

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/17/2026	Time of Crash 1918 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 35	State Police Local Police MBTA Police Campus Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker 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# 26-149-AC	
License # S DOB/Age			Reg # 6AGF99		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 99 20 CDL Endorsement			Veh Year 2025		Veh Make HONDA		Veh Config. 1 21			
Operator PATEL, KANUBHAI N			Owner PATEL, KANUBHAI N							
Address 80 KINGSTON ST			Address 80 KINGSTON ST							
City NORTH ANDOVER State MA Zip 01845-5000			City NORTH ANDOVER		State MA Zip 01845-5000					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 1 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 40 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 99 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					
Please fill out for operator and all occupants involved			Driver Distracted by		Towed from scene? 1 33					
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator			See Above		1		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			Driver Distracted by		Towed from scene? 33					
Name (Last First Middle)			Address		DOB/Age		Sex			
Operator/Occupants			See Above		1		1			

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

Crash Diagram:

470 Main St Utility Pole Lot 474 Main St Main St/ MA-38	If Crash Did <u>Not</u> Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow
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Crash Narrative:

05/17/2026 @1922hrs, dispatched to 1-car mvc car v. pole. OP1 sole occupant and out of MV1 on arrival. According to WIT1, MV1 exited South exit of 474 Main St and turned N-bound. MV1 was traveling at appropriate speed and was not erratic. MV1 drifted towards fogline and struck utility pole. Rear end lifted and MV1 spun around pole (VZ12-100). Rested across NB lane. OP1 slight language barrier but confirmed. MV1 towed Cain's Towing. RMLD and VZ out to examine pole.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MAY RUSSELL S	13 VALERIE AVE BILLERICA MA 01821-5535		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN Apt. #1 DRACUT MA 0182		4	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 Joseph A Fitzgerald

Police Officer Name (Please Print)

Signature

215

ID/Badge #

Wilmington Police Department

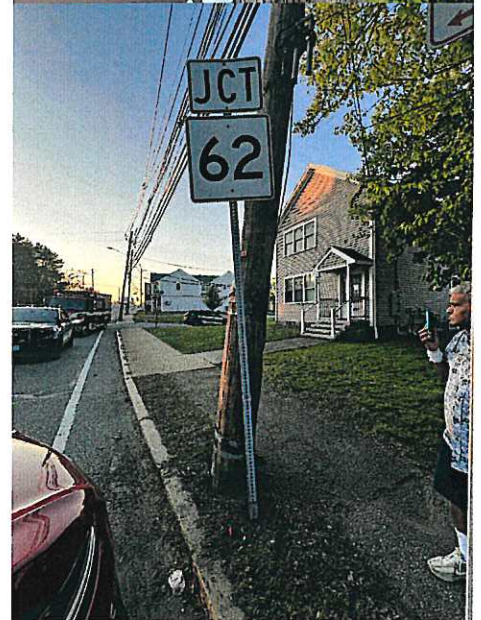
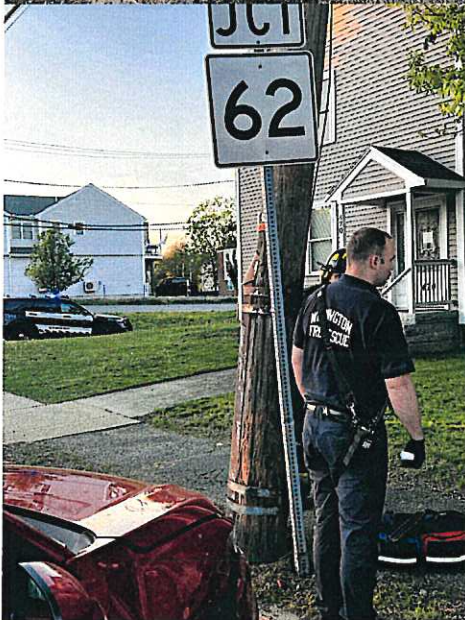
Department

Precinct/Barracks

05/17/2026

Date

Wilmington Police Department
Images Associated with 26-149-AC

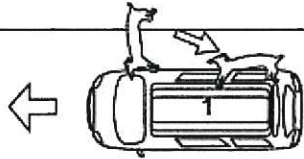
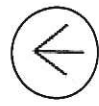


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/18/2026		Time of Crash 0657 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street				Route# Direction 285 MAIN ST Address # Name of Roadway/Street									
At				Feet N S E W of or Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Mile Marker									
Also at Intersection with				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# 26-150-AC			
License # St DOB/Age				Reg # 6FAN43 Reg Type PC Reg State MA				1 10					
Sex M Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement				Veh Year 2024 Veh Make GMC Veh Config. 1 21				1 11					
Operator COOPER, JAMES WILLIAM JR				Owner COOPER, JAMES WILLIAM JR				1 12					
Address 29 JACKSON ST APT 2				Address 29 JACKSON ST APT 2				1 13					
City SAUGUS State MA Zip 01906-3750				City SAUGUS State MA Zip 01906-3750				1 14					
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 1 22				Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2				Event Sequence 5 23 23 23 23				Test Status: 1 28					
Citation # (If Issued)				Most Harmful Event 5 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					
Please fill out for operator and all occupants involved				Towed from scene? 2 33				5 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									
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				Reg # Reg Type Reg State				21					
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				Towed from scene? 33				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				1									

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

282 Main St  Main St/MA-38 	If Crash Did Not Occur on a Public Way: ☐ Off-Street Parking Lot ☐ Garage ☐ Mall/Shopping Center ☐ Other Private Way Indicate North by Arrow 
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Crash Narrative:

05/18/2026 @ 0657hrs, dispatched to 285 Main St for car v. deer MVC. On arrival, deer deceased in bushes of 282 Main St. OP1 stated, traveling N-bound Main St. Deer ran out from 282 Main St and stuck pass side mirror, breaking mirror. Deer swung towards rear of MV1 and struck rear pass door near handle denting door. Deer ran off and died on property of 282 Main St. No human injury reported. MV1 left under own power. Deer collected by ACO.

