

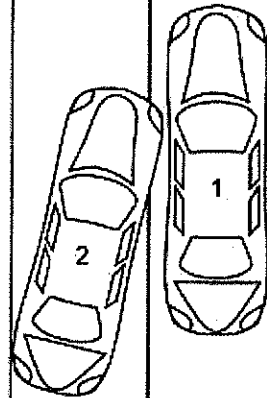
Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/21/2026	Time of Crash 1126 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street					
At				Feet N S E W of or 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					
Route# Direction Name of Intersecting Roadway/Street				Landmark					
Please Select One of the Following:		☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-159-AC	
License # St DOB/Age		Reg # 1FFK87 Reg Type PC Reg State MA		Veh Year 2017 Veh Make ACURA Veh Config 1		Owner STRANGIE, THERESA C		Address 42 WOODY NOOK	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement		City PLYMOUTH State MA Zip 02360-3661		Vehicle Action Prior to Crash 11 22		Damaged Area Code: 6 27 27 27		Test Status: 1 28	
Operator STRANGIE, THERESA C		Insurance Company LIBERTY MUTUAL INSURANCE		Event Sequence 2 23 23 23 23		Type of Test: 0 29		BAC Test Result: 1 30	
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2		Citation # (If Issued)		Most Harmful Event 2 24		Driver Contributing Code 1 25 25		Susp. Alcohol: 99 31 Susp. Drug: 99 32	
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Driver Distracted by 0 26 26		Towed from scene? 2 33			
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub							
Please fill out for operator and all occupants involved				DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator		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 # 5YWF49 Reg Type PC Reg State MA		Veh Year 2021 Veh Make HONDA Veh Config 1		Owner NUNES PACHECO, ANDERSON NUNES		Address 10010 INWOOD DR	
Sex F Lic. Class 99 19 Lic. Restrictions 20 CDL Endorsement		City WOBURN State MA Zip 01801-5180		Vehicle Action Prior to Crash 97 22		Damaged Area Code: 3 27 27 27		Test Status: 1 28	
Operator CAVALER, CAROLINA		Insurance Company GEICO GENERAL INSURANCE C		Event Sequence 2 23 23 23 23		Type of Test: 0 29		BAC Test Result: 1 30	
Vehicle Travel Direction: ☐ N ☒ E ☐ W Responding to Emergency? 2		Citation # (If Issued)		Most Harmful Event 2 24		Driver Contributing Code 19 25 25		Susp. Alcohol: 99 31 Susp. Drug: 99 32	
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Driver Distracted by 99 26 26		Towed from scene? 2 33			
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub							
Please fill out for operator and all occupants involved				DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility					
Operator/Occupants		See Above		1 99 4 0 0 99 1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Target parking lot



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:

Registered Owner of vehicle 1 stated while parked their vehicle was struck in the Target parking lot on the Drivers side passenger door while they were shopping. They returned to find the damaged door.

A black Honda bearing MA-REG-5YWF49 is seen on camera driving into and crashing into the rear door of vehicle 1. The operator gets out of vehicle 2 to check for damage. It appears operator 2 of vehicle 2 sees the damage then drives to the farthest parking spot available in the Target parking lot

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

05/21/2026

Police Officer Name (Please Print)

