								
9 2 Please fill out for operator and all occupants involved			1 14								
Operator/Occupants			See Above		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

→ = 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 stopped at the T-Intersection of Lowell St / Commonwealth Ave attempting to turn left after traveling east on Lowell St.

MV1 stated that they had been stopped for a few seconds when a vehicle had rear-ended them. MV2 stated that they were traveling east on Lowell St when they approached the vehicle and did not have enough time to react to the stopped vehicle. MV2 ultimately rear-ended MV1. There was airbag deployment in MV2's vehicle, but no reported injuries

The operator and passenger in MV1 reported no injuries. Both vehicles were towed by Forrest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Taylor Padulsky

238

Wilmington Police Department

05/12/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

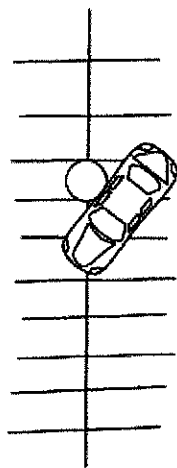
Wilmington Police Department
Images Associated with 26-141-AC



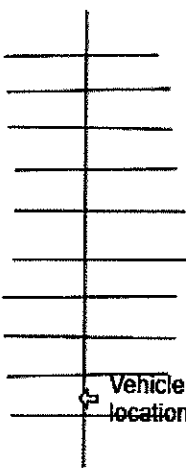
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/12/2026	Time of Crash 1945 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 10	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		146 MIDDLESEX AVE					
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# 26-142-AC	
License # St DOB/Age			Reg # 5ZYM68		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make FORD		Veh Config. 1			
Operator GRAY, CAMDEN CHRISTOPHER			Owner GRAY, KATHALEEN ROONEY							
Address 11 CARTER LN			Address 11 CARTER LN							
City WILMINGTON State MA Zip 01887-2642			City WILMINGTON State MA Zip 01887-2642							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 99 22		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 23 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 10 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		Medical Facility	
Operator			See Above		1		99		4	
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		Medical Facility	
Operator/Occupants			See Above		1					

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

Crash Diagram:



146
Middlesex
Ave
Parking
Lot



Vehicle starting
location



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 was reported to be doing "donuts" in the parking lot and struck a cement light pole base. Operator stated he was backing out of a parkign spot and accelerated to hard hitting the light pole. Vehicle sustained right side damage. Cement base sustained scrapes and minor damage. No injuries were reported. No airbags were deployed.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

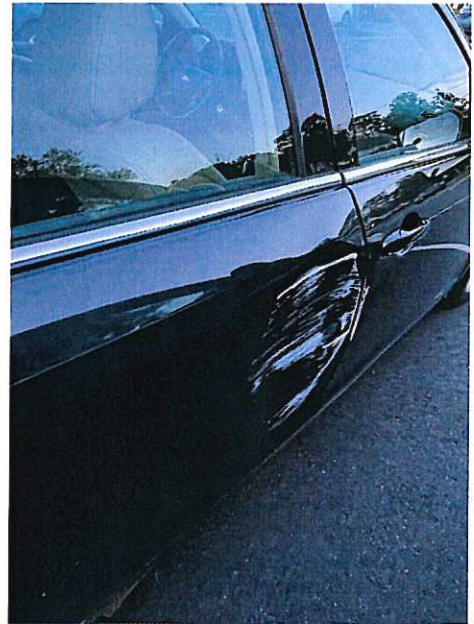
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 05/12/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