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 Joseph A Fitzgerald 215 Wilmington Police Department 05/18/2026

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

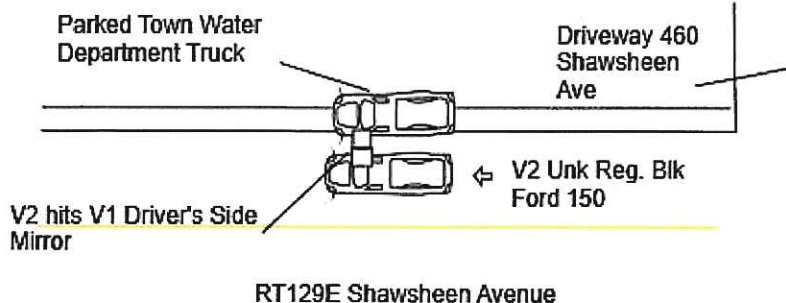
Wilmington Police Department
Images Associated with 26-150-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/18/2026	Time of Crash 0824 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			129 E 460 SHAWSHOEN AVE							
At			Route# Direction Address # Name of Roadway/Street							
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			Feet N S E W of Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-151-AC	
License # St DOB/Age			Reg # M2255C		Reg Type DC		Reg State MA			
Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025		Veh Make FORD		Veh Config. 2			
Operator TRIDENTI, PAUL F			Owner WILMINGTON TOWN OF							
Address 103 MIDDLESEX AVE			Address 121 GLEN RD							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-3500							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 11 22		Damaged Area Code: 3 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 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					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		4	
Please Select One of the Following:			☐ Vehicle 21 #Occupants		☒ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # unknown		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make FORD		Veh Config. 21			
Operator unknown			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 2 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 2 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 97 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved					Towed from scene? 33					
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		4	

→ = 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:

V1 (Town of Wilmington Water Department) Opr. Tridenti was parked roadside near 460 Main Street RT129E preparing to mark out water service. While parked, MV2 a black Ford F150 series pick-up truck with red logo lettering clipped mirrors with V1 as it traveled RT129E in traffic. No injuries V1 OPR. V1 mirror sustained minor scuff damage on outer edge causing the glass mirrors to pop off without breaking. V2 (unknown registration) continued on without stopping. Mirror glass was subsequently re-attached at DPW post incident.

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:

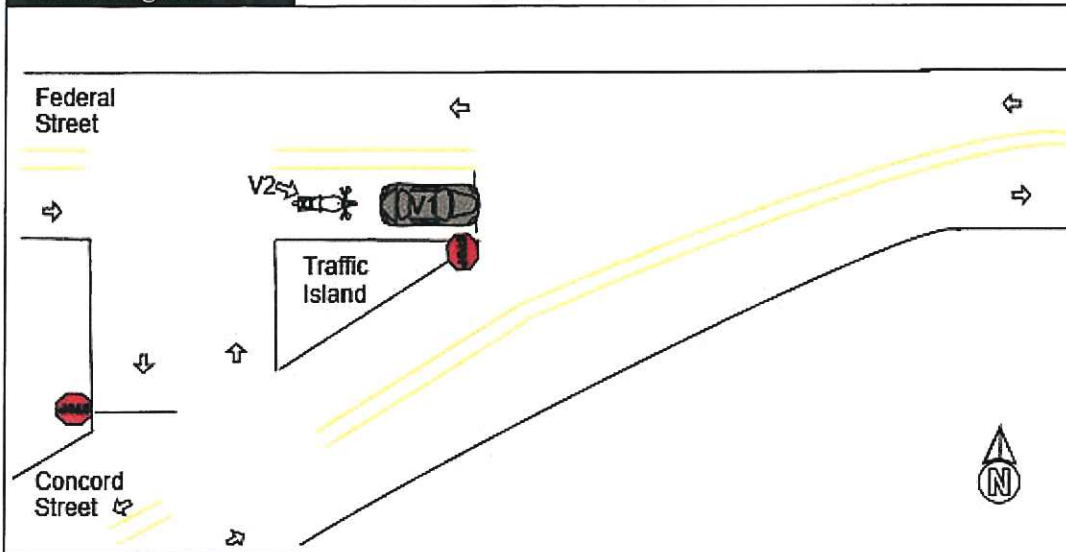
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Richard DiPerri 173 Wilmington Police Department 05/18/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 05/18/2026	Time of Crash 1357 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:																			
1 Route# Direction CONCORD ST At FEDERAL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number 99 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark					10 11																
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-152-AC																					
4 License St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator MCCANN, CHRISTINE RITA Address 16 GETTYSBURG ST City WOBURN State MA Zip 01801-5309 Insurance Company THE HANOVER INSURANCE COM 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 # 9SM370 Reg Type PC Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 Owner MCCANN, CHRISTINE RITA Address 16 GETTYSBURG ST City WOBURN State MA Zip 01801-5309 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 97 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 5 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33					12 13																
6 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		1			
7 Please Select One of the Following: ☒ Vehicle 2 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																								
8 License # St DOB/Age Sex M Lic. Class D M 19 19 Lic. Restrictions 20 CDL Endorsement Operator HUNTER, JAMES IRVINE Address 278 SALEM ST City WILMINGTON State MA Zip 01887 Insurance Company SAFETY INSURANCE COMPANY 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 # 3F7185 Reg Type MC Reg State MA Veh Year 1987 Veh Make HONDA Veh Config. 3 Owner HUNTER, JAMES IRVINE Address 278 SALEM ST City WILMINGTON State MA Zip 01887 Vehicle Action Prior to Crash 2 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 7 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					14																
9 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		5		5		0		0		10		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:

Vehicle 1 (V1) was traveling northbound on Federal Street, approaching the intersection with Concord St. Vehicle 2 (V2) was traveling directly behind V1 in the same direction. They approached the stop sign and both came to a complete stop. V1 then decided she wanted to turn right to travel south on Concord St. She wanted to access the right turn from the other exit to Federal St so she put the vehicle into reverse. She reversed into V2. V2 fell over to the left side. V1 sustained rear center damage, and V2 sustained front and left side damage. No airbags were deployed. V2 was towed by Forrest Towing due to leaking fluids.

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

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

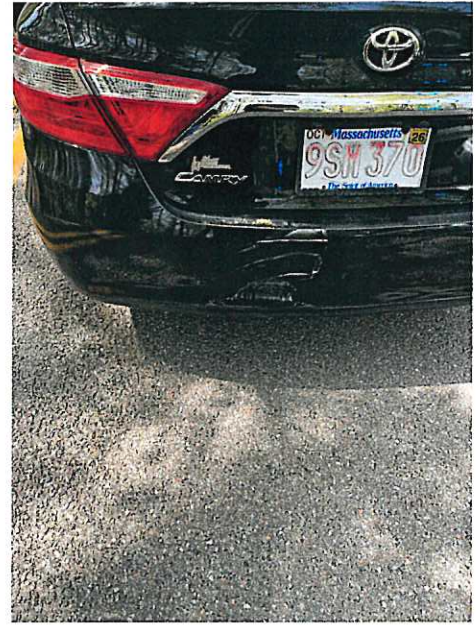
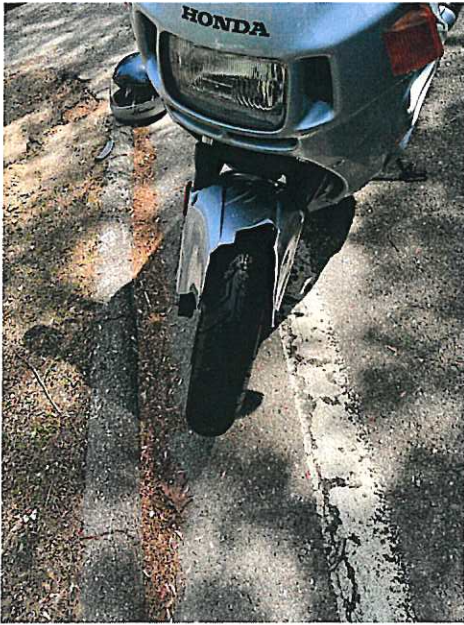
Department

Precinct/Barracks

05/18/2026

Date

Wilmington Police Department
Images Associated with 26-152-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/18/2026	Time of Crash 1424 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:									
1 Route# Direction Name of Roadway/Street At					2 10Route# Direction Address # Name of Roadway/Street 210 BALLARDVALE ST									
2 1Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					7 11Feet N S E W of Mile Marker Exit Number									
3 1Route# Direction Name of Intersecting Roadway/Street					7 11Feet N S E W of Route# Intersecting Roadway/Street									
3 1Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped					Crash Report ID# 26-153-AC									
4 1License # St DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement					7 12Reg # 4NXH24 Reg Type PC Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1 21									
4 1Operator GUERRERO, LYNETTE AMELIA Address 37 OREGON AVE APT 1					7 12Owner GUERRERO, FELIX B Address 4 ALEGI AVE									
5 City LAWRENCE State MA Zip 01841-4918					7 12City TAUNTON State MA Zip 02780-4961									
5 Insurance Company SAFECO INSURANCE COMPANY					7 12Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27									
5 Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2					7 12Event Sequence 1 23 23 23 23 Test Status: 1 28									
6 1Citation # (If Issued)					7 12Type of Test: 0 29									
6 1Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					7 12BAC Test Result: 1 30									
6 1Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					7 12Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
6 1Please fill out for operator and all occupants involved					7 12Driver Distracted by 0 26 26 Towed from scene? 2 33									
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									
7 1Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.														
8 1License # St DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement					7 12Reg # Y60376 Reg Type CO Reg State MA Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21									
8 1Operator CINTRON, NORBERTO RAFAEL JR Address 10 VAN ROOSEN RD					7 12Owner CHARLES RIVER LABORATORIES INC Address 251 BALLARDVALE ST									
9 2City NEWTON State MA Zip 02459					7 12City WILMINGTON State MA Zip 01887-1096									
9 2Insurance Company ACE AMERICAN INSURANCE CO					7 12Vehicle Action Prior to Crash 10 22 Damaged Area Code: 0 27 27 27									
9 2Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2					7 12Event Sequence 2 23 23 23 23 Test Status: 1 28									
9 2Citation # (If Issued)					7 12Type of Test: 0 29									
9 2Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub					7 12BAC Test Result: 1 30									
9 2Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					7 12Driver Contributing Code 19 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32									
9 2Please fill out for operator and all occupants involved					7 12Driver Distracted by 99 26 26 Towed from scene? 2 33									
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

