

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/31/2026	Time of Crash 0945 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-166-AC							
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # 2GAL58 Reg Type PC Reg State MA							
Operator LOPEZ, ANNY E Last First Middle			Veh Year 2019 Veh Make NISSAN Veh Config. 1							
Address 161 FEDERAL ST			Owner LOPEZ, ANNY E Last First Middle							
City WILMINGTON State MA Zip 01887-2511			City WILMINGTON State MA Zip 01887-2511							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2			Event Sequence 21 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 21 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 17 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex			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 8 2							
			M 3 1 3 0 0 10 2							
Please Select One of the Following: ☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Reg # Reg Type Reg State							
Operator Last First Middle			Veh Year Veh Make Veh Config. 21							
Address			Owner Last First Middle							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26							
Please fill out for operator and all occupants involved										
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

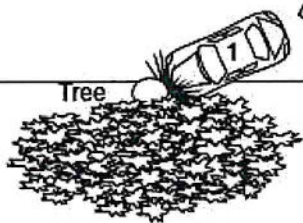
Crash Diagram:

ie: → 1 → 2

→ ○

→ ○

54 Federal St.



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On 05/31/26 Car 1 while travelling NB on Federal St. crashed into a tree across the street from 54 Federal St. The MV crossed the double yellow lines.

Forest towing towed the MV to their lot.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	FEDERAL ST WILMINGTON MA 01887			TREE

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

05/31/2026

Police Officer Name (Please Print)

Signature

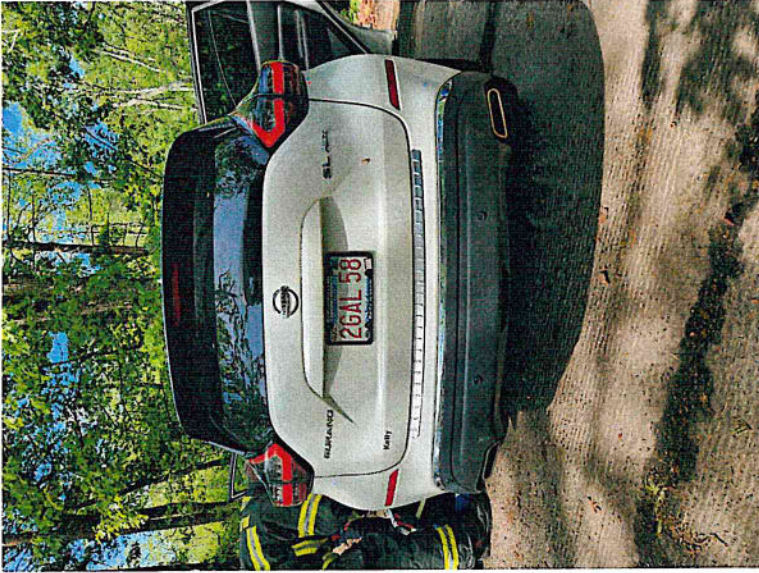
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-166-AC



Date of Crash
05/31/2026

Time of Crash
1053
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
2

Number
Injured
0

Speed Limit 35
Latitude _____
Longitude _____

State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

MAIN ST

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

GLEN RD

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

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

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

_____ Feet **N S E W** of _____ • _____ or _____
Mile Marker _____ Exit Number _____

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

_____ Feet **N S E W** of _____
Landmark _____

Please Select One
of the Following:☒ Vehicle 12 #Occupants☐ Hit/Run☐ MopedCrash Report ID# **26-167-AC**

License # _____ St _____ DOB/Age _____

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Operator DASILVA, MARIA J
Last First MiddleAddress 139 GLEN RDCity WILMINGTON State MA Zip 01887-3535Insurance Company THE STANDARD FIRE INSURANVehicle Travel Direction: **N 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 # 2SCD18 Reg Type PC Reg State MAVeh Year 2022 Veh Make HONDA Veh Config. 1 21Owner DASILVA, MARIA J
Last First MiddleAddress 139 GLEN RDCity WILMINGTON State MA Zip 01887-3535Vehicle Action Prior to Crash 4 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 19 25 25Driver Distracted by 0 26 26Damaged Area Code: 1 27 27 27Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