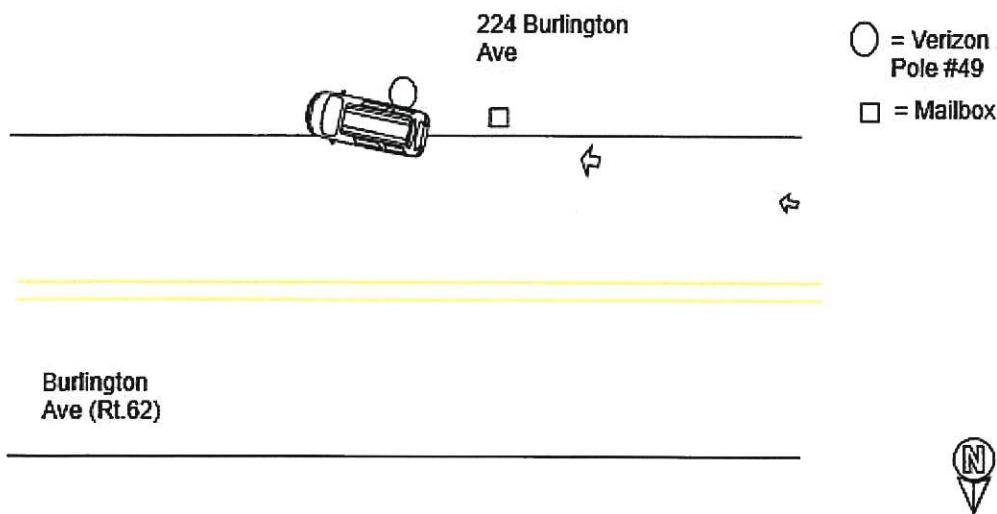
Wilmington Police Department
Images Associated with 26-142-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 05/13/2026		Time of Crash 1350 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1		Number Injured 4		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 Address # Name of Roadway/Street 224 BURLINGTON 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 16 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 26-144-AC									
License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Reg # 4DZH72 Reg Type PC Reg State MA Veh Year 2024 Veh Make FORD Veh Config. 2 21									
Operator MBUGU, GERALD K Last First Middle						Owner NORTH EAST EDUCATIONAL AND DEVELOPMENTAL SUPP Last First Middle									
Address 61 SAWYER ST APT 3						Address 40 SHATTUCK RD ST APT 235									
City NASHUA State NH Zip 03060						City ANDOVER State MA Zip 01810-2456									
Insurance Company BERKSHIRE HATHAWAY SPECIA						Vehicle Action Prior to Crash 1 22									
Vehicle Travel Direction: N S E W Responding to Emergency? 2						Event Sequence 20 23 31 23 22 23 23									
Citation # (If Issued)						Most Harmful Event 22 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 19 25 9 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 99 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 1 27 2 27 3 27									
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						Test Status: 1 28									
Operator See Above						Type of Test: 0 29									
ESDRAS SOLAS 21 RAND ST REVERE, MA 02151 M 3 1 1 0 0 8 2 Winchester Hospital						BAC Test Result: 1 30									
ABDOURHAMAN DIAKO 229 SPRING ST MEDFORD, MA 02155-2814 M 11 99 5 0 0 8 2 Lahey Hospital						Susp. Alcohol: 2 31 Susp. Drug: 2 32									
CHRISTOPHER BAKER 409 TREBLE COVE RD BILLERICA, MA 01821 M 11 99 5 0 0 9 2 Winchester Hospital						Towed from scene? 1 33									
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement						Reg # 4DZH72 Reg Type Reg State Veh Year Veh Make Veh Config. 21									
Operator Last First Middle						Owner Last First Middle									
Address						Address									
City State Zip						City State Zip									
Insurance Company						Vehicle Action Prior to Crash 22									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 26 26									
Please fill out for operator and all occupants involved						Damaged Area Code: 27 27 27									
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						Test Status: 28									
Operator/Occupants See Above						Type of Test: 29									
AARON SMITH 409 TREBLE COVE RD BILLERICA, MA 01821 M 11 99 5 0 0 10 1						BAC Test Result: 30									
ALEX DEROSE 117 FLORENCE RD WALTHAM, MA 02452 4 11 99 5 0 0 10 1						Susp. Alcohol: 31 Susp. Drug: 32									

→ = 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

Crash Narrative:

Vehicle was traveling eastbound on Burlington Ave (Rt.62) when the van veered to the right crossing the solid white fog line. The van then continued, striking the curb and continuing over the curb striking the mailbox of 224 Burlington Ave. The van continued and completely snapped Verizon Wooden Utility Pole #49 and then came to final rest in the front lawn of 224 Burlington Ave. Front airbags deployed.