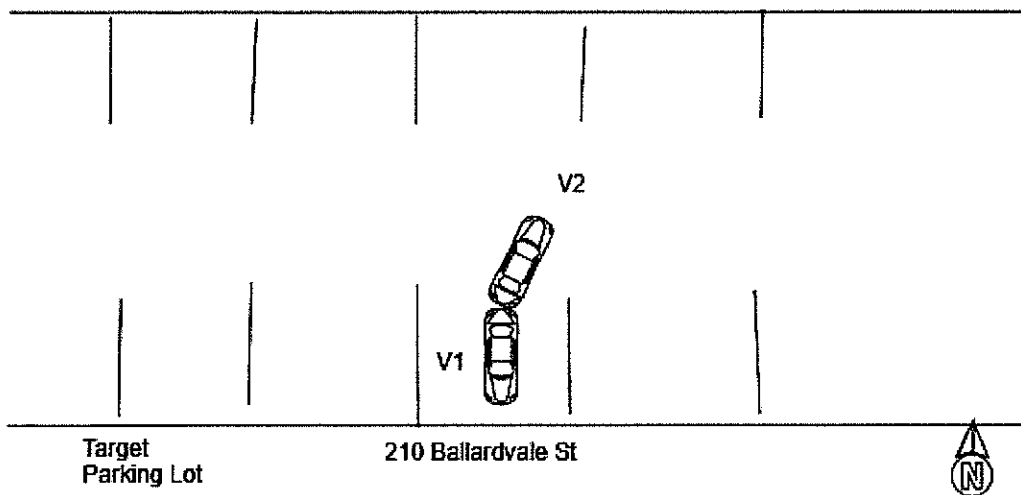
Crash Diagram:

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:

I responded to a report of a motor vehicle crash at 210 Ballardvale Street (Target parking lot). The operator of V1 stated she was inside target for an extended period time and was notified that her vehicle was hit. A witness identified themselves and stated she saw V2 back into V1 while V1 was parked. This witness saw the license plate and notified Target staff. Target also had video footage showing the collision. The operator of V2 was located at his work across the street. Op2 stated he checked and did not see damage and attempted to make notification. Information was exchanged and both vehicles were driveable.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
VOORHEES JACLYN M	103 SOUTH ST TEWKSBURY MA 01876-1964		

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/18/2026

Date

Wilmington Police Department
Images Associated with 26-153-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/18/2026	Time of Crash 1822 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:									
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number											
Also at Intersection with			Route# Intersecting Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark											
Please Select One of the Following:			☒ Vehicle 11 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-154-AC		
License # St. DOB/Age			Reg # 4573327			Reg Type PC			Reg State NH					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008			Veh Make LEXUS			Veh Config. 1 21					
Operator RUGGIERO, RICHARD G			Owner RUGGIERO, BARBARA JEAN											
Address 7 CUSTOM ST			Address 7 CUSTOM ST											
City NASHUA State NH Zip 03062			City NASHUA State NH Zip 03062											
Insurance Company USAA			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					
Operator			See Above			1			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 # 6WMY18			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018			Veh Make HONDA			Veh Config. 1 21					
Operator LEBRON, YEREMI			Owner LEBRON, YEREMI											
Address 185 BAILEY ST APT 2			Address 185 BAILEY ST APT 2											
City LAWRENCE State MA Zip 01843-1809			City LAWRENCE State MA Zip 01843-1809											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 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			Driver Contributing Code 4 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? 2 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					

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

Crash Diagram:

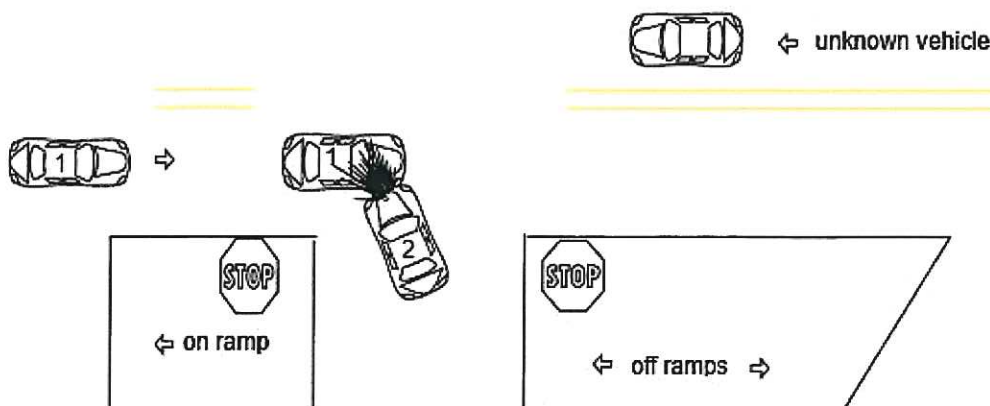
Rt. 62 @ I-93 N. ramps



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 was traveling east on Rt. 62 when it approached the I-93 on/off ramps. Vehicle 2 was at the stop sign by the end of the north bound off ramp of I-93. Vehicle 2 stated an unknown vehicle in the west bound lane of Rt. 62 had stopped and signaled for him to turn left out of the off ramp. The operator of vehicle 2 stated that vehicle 1 was speeding towards him and he could not avoid him when he pulled out. The operator of vehicle 1 denied speeding and stated that vehicle 2 without warning pulled in front of him as he was driving past the off ramp. Both vehicles collided and vehicle 1 suffered damage to its passenger side tire. Vehicle 2 suffered damage to its front bumper which came off after the crash. Neither vehicle suffered airbag deployment

Vehicle 1 had to be towed from the scene while

vehicle 2 was still operable.

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 Thomas Lawrenson

222

Wilmington Police Department

05/18/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 05/19/2026	Time of Crash 0834 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	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			Feet N S E W of or Exit Number													
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker													
Also at Intersection with			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# 26-155-AC							
License # St , DOB/Age			Reg # 5WFEJ59		Reg Type PC		Reg State MA									
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make GMC		Veh Config. 1									
Operator MCKENNA, GREGG DAVID			Owner MCKENNA, GREGG DAVID													
Address 1 DEXTER ST			Address 1 DEXTER ST													
City WILMINGTON State MA Zip 01887-3716			City WILMINGTON State MA Zip 01887-3716													
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 2		Damaged Area Code: 5 27 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28											
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29											
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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		X		X		1	1	4	0	0	8	2	Winchester Hospital
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.							
License # t. , DOB/Age			Reg # 3XVX59		Reg Type PC		Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2020		Veh Make CHEVROLET		Veh Config. 1									
Operator HOWLETT, MICHELLE E			Owner HOWLETT, JOSHUA RICHARD													
Address 18 DORCHESTER ST			Address 18 DORCHESTER ST													
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-2207													
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash 2		Damaged Area Code: 1 27 5 27 27											
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 1 23 23 23		Test Status: 28											
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29											
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30											
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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		X		X		1	1	4	0	0	10	0	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/19/2026	Time of Crash 0834 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 30	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					2 10				
At					Feet N S E W of or Mile Marker Exit Number					8 11				
Route# Direction Name of Intersecting Roadway/Street					Route# Direction Name of Intersecting Roadway/Street									
Also at Intersection with					Feet N S E W of									
Route# Direction Name of Intersecting Roadway/Street					Route# Direction Name of Intersecting Roadway/Street					Landmark				
Please Select One of the Following:					☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-155-AC			
License # St DOB/Age					Reg # 1YWZ90		Reg Type PC		Reg State MA		1 12			
Sex M Lic. Class B 19 19 Lic. Restrictions E 20 CDL Endorsement					Veh Year 2017		Veh Make CHEVROLET		Veh Config. 2 21					
Operator SHEERAN, KEVIN H					Owner SHEERAN, KEVIN H									
Address 5 BAKER ST					Address 5 BAKER ST									
City WILMINGTON State MA Zip 01887					City WILMINGTON		State MA		Zip 01887					
Insurance Company SAFTEY INSURANCE					Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27							
Vehicle Travel Direction: N S E W Responding to Emergency? 2					Event Sequence 1 23 23 23 23		Test Status: 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 21 25 19 25		BAC Test Result: 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 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					1 1 3 0 0 10 0									
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		21			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement					Veh Year		Veh Make		Veh Config.					
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					1									

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

	Woburn St Concord St Woburn 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
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Crash Narrative:

Car 3 while travelling eastbound on Concord St. crashed into the rear of Car 2, making Car 2 crash into the rear of Car 1. Both Car 1 and Car 2 were stopped at the Concord and Woburn St. traffic light.

All MVs were towed by Forest Towing. A witness onscene stated Car 3 was weaving in between the lines prior to the crash, at one point crossing the double yellow lines before correcting. He then crashed into the rear of Car 2 without braking. Operator of Car 3 stated he was coming back from a double shift at work and may have nodded off from tiredness/fatigue.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GIORDANO DAVID	25 GOVERNER FULLER RD BILLERICA MA 01821		2