See Above

MICHAEL DASILVA

139 GLEN RD
WILMINGTON, MA 01887-3535

M

3

99

4

0

0

10

1

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

License # _____ S _____ DOB/Age _____

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

Operator MORAN, JASON R
Last First MiddleAddress 17 MERRIMACK MEADOWS LN APT 17City TEWKSBURY State MA Zip 01876-0000Insurance Company THE STANDARD FIRE INSURANVehicle Travel Direction: **N 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 # 4ZXJ59 Reg Type PC Reg State MAVeh Year 2022 Veh Make KIA Veh Config. 1 21Owner MORAN, JASON R
Last First MiddleAddress 17 MERRIMACK MEADOWS LN APT 17City TEWKSBURY State MA Zip 01876-0000Vehicle Action Prior to Crash 1 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 19 25 25Driver Distracted by 0 26 26Damaged Area Code: 3 27 27 27Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

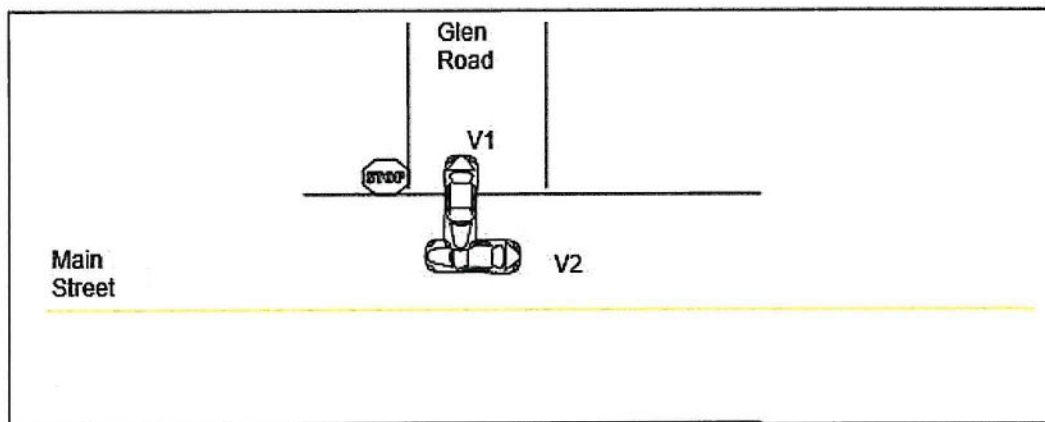
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
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Operator/Occupants

See Above

→ = 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:

I responded to Glen Road at Main Street for a report of a two car motor vehicle crash. V1 had front end damage and V2 had passenger side damage. Op1 stated she was turning left onto Main Street from Glen Road and while turning V2 was driving fast on the northbound side of Main Street and the collision occurred. Op2 stated he was driving northbound on Main Street and V1 turned onto Main Street and the collision occurred. I asked Op2 to estimate his speed at the time of the crash and he stated he was going about 40mph. No injuries were reported and both vehicles were driveable.

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

05/31/2026

Police Officer Name (Please Print)