The van sustained heavy front right and right side damage. Vehicle was towed by Forrest Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
COSTELLO OLIVIA MARIE	224 BURLINGTON AVE WILMINGTON MA 0		99	METAL MAILBOX/WOODEN POST
VERIZON	408 MAIN ST WILMINGTON MA 01887		4	WOODEN UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/13/2026

Date

Wilmington Police Department
Images Associated with 26-144-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number												
Date of Crash 05/13/2026	Time of Crash 2021 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 Name of Roadway/Street			Route# Direction Address # 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			Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street														
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Landmark														
Please Select One of the Following:			☒ Vehicle 14 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-145-AC										
License # St DOB/Age			Reg # 4NRP48 Reg Type PC Reg State MA		Veh Year 2017 Veh Make CHEVROLET Veh Config. 1														
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Operator MONGALO, MARCO ANTONIO III		Owner MONGALO, MARCO ANTONIO III														
Address 80 PLEASANT ST APT 51			City BROOKLINE State MA Zip 02446-7156		City BROOKLINE State MA Zip 02446-7156														
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 3 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			Driver Contributing Code 19 25 25		BAC Test Result: 1 30														
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33														
Viol. 4: Ch/Sec/Sub																			
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	2	0	0	10	1							
NELLY MONGALO		80 PLEASANT ST BROOKLINE, MA 02446			F	3	1	2	0	0	10	1							
					F	4	4	2	0	0	10	1							
					F	6	4	2	0	0	10	1							
Please Select One of the Following:											Complete the Vulnerable User section.								
☒ Vehicle 21 #Occupants											☐ Hit/Run			☐ Moped			☐ Vulnerable User		
License # St DOB/Age											Reg # 3EBG56 Reg Type PC Reg State MA			Veh Year 2022 Veh Make GMC Veh Config. 1					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement											Operator FAHEY, SHAWN K			Owner FAHEY, SHAWN K					
Address 1 HAWTHORNE RD											City WILMINGTON State MA Zip 01887-1412			City WILMINGTON State MA Zip 01887-1412					
Insurance Company THE STANDARD FIRE INSURAN											Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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											Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub											Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub														Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub																			
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 → ○ → ○

Rt. 62

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

← I-93 N. On ramp →

Crash Narrative:

Vehicle 1 was in the west bound lane of Rt. 62 turning left onto the I-93 north bound on ramp. Vehicle 2 was traveling east on Rt. 62 passing the on ramps in the opposite lane. Vehicle 1 believed they had enough space to turn onto the ramp before vehicle 2 passed by. Vehicle 2 saw vehicle 1 turn in front of them and they could not brake in time and collided with the rear passenger side of vehicle 1. Vehicle 1 had side air bag deployment and no reported injuries from all parties involved. Both vehicles were towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DERIAN MATTHEW THOMAS	21 ROOSEVELT RD WILMINGTON MA 01887		