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

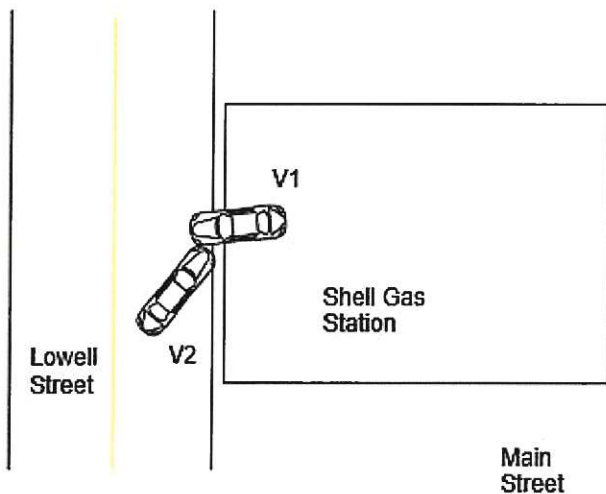
Patrol Officer Dillon Halliday 205 Wilmington Police Department 05/19/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/19/2026	Time of Crash 1349 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			2 10								
At			Feet N S E W of or Exit Number			6 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								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-156-AC		
License # S JOB/Age			Reg # 7JFX53 Reg Type PC Reg State MA			7 12								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2008 Veh Make HONDA Veh Config. 1 21											
Operator YNOA SANTIAGO, NELSON			Owner CAMACHO ACOSTA, CARISMILLY											
Address 92 OLD LANDING WAY			Address 23 MARTEL ST											
City CHARLESTOWN State MA Zip 02129-2319			City FITCHBURG State MA Zip 01420-4071											
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 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			Susp. Alcohol: 2 31 Susp. Drug: 2 32			Towed from scene? 1 33			1 13					
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26											
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	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 S DOB/Age														
Reg # 4YXD53 Reg Type PC Reg State MA														
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement														
Veh Year 2012 Veh Make NISSAN Veh Config. 1 21														
Operator GUTIERREZ, JULIO CESAR														
Owner GUTIERREZ, JULIO CESAR														
Address 886 ANDOVER ST														
Address 886 ANDOVER ST														
City LOWELL State MA Zip 01852-2031														
City LOWELL State MA Zip 01852-2031														
Insurance Company SAFETY INSURANCE COMPANY														
Vehicle Action Prior to Crash 3 22														
Damaged Area Code: 8 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														
Citation # (If Issued)														
Viol. 1: Ch/Sec/Sub														
Viol. 2: Ch/Sec/Sub														
Viol. 3: Ch/Sec/Sub														
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	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:

I responded to a report of a two vehicle motor vehicle crash at the Shell Gas Station (586 Main Street). Officers on scene were able to push V2 into the parking lot from Lowell Street. Op1 stated he was turning right onto Lowell Street and V2 struck his vehicle while attempting to turn right into the gas station from Lowell Street. Op2 stated he was turning into the gas station and did not see V1. There was a strong language barrier with both parties with spanish being both parties primary language. Both vehicles were towed from the scene by Forrest towing and brought back to their yard. Information was exchanged on scene and all units cleared.

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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

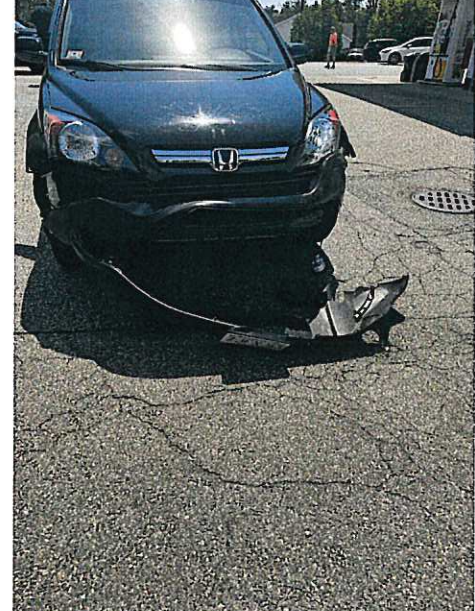
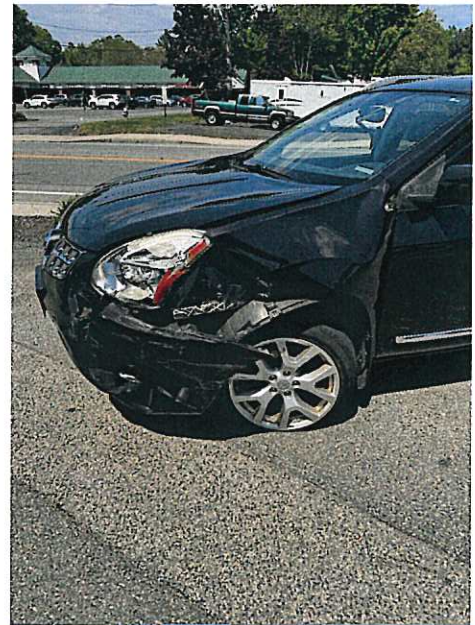
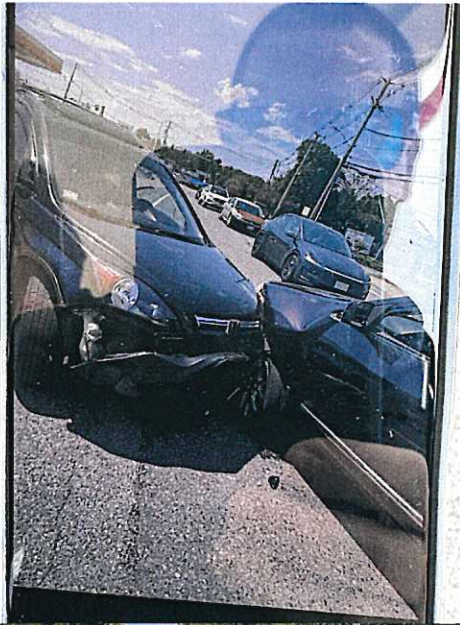
Department