Signature

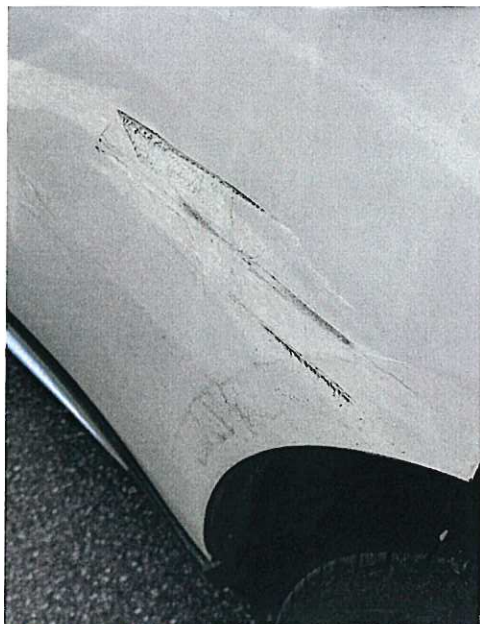
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-159-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/26/2026	Time of Crash 1607 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				274 SHAWSHOEN AVE			
At			Feet N S E W of Mile Marker Exit Number				11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				1			
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# 26-161-AC			
License # St DOB/Ag			Reg # X15902 Reg Type CO Reg State MA				3			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 CDL Endorsement			Veh Year 2023 Veh Make ISUZU Veh Config. 2				21			
Operator STEINMEYER, JACOB WILLIAM-DOUGLA			Owner ARI FLEET LT							
Address PO BOX 592			Address 4001 LEADENHALL RD							
City MACHESTER State ME Zip 04351			City MOUNT LAUREL State NJ Zip 08054-4611							
Insurance Company AIU INSURANCE COMPANY			Vehicle Action Prior to Crash 1				Damaged Area Code: 2 27 7 27 27			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 40 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 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			1 1 4 0 0 8 2				Lahey Hospital			
Please Select One of the Following:			☐ Vehicle 2 Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Ag			Reg # Reg Type Reg State				21			
Sex Lic. Class D 19 19 Lic. Restrictions 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			
							Towed 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			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

274 Shawsheen Ave

○ = Verizon Pole #56

● = Tree

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Shawsheen Ave

Crash Narrative:

Vehicle was traveling eastbound on Shawsheen Ave (Rt.129) when the vehicle began to veer to the right side of the road. The vehicle then crossed the solid white fog line continuing off the roadway and striking Verizon Utility Pole #56. The vehicle split the pole in half and continued. Live electrical wires fell onto the roadway. The vehicle then struck a tree and came to rest in the front lawn of 274 Shawsheen Ave. The operator stated that he was tired and believes he fell asleep.

No airbags were deployed and the vehicle was 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
VERIZON	28 DANA LN Apt. #1 DRACUT MA 01826		4	WOODEN UTILITY POLE

Truck and Bus Information:

Registration # **X15902** (From Vehicle Section)

Carrier Name **TrueGreen Partnership**

Bus Use **0** ⁴²

Address **4001 LEADEN HALL RD** City **MOUNT LAUREL** St **NJ** Zip **08054**

US DOT #: **342305** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **2** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **1** ⁴⁵

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

Hazmat Information:

Placard **2** ⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **3** ⁴⁹

Patrol Officer **Michael R DiLorenzo**

217

Wilmington Police Department

05/26/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-161-AC



Wilmington Police Department
Images Associated with 26-161-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/26/2026	Time of Crash 1811 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	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				2 10			
At			700 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number				2 11			
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 12 #Occupants				☐ Hit/Run			
			☐ Moped				Crash Report ID# 26-162-AC			
License #			Reg # 748VV4				Reg Type PC Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make TOYOTA Veh Config 1 21				1 12			
Operator VALDEZ, LILIANA PEREIRA			Owner VALDEZ, LILIANA PEREIRA							
Address 10 CARLINE DR APT B			Address 10 CARLINE DR APT B							
City BILLERICA State MA Zip 01821-2002			City BILLERICA State MA Zip 01821-2002							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2 22				Damaged Area Code: 1 27 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 5 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			Towed from scene? 2 33				1 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 99 4 0 0 10 1							
			4 99 4 0 0 10 1							
Please Select One of the Following:			☒ Vehicle 22 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License #			Reg # MAVS13				Reg Type PC Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make HONDA Veh Config 1 21				1 14			
Operator DE OLIVEIRA, JEOVANE SERGIO			Owner DE OLIVEIRA, JEOVANE SERGIO							
Address 133 ARBORETUM WAY APT 2			Address 133 ARBORETUM WAY APT 2							
City BURLINGTON State MA Zip 01803			City BURLINGTON State MA Zip 01803							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 2 22				Damaged Area Code: 1 27 5 27 27			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			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							
SIMONE DIAZ 133 ARBORETUM WAY BURLINGTON, MA 01803			3 99 4 0 0 9 2				Lahey Hospital			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/26/2026	Time of Crash 1811 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	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							
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			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 31 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-162-AC	
License			DOB/Age		Reg # 3NMT47		Reg Type PC		Reg State MA	
Sex M Lic. Class D 19 19			Lic. Restrictions B 20		Veh Year 2022		Veh Make HYUNDAI		Veh Config. 1 21	
Operator SALAZAR, ROBERT DANIEL					Owner SALAZAR, ROBERT DANIEL					
Address 7 RIVER ST APT 4					Address 7 RIVER ST APT 4					
City ARLINGTON State MA Zip 02474-3569					City ARLINGTON State MA Zip 02474-3569					
Insurance Company GOVERNMENT EMPLOYEES INSU					Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: N X E W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28			
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 1 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		99		4	
Please Select One of the Following:			☐ Vehicle 4 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #			DOB/Age		Reg #		Reg Type		Reg State	
Sex Lic. Class D 19 19			Lic. Restrictions 20		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? 2		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:

700 Main St (Textron
Rear Entrance)

Main St



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicles 1, 2 and 3 were all traveling in a row southbound on Main St. A vehicle in front of them slowed down to turn left into the driveway of Textron. V3 and V2 slowed to a stop while the vehicle waited to turn left. V1 rear ended V2 causing V2 to rear end V3. No airbags were deployed

All vehicles were able to be driven from the scene.

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

05/26/2026

Police Officer Name (Please Print)

Signature

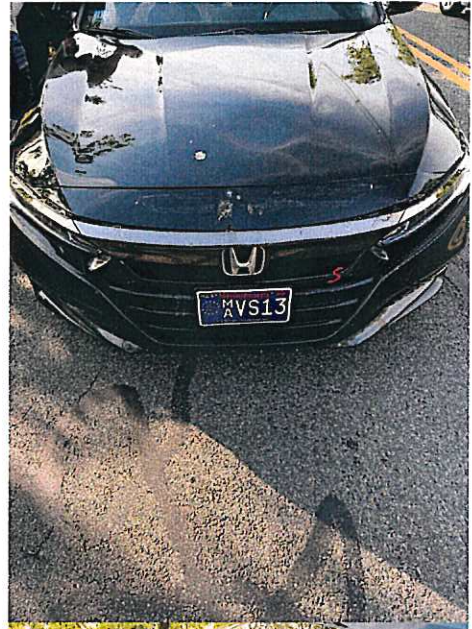
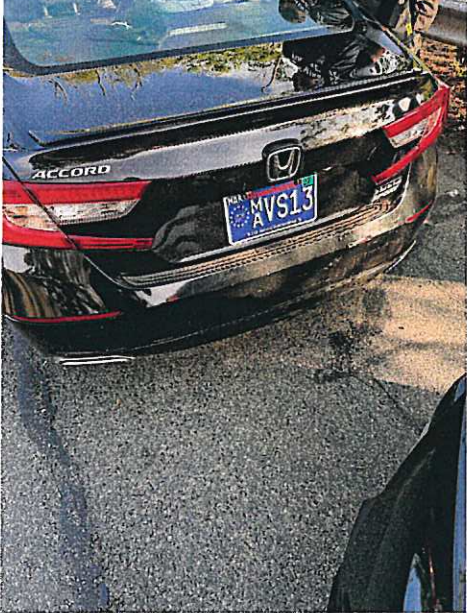
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-162-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/27/2026	Time of Crash 1601 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		Route# Direction Address # Name of Roadway/Street					
At										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Feet N S E W of					
Also at Intersection with					Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
					Landmark					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-163-AC	
License # St. DOB/Age.			Reg # 7BXR77		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make TOYOTA		Veh Config. 1 21			
Operator ALVES SANTOS, RENATO			Owner ALVES SANTOS, RENATO							
Address 62 ALDEN ST			Address 62 ALDEN ST							
City MALDEN State MA Zip 02148-5809			City MALDEN State MA Zip 02148-5809							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 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 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		X		X			
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License : St. DOB/Age.			Reg # 4RNX51		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make Jeep		Veh Config. 1 21			
Operator MEJIA ANGEL, ALVARO ESTIVEN			Owner MEJIA ANGEL, ALVARO ESTIVEN							
Address 11 THURSTON ST APT 2			Address 11 THURSTON ST APT 2							
City EAST BOSTON State MA Zip 02128-4171			City EAST BOSTON State MA Zip 02128-4171							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 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? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		X		X			

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

193 North Off Ramp at Exit 33

Towards North Reading

Towards Wilmington

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:

I responded to a motor vehicle crash in the area of 50 Concord Street. Both operators stated they were not injured. Neither operator spoke english as their first language but were able to briefly tell me what happened in the crash to the best of their ability. Op1 stated he was coming off the ramp and a vehicle was stopped at the red light in front of him so he stopped and the vehicle behind him (V2) stopped too. the light turned green then the vehicle in front of him started to go then it stopped so he stopped and V2 did not stop and the collision occurred between V1 and V2. Op2 stated he thought it was safe to proceed then saw V1 stopped and could not stop. Both vehicles were driveable with minor damage. 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

05/27/2026

Police Officer Name (Please Print)

Signature

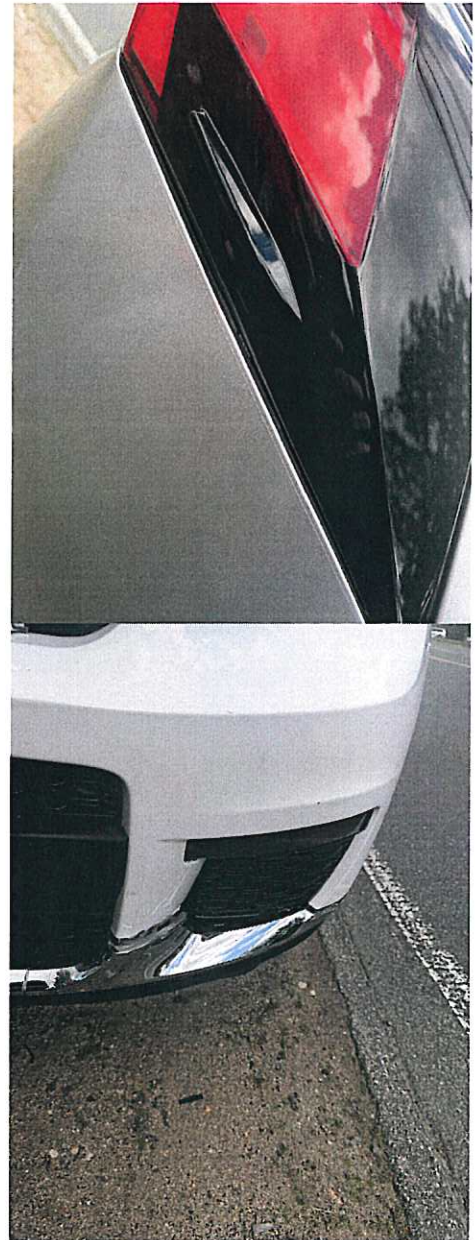
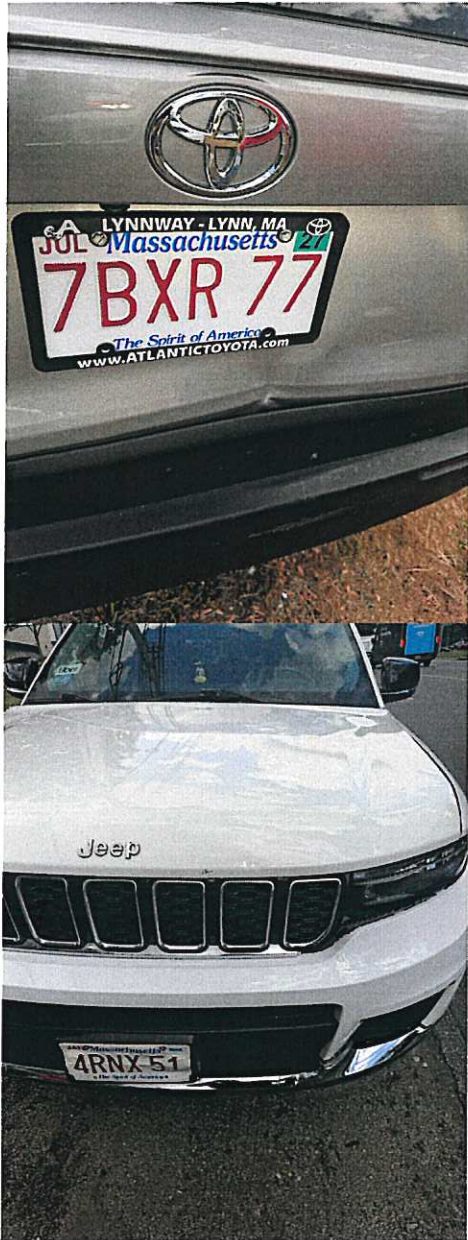
ID/Badge #