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

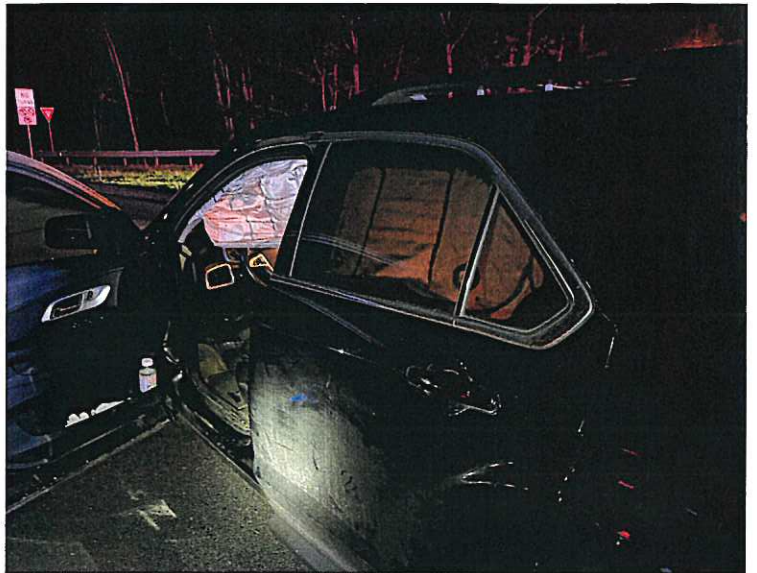
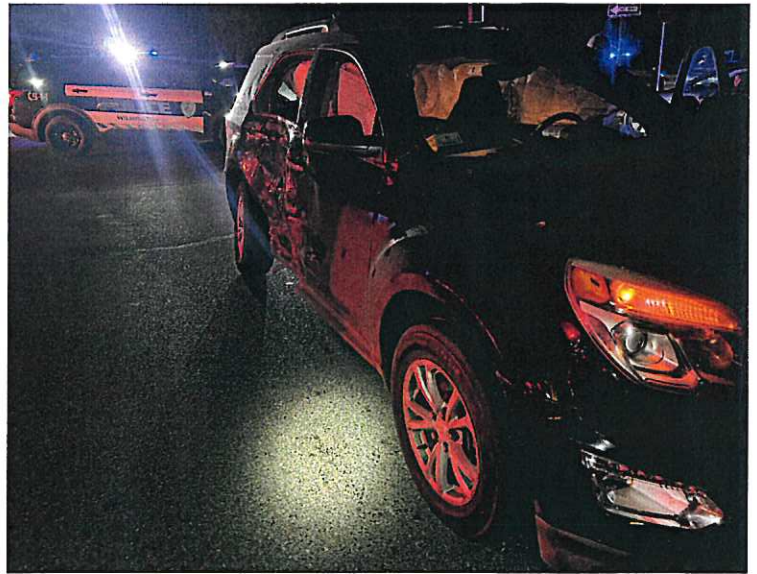
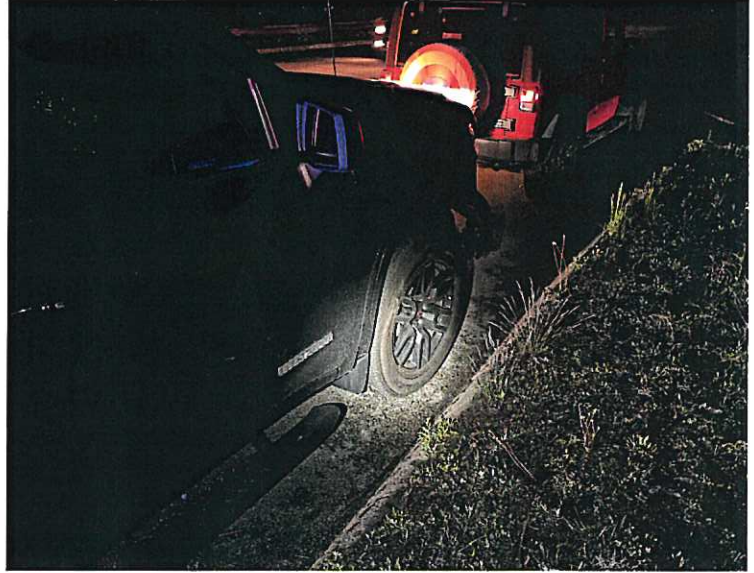
Hazmat Information:

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

Patrol Officer Thomas Lawrenson 222 Wilmington Police Department 05/13/2026

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-145-AC



Wilmington Police Department
Images Associated with 26-145-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 05/15/2026	Time of Crash 0654 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 MAIN ST			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 Exit Number											
Route# Direction CLARK 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# 26-146-AC			
License: S DOB/Age			Reg # NE70FB				Reg Type PC				Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017				Veh Make NISSAN				Veh Config. 1 21							
Operator DELUCIA, EDWARD			Owner DELUCIA, EDWARD															
Address 300 MOUNTAIN VIEW DR APT 513			Address 300 MOUNTAIN VIEW DR APT 513															
City STONEHAM State MA Zip 02180-0000			City STONEHAM State MA Zip 02180-0000															
Insurance Company MOTOR CLUB INSURANCE COMP			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27											
Vehicle Travel Direction: S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28											
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub							Towed from scene? 1 33											
Viol. 4: Ch/Sec/Sub																		
Please fill out for operator and all occupants involved																		
Name (Last First Middle)			Address				DOB/Age				Sex							
Operator			See Above				1 1 2 0 0 10 0				Medical Facility							
Please Select One of the Following:			☒ Vehicle 2 #Occupants				☐ Hit/Run				☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License: S DOB/Age			Reg # 2JLK12				Reg Type PC				Reg State MA							
Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017				Veh Make TOYOTA				Veh Config. 1 21							
Operator			Owner DE CARVALHO, ANA LUCIA															
Address			Address 29 PARK ST															
City State Zip			City WILMINGTON State MA Zip 01887-1510															
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 3 22				Damaged Area Code: 7 27 27 27											
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 35 23 23 23				Test Status: 1 28											
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29											
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 10 25 4 25				BAC Test Result: 1 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32											
Viol. 3: Ch/Sec/Sub							Towed from scene? 1 33											
Viol. 4: Ch/Sec/Sub																		
Please fill out for operator and all occupants involved																		
Name (Last First Middle)			Address				DOB/Age				Sex							
Operator/Occupants			See Above				1 1 4 0 0 10 0				Medical Facility							