Signature

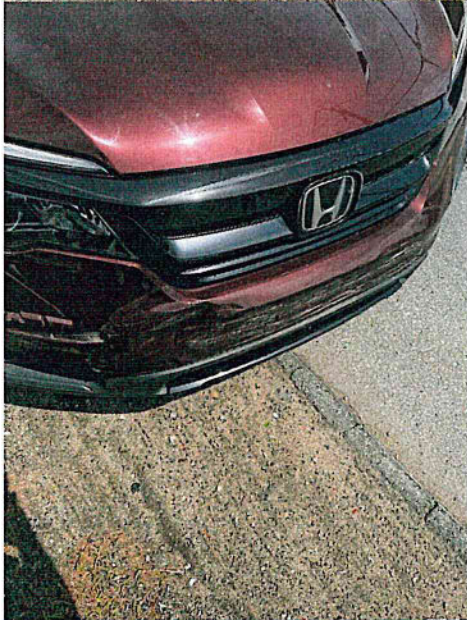
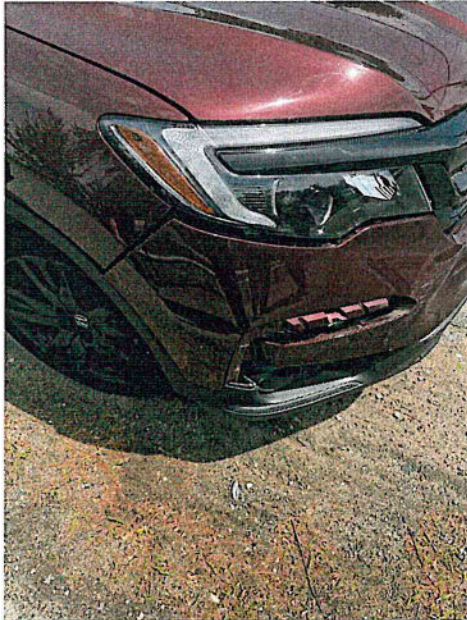
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-167-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/01/2026	Time of Crash 1545 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 LAKE ST			Route# Direction Address #		Route# Direction Address #					
At			Feet N S E W of		Feet N S E W of					
Route# Direction SHAWSHEEN AVE			Mile Marker		Exit Number					
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# 26-168-AC	
License # St DOB/Age			Reg # 6AWE53		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make SUBARU		Veh Config. 1 21			
Operator HAYWOOD, KATHLEEN M			Owner HAYWOOD, KATHLEEN M							
Address 72 LAKEVIEW AVE			Address 72 LAKEVIEW AVE							
City TEWKSBURY State MA Zip 01876-4318			City TEWKSBURY State MA Zip 01876-4318							
Insurance Company GOVERNMENT EMPLOYEES INSU			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? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator			See Above		X		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 # S DOB/Age			Reg # 4BE831		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012		Veh Make CHEVROLET		Veh Config. 1 21			
Operator IRVINE, JEFFREY JOHN			Owner IRVINE, JEFFREY JOHN							
Address 161 BERKELY AVE			Address 161 BERKELY AVE							
City LOWELL State MA Zip 01852-4903			City LOWELL State MA Zip 01852-4903							
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 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? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Operator/Occupants			See Above		X		1		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:

On June 1, 2026, I, Ofc. Parsons #236, responded to the intersection of Shawsheen Ave. and Lake St. for report of a two-car motor vehicle accident. Upon my arrival I spoke with the operator of MV#1. OP#1 told me that she was attempting to turn left onto Lake St. from Shawsheen Ave. and began to pull through the intersection, crossing the westbound lane of Shawsheen Ave. OP#1 said that there was another car attempting to turn left onto Hopkins St. from the westbound lane of Shawsheen Ave. OP#1 said that as she turned left she did not see that MV#2 was proceeding straight through the intersection, and ultimately crashed into MV#2. OP#2 said that he had stopped at the red light, and when the light turned green, drove straight through the intersection, once there was enough room for him to get by the MV which was turning left onto Hopkins St. OP#2 said that just as he was halfway through the intersection, OP#1 crashed into MV#2. No injuries were reported. Both cars tow

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dale H Parsons

Police Officer Name (Please Print)