Department

Precinct/Barracks

Date

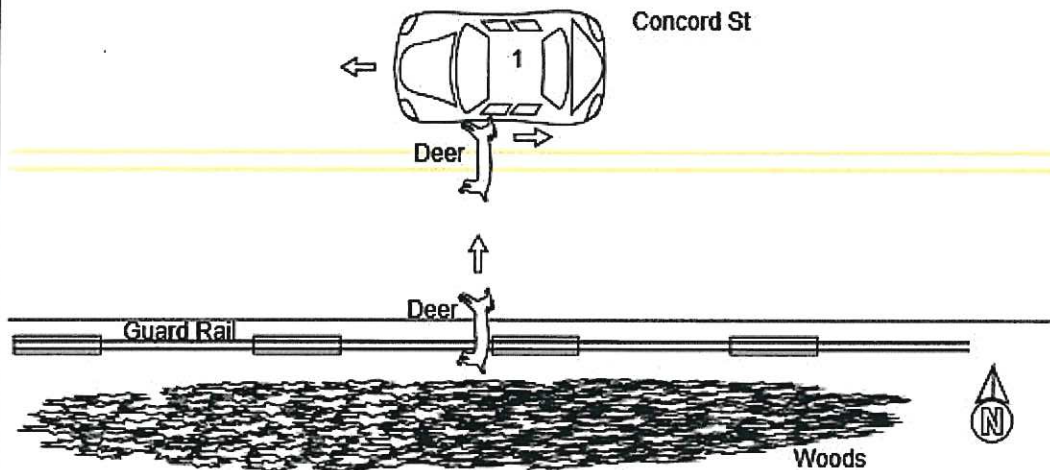
Wilmington Police Department
Images Associated with 26-163-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/28/2026	Time of Crash 2037 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	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										
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# 26-164-AC	
License # S DOB/Ag			Reg # 7BD929			Reg Type PC			Reg State MA				
Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement			Veh Year 2010			Veh Make NISSAN			Veh Config. 1				
Operator PLOYER, MARC J			Owner PLOYER, DENISE M										
Address 14 MICHAEL RD			Address 14 MICHAEL RD										
City NORTH BILLERICA State MA Zip 01862-1735			City NORTH BILLERICA			State MA			Zip 01862-1735				
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1			Damaged Area Code: 7 27 27 27							
Vehicle Travel Direction: N S E X 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			Driver Contributing Code 1 25 25			BAC Test Result: 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	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	
Please Select One of the Following:													
☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.				
License # St DOB/Ag			Reg #			Reg Type			Reg State				
Sex Lic. Class D 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			Driver Contributing Code 25 25			BAC Test Result: 30							
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32							
Viol. 3: Ch/Sec/Sub						Towed from scene? 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							

→ = 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:

05/28/26 appx: 2037hrs, dispatched to 21 Concord St for car v deer MVC. On arrival met with OP1 who stated he was traveling W-bound on Concord St between Woburn St and Lopez Rd when a deer jumped out of the wooded area to his left, over the guard rail and ran into the driver door of his vehicle. MV1 had a dent behind the front wheel well and in the front of the driver's door. There was a trail of blood and fur from the impact sight to the rear wheel well, implying the deer dragged across the side of MV1. The deer struggled but returned to the wooded area it ran from. OP1 no injury reported, refused medical and MV1 left under own power.