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

Crash Diagram:

Main St

Clark St

V1

V2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

On May 15, 2026, at approximately 6:50 AM, Vehicle One was traveling northbound on Main St while Vehicle Two was traveling Westbound on Clark St. toward Main St. Vehicle One had the green light continuing on Main St. when Vehicle Two attempted to turn onto Main St., causing Vehicle One to collide with the side of Vehicle Two. Vehicle two would continue to drive onto the property of 299 Main St. (Wilmington Back and Spine) and collide with the side of the building. Both vehicle operators denied any medical attention, and both vehicles were towed by A&S towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
JENSEN STEPHEN A	11 LONGVIEW RD WILMINGTON MA 01887			VINYL WINDOW SIDING

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/15/2026

Date

Wilmington Police Department
Images Associated with 26-146-AC



Wilmington Police Department
Images Associated with 26-146-AC

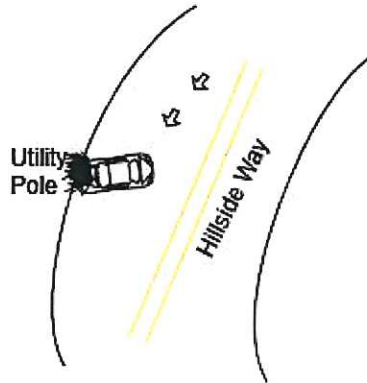


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2026	Time of Crash 1513 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-147-AC	
License # St DOB/Age			Reg # 5BXM68		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2019		Veh Make SUBARU		Veh Config. 1			
Operator ARNOLD, ANDREW LOUIS			Owner ARNOLD, ANDREW LOUIS							
Address 3 CEDARWOOD RD			Address 3 CEDARWOOD RD							
City WOBURN State MA Zip 01801-1220			City WOBURN State MA Zip 01801-1220							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1		Damaged Area Code: 1 27 2 27 8 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 21 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
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			DOB/Age Sex		1 1 3 0 0 10 0					
			M 6 4 4 0 0 10 1							
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: 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			DOB/Age Sex		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:

The operator stated he did not sleep much and because of this he belives he fell asleep at the wheel casusing him to crash into a utility pole near 20 Hillside Way. The operator nor the passenger sustained any injuries. The vehicle was towed by A&S.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	408 MAIN ST WILMINGTON MA 01887			UTILITY POLE

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 Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