Precinct/Barracks

05/19/2026

Date

Wilmington Police Department
Images Associated with 26-156-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/20/2026	Time of Crash 0837 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 GLEN RD			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street						
At			Feet N S E W of Mile Marker Exit Number		Feet N S E W of Mile Marker Exit Number						
Route# Direction Name of Intersecting Roadway/Street			Route# Direction Name of Intersecting Roadway/Street		Route# Direction Name of Intersecting Roadway/Street						
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street						
Route# Direction Name of Intersecting Roadway/Street			Landmark		Landmark						
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-157-AC		
License # S DOB/Age			Reg # V20070		Reg Type CO		Reg State MA		1 12		
Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement			Veh Year 2019		Veh Make TOYOTA		Veh Config. 2		1 11		
Operator OBRIEN, DYLAN CONNOR			Owner ARI FLEET LT		Address 4001 LEADENHALL RD		City MOUNT LAUREL		State NJ Zip 08054-4611		
Address 154 ALLEN RD			City BILLERICA		State MA Zip 01821-3764		Insurance Company OLD REPUBLIC INSURANCE CO		Vehicle Action Prior to Crash 1 22		
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Most Harmful Event 1 24		Driver Contributing Code 1 25 25		Driver Distracted by 0 26 26		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Damaged Area Code: 3 27 27 27		Test Status: 28		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Type of Test: 29		BAC Test Result: 30		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Susp. Alcohol: 31 Susp. Drug: 32		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		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator			See Above		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator			See Above		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator			See Above		DOB/Age		Sex		34 Seat Pos. 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			Reg # VT48349		Reg Type PC		Reg State MA		1 14		
Sex M Lic. Class B M Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make NISSAN		Veh Config. 1		1 11		
Operator HOLMES, CHARLES EDWARD			Owner HOLMES, CHARLES EDWARD		Address 63 GARDEN AVE		City WILMINGTON		State MA Zip 01887-1872		
Address 63 GARDEN AVE			City WILMINGTON		State MA Zip 01887-1872		Insurance Company THE COMMERCE INSURANCE CO		Vehicle Action Prior to Crash 1 22		
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Most Harmful Event 1 24		Driver Contributing Code 4 25 25		Driver Distracted by 0 26 26		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Damaged Area Code: 1 27 27 27		Test Status: 28		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Type of Test: 29		BAC Test Result: 30		
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub		Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub		Susp. Alcohol: 31 Susp. Drug: 32		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		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator/Occupants			See Above		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator/Occupants			See Above		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		
Operator/Occupants			See Above		DOB/Age		Sex		34 Seat Pos. 1 1 4 0 0 10 1		

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Brattle St.

Glen Rd.

Brattle St.

Glen Rd.

Indicate North by Arrow

→

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 05/20/26 Car 1 was travelling SB on Glen Rd. and was crashed into on the right side by Car 2. Car 2 was attempting to travel across Glen Rd. from Brattle St. Both MVs were driveable. Car 2 had damage on the front bumper and Car 2 had damage on the right side.

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 Dillon Halliday 205 Wilmington Police Department 05/20/2026

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 05/21/2026		Time of Crash 1026 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit <u>35</u> Latitude _____ Longitude _____		☐ State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: _____									
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						Route# _____ Direction _____ Address # <u>127</u> Name of Roadway/Street <u>MAIN ST</u>						10											
						_____ Feet <u>N S E W</u> of _____ • _____ or _____ Mile Marker _____ Exit Number _____																	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						_____ Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____						11											
						_____ Feet <u>N S E W</u> of _____ Landmark _____																	
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants _____ ☐ Hit/Run ☐ Moped						Crash Report ID# 26-158-AC																	
License # _____ St _____ DOB/Ag _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>ROSADO, JOSHUA DAREN</u> Last First Middle Address <u>100 PILLSBURY RD APT 1</u> City <u>LONDONDERRY</u> State <u>NH</u> Zip <u>030532867</u> Insurance Company _____ Vehicle Travel Direction: <u>N X E W</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>5712840</u> Reg Type <u>PC</u> Reg State <u>NH</u> Veh Year <u>2019</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ROSADO, JOSHUA DAREN</u> Last First Middle Address <u>100 PILLSBURY RD APT 1</u> City <u>LONDONDERRY</u> State <u>NH</u> Zip <u>030532867</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</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>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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																							
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		~~XXXX~~		~~XX~~		1		99		4		0		0		10		1			
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants _____ ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.																							
License # _____ St _____ DOB/Ag _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>ELOY, ROSAIREMITTE R</u> Last First Middle Address <u>1360 MAIN ST APT 105</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2199</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N X E W</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>5CHS24</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ELOY, ROSAIREMITTE R</u> Last First Middle Address <u>1360 MAIN ST APT 105</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2199</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</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>0</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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																							
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		~~XXXX~~		~~XX~~		1		99		4		0		0		10		1			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main
Street

V2  V1



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:

I responded to a two vehicle motor vehicle crash in the area of 127 Main Street. Both vehicles had pulled onto Pine Ave for safety upon my arrival. Op1 stated he was driving southbound on Main Street when a vehicle in front of him slowed down to turn into one of the driveways in the area. Op1 stated he slowed down and stopped to avoid a collision but the vehicle behind him rear ended him. Op2 stated the same sequence of events stating she rear ended V1. Neither Op was injured and both vehicles were driveable. Information was exchanged and all parties cleared.