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

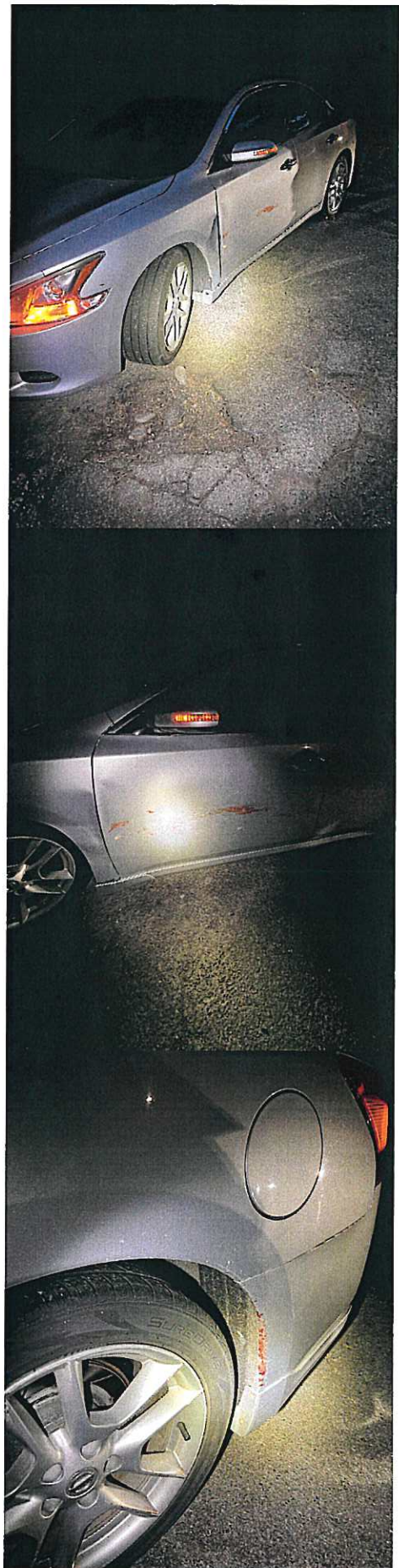
Patrol Officer Joseph A Fitzgerald

215
ID/Badge #

Wilmington Police Department
Department

05/28/2026
Date

Wilmington Police Department
Images Associated with 26-164-AC



Wilmington Police Department
Images Associated with 26-164-AC

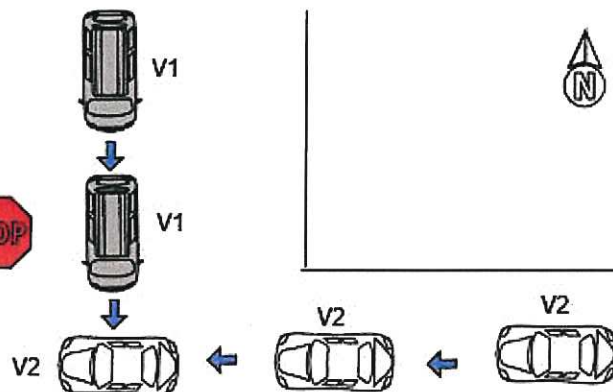


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/29/2026	Time of Crash 1617 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 LOWELL ST					2 10					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
1 I93SBR31 RAMP					3 11					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number							
Also at Intersection with										
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
					Landmark					
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-165-AC	
License # St DOB/Age			Reg # 9YR762 Reg Type PC Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2023 Veh Make HYUNDAI Veh Config. 1 21							
Operator BIBEAU, DENNIS			Owner BIBEAU, DENNIS							
Address 41 WILLOW CIR			Address 41 WILLOW CIR							
City SWANSEA State MA Zip 02777-2019			City SWANSEA State MA Zip 02777-2019							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 6 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Su. Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 4 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					1 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			X X 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 # 1AEV65 Reg Type PC Reg State MA		1 14					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make SUBARU Veh Config. 1 21							
Operator MARKS, ALLYSON LYNN			Owner MARKS, ALLYSON LYNN							
Address 16 BILLERICA AVE			Address 16 BILLERICA AVE							
City BILLERICA State MA Zip 01862			City BILLERICA State MA Zip 01862							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					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			X X 1 1 4 0 0 10 1							
			F 6 4 4 0 0 10 1							

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

Crash Diagram:

I93 SB Off Ramp



Lowell St / Rt 129

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

V1 was exiting (facing south) the southbound I93 ramp onto Lowell St (Rt. 129). Once V1 attempted to enter the roadway onto Lowell St it collided with V2, which was travelling westbound (toward Wilmington). V2 had the right of way on Lowell St and V1 failed to yield oncoming traffic. Operator of V1 was the lone occupant and V2 included the operator and a juvenile in the rear seat behind the passenger seat.

V1 sustained minor damage to the front and V2

sustained moderate damage to 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 Michael W Powers

231

Wilmington Police Department

05/29/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-165-AC