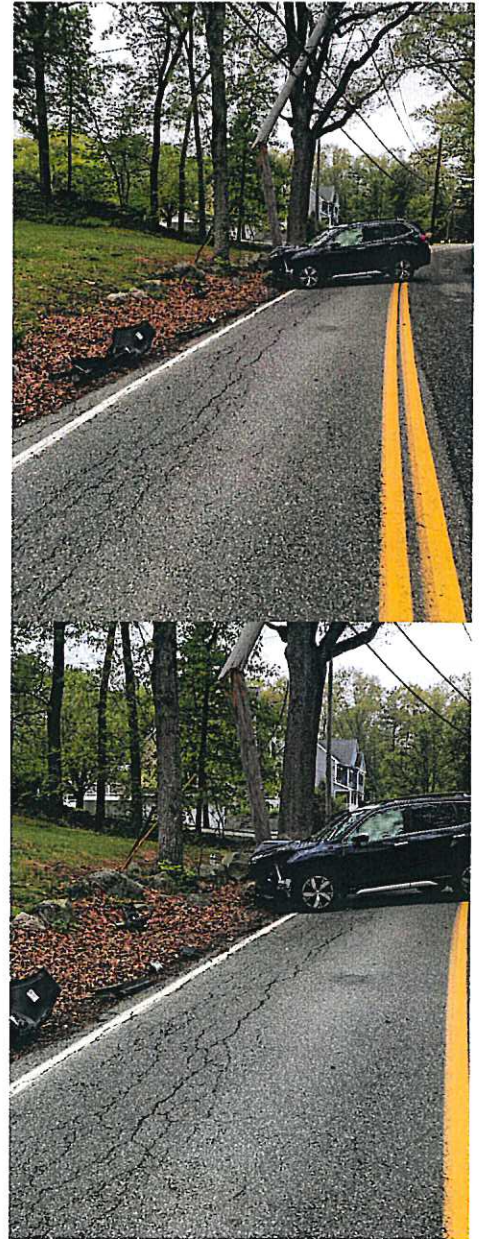
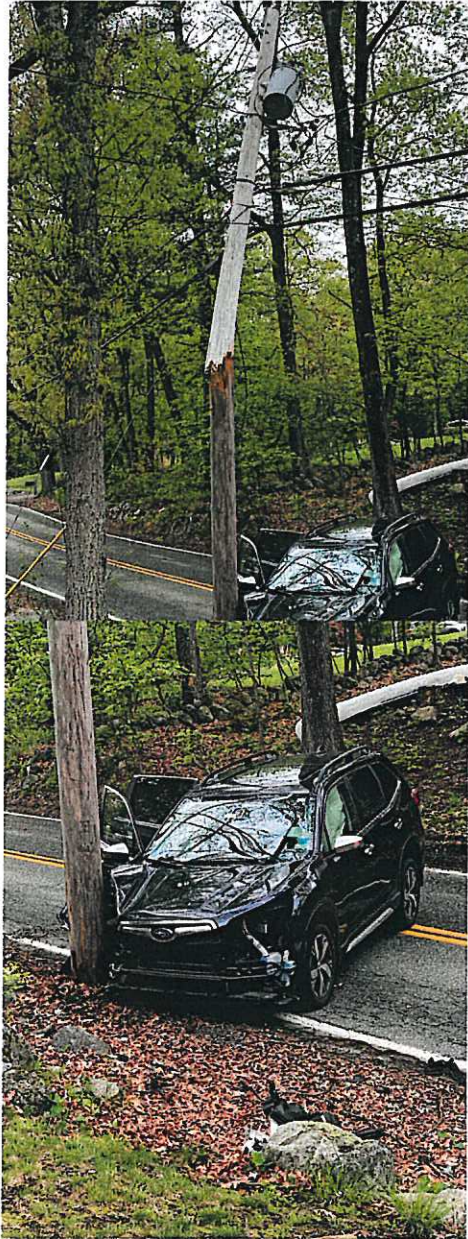
Department