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 John A Fortes

228

Wilmington Police Department

05/21/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-158-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																															
Date of Crash 05/21/2026	Time of Crash 1500 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25	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						2 10																													
At			Feet N S E W of Mile Marker Exit Number						4 11																													
Route# Direction HOPKINS ST			Route# Direction Address # Name of Roadway/Street						4 11																													
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# 26-160-AC																										
License #			St			DOB/Age			Reg # 5GGT29			Reg Type PC			Reg State MA																							
Sex F			Lic. Class D			Lic. Restrictions 1			CDL			Veh Year 2020			Veh Make GMC			Veh Config. 1																				
Operator FERRARA, LEEANDRA B			Last First Middle			Owner FERRARA, ANTHONY FREDERICK			Last First Middle			Address 62 LAKE ST			City TEWKSBURY			State MA Zip 01876-4472																				
City TEWKSBURY			State MA Zip 01876-4472			Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash 1			Damaged Area Code: 7 27 27 27			Test Status: 1 28			Type of Test: 0 29																				
Vehicle Travel Direction: ☒ S ☐ E ☐ W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 1 30			Susp. Alcohol: 2 31			Susp. Drug: 2 32																				
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			Driver Distracted by 0 26 26			Towed from scene? 2 33			1 13																				
Viol. 3: Ch/Sec/Sub			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 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 # 2L2966			Reg Type MC			Reg State MA																							
Sex M			Lic. Class B			Lic. Restrictions B			CDL			Veh Year 2010			Veh Make HARLEY-DAVIDSON			Veh Config. 3																				
Operator MOFFITT, JOHN H			Last First Middle			Owner MOFFITT, JOHN H			Last First Middle			Address 9 ESSEX CT APT 3			City LYNN			State MA Zip 01902-3993																				
City LYNN			State MA Zip 01902-3993			Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 3			Damaged Area Code: 11 27 27 27			Test Status: 1 28			Type of Test: 0 29																				
Vehicle Travel Direction: ☒ S ☐ E ☐ W			Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Most Harmful Event 1 24			BAC Test Result: 1 30			Susp. Alcohol: 2 31			Susp. Drug: 2 32																				
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25			Driver Distracted by 0 26 26			Towed from scene? 1 33			1 14																				
Viol. 3: Ch/Sec/Sub			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 5			4			1			0			8			2			Lahoy Hospital					

→ = 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:

When on a separate call at the Shawsheen Elementary School with other officers I was outside the school and heard a noise consistent with a motor vehicle crash. I turned and saw Op2 fall off his motorcycle onto the ground by the Hopkins St and Shawsheen Ave intersection.

Op1 made herself known and remained on scene. Two witnesses made themselves known as well. Witness stated she was in her vehicle on Lake St and saw V1 traveling straight in the right lane towards Lake St and V2 was partially in the left lane and went to turn right and turned into V1. Op1 stated V2 appeared to be going straight or left based on where it was and was surprised when he turned right towards her. Witness 2 stated V2 was more in the middle of both lanes and went to turn right and V1 continued straight and the collision occurred. V2 towed by A&S.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BISHOP GRACE B	56 MICHIGAN RD TEWKSBURY MA 01876-4128		
PUCHTLER KRYSTAL JASMINE	14 HOPKINS ST WILMINGTON MA 01887-2210		

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 John A Fortes

228

Wilmington Police Department

05/21/2026

Police Officer Name (Please Print)

Signature

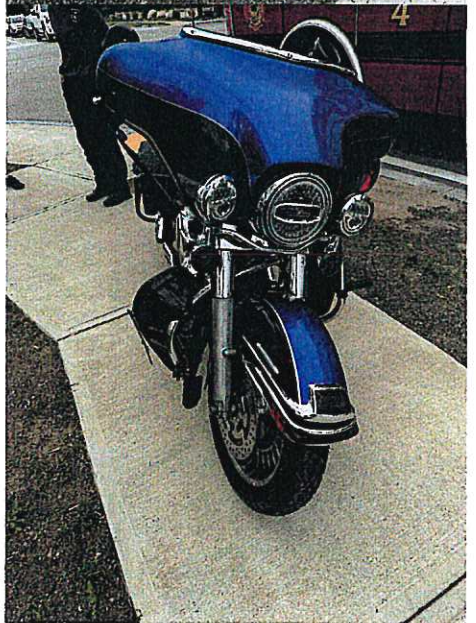
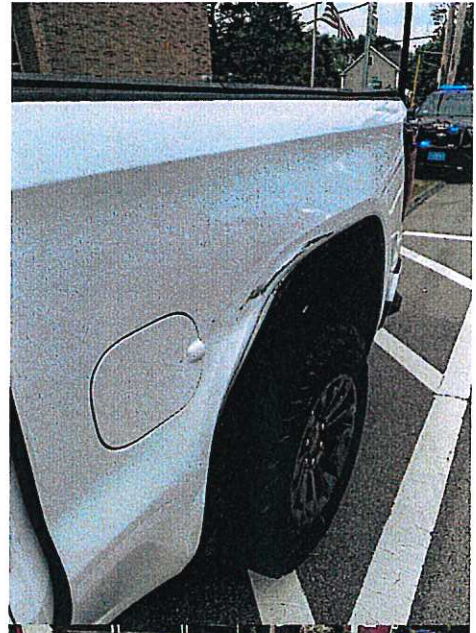
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-160-AC



Wilmington Police Department
Images Associated with 26-160-AC