Signature

236

ID/Badge #

Wilmington Police Department

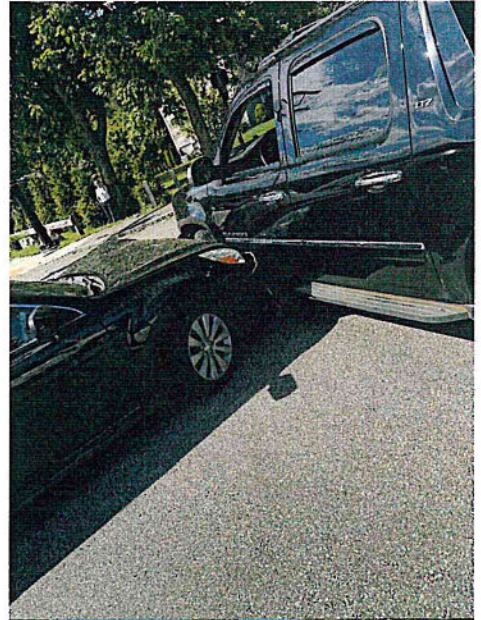
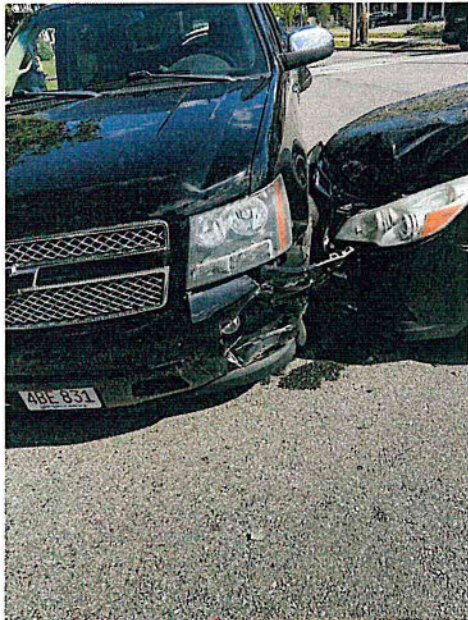
Department

Precinct/Barracks

06/01/2026

Date

Wilmington Police Department
Images Associated with 26-168-AC

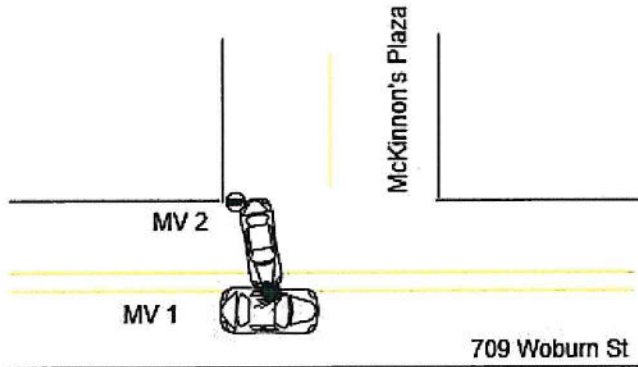


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/02/2026	Time of Crash 0915 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 LOWELL ST			2 10							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			4 11							
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-169-AC	
License # St DOB/Age			Reg # 5448639		Reg Type PC		Reg State NH		1 12	
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2024		Veh Make SUBARU		Veh Config. 1 21		1	
Operator RILEY, JOSEPH MICHAEL			Owner RILEY, JOSEPH MICHAEL							
Address 179 GREELEY ST			Address 179 GREELEY ST							
City MANCHESTER State NH Zip 031022308			City MANCHESTER State NH Zip 031022308							
Insurance Company progressive			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32		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			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 # S DOB/Age			Reg # 496KA4		Reg Type PC		Reg State MA		1 14	
Sex F Lic. Class D 19 19 Lic. Restrictions L 20 CDL Endorsement			Veh Year 2015		Veh Make NISSAN		Veh Config. 1 21			
Operator PHOMMAVATH, BELINDA DARA			Owner PHOMMAVATH, BELINDA DARA							
Address 123 COMMONWEALTH AVE			Address 123 COMMONWEALTH AVE							
City LOWELL State MA Zip 01852-5736			City LOWELL State MA Zip 01852-5736							
Insurance Company ALLSTATE INSURANCE COMPAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 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 4 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		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							