Precinct/Barracks

05/15/2026

Date

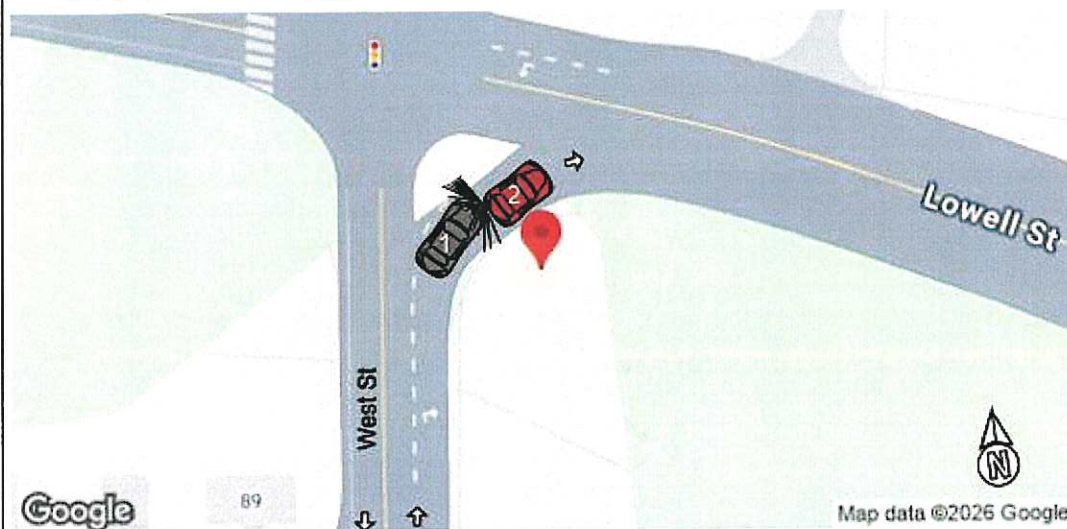
Wilmington Police Department
Images Associated with 26-147-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/15/2026	Time of Crash 1522 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	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# 26-148-AC		
License # St DOB/Age			Reg # 4PLT24 Reg Type PC Reg State MA			Veh Year 2013 Veh Make FORD Veh Config. 2			Owner AMADOR, ORISLEIDY JOSE					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			City LAWRENCE State MA Zip 01841-4643			Vehicle Action Prior to Crash 3 22			Damaged Area Code: 2 27 27 27					
Operator AMADOR, ORISLEIDY JOSE			City LAWRENCE State MA Zip 01841-4643			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Address 933 ESSEX ST			City LAWRENCE State MA Zip 01841-4643			Most Harmful Event 1 24			Type of Test: 29					
Insurance Company SAFETY INSURANCE COMPANY			City LAWRENCE State MA Zip 01841-4643			Driver Contributing Code 19 25 25			BAC Test Result: 30					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			City LAWRENCE State MA Zip 01841-4643			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Citation # (If Issued)			City LAWRENCE State MA Zip 01841-4643			Towed from scene? 2 33								
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			City LAWRENCE State MA Zip 01841-4643											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			City LAWRENCE State MA Zip 01841-4643											
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			Reg # 979SEP Reg Type PC Reg State MA			Veh Year 2019 Veh Make SUBARU Veh Config. 1			Owner RAUCCI, ELENA PAVLOS					
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			City METHUEN State MA Zip 01844-5406			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 6 27 27 27					
Operator RAUCCI, ELENA PAVLOS			City METHUEN State MA Zip 01844-5406			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Address 171 EAST ST APT 374F			City METHUEN State MA Zip 01844-5406			Most Harmful Event 1 24			Type of Test: 29					
Insurance Company THE STANDARD FIRE INSURAN			City METHUEN State MA Zip 01844-5406			Driver Contributing Code 1 25 25			BAC Test Result: 30					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			City METHUEN State MA Zip 01844-5406			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Citation # (If Issued)			City METHUEN State MA Zip 01844-5406			Towed from scene? 2 33								
Viol. 1: Cl/Sec/Sub Viol. 2: Cl/Sec/Sub			City METHUEN State MA Zip 01844-5406											
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			City METHUEN State MA Zip 01844-5406											
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		

→ = 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:

MV2 WAS TRAVELING NORTH ON WEST ST, AND GOT IN THE RIGHT LANE TO TAKE A RIGHT TURN ON TO LOWELL ST. AS MV2 WAS ATTEMPTING TO MERGE INTO TRAFFIC TRAVELING EASTBOUND ON LOWELL ST FROM THE ACCESS LANE, THE VEHICLE IN FRONT OF MV2 CAME TO A STOP, AND MV2 THEN CAME TO A STOP. MV1 WAS ALSO TRAVELING NORTH ON WEST ST AND GOT IN THE RIGHT LANE TO TAKE A RIGHT TURN ON TO LOWELL ST. WHEN MV2 CAME TO A STOP, MV1 DID NOT STOP IN TIME AND STRUCK THE REAR LEFT OF MV2. THERE WAS DAMAGE TO THE FRONT RIGHT OF MV1. THERE WAS DAMAGE TO THE REAR LEFT OF MV1. BOTH PARTIES REPORTED NO INJURIES. 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

05/15/2026

Date

Wilmington Police Department
Images Associated with 26-148-AC