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

Crash Diagram:

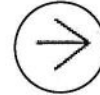
ie: → 1 → 2 → ○ → ○



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:

Operator of MV 1 was traveling NB on Woburn St when he was struck by another vehicle on the left hand side of his vehicle. While he was traveling NB, MV 2 exited McKinnon's plaza and started to turn left onto Woburn St. MV 2 stated that she couldn't see MV 1 to her right while she was exiting the plaza due to the other vehicles on the road. MV1 sustained left side damage and MV2 sustained right front damage. There were no injuries reported and both vehicle were in operable condition.

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 Robert M DeGregorio III

Police Officer Name (Please Print)

Signature

223

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/02/2026

Date

Wilmington Police Department
Images Associated with 26-169-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/02/2026	Time of Crash 1753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1 BALLARDVALE ST			Route# Direction Address # Name of Roadway/Street		2 10					
At			Feet N S E W of Mile Marker Exit Number		2 11					
ROUTE 125 HWY			Route# Direction Name of Intersecting Roadway/Street		2 11					
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street		2 11					
2 1			Route# Direction Name of Intersecting Roadway/Street		2 11					
3 Please Select One of the Following:			☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped		Crash Report ID# 26-170-AC					
License St DOB/Ag			Reg # X72226 Reg Type CO Reg State MA		1 12					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2005 Veh Make Freightliner Veh Config. 2 21		1 12					
Operator PHIRI, LAZAROUS			Owner KNS & CO INC		1 12					
Address 331 PINE ST			Address 8 SOPHIA DR		1 12					
City LOWELL State MA Zip 01851-3127			City DRACUT State MA Zip 01826-1288		1 12					
Insurance Company PROTECTIVE INSURANCE COMP			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub 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 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved			DOB/Age Sex		1 13					
Operator			See Above		1 13					
7 3 Please Select One of the Following:			☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # St DOB/Ag			Reg # 6RLZ65 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make HONDA Veh Config. 1 21							
Operator FRANCOIS, JIMMY			Owner CESAR, DIEULES							
Address 4 MANCHESTER ST APT B			Address 19 W FOREST ST							
City LOWELL State MA Zip 01852-4572			City LOWELL State MA Zip 01851-4817							
Insurance Company PILGRIM INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 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			DOB/Age Sex		2 14					
Operator/Occupants			See Above		2 14					
DIEULES CESAR			19 W FOREST ST LOWELL, MA 01851-4817		2 14					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Rt 125 Ballardvale St 196 Ballardvale St 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:

Vehicle 2 (V2) was traveling northbound on Rt.125 and turned left onto Ballardvale St.

Vehicle 1 (V1) was traveling directly behind V2 also turning left. V1 rear ended V2 as they were turning. No airbags deployed. No injuries were reported or observed. V1 sustained minor front end damage. V2 sustained heavy rear end damage. V1 was able to drive from the scene and V2 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

Truck and Bus Information:

Registration # **X72226** (From Vehicle Section)

Carrier Name **KNS & Co Inc. (Fedex)** Bus Use **0** ⁴²

Address **8 SOPHIA DR** City **DRACUT** St **MA** Zip **01826**

US DOT #: **2697354** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **0** ⁴³ Cargo Body Type Code **3** ⁴⁴ GVWR/GCWR **1** 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** 06/02/2026

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

Wilmington Police Department
Images Associated with 26-170-AC



Police Use Only Commonwealth of Massachusetts Motor Vehicle Crash Police Report RMV Document Number

Date of Crash 06/05/2026 Time of Crash 1734 City/Town Wilmington

Number Vehicles 2 Number Injured 0 Speed Limit 25

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: [X] Vehicle 12 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-171-AC

License # St DOB/Age Reg # 4YBJ96 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator O'BRIEN, NICOLE ANN Owner OBRIEN, JOHN MICHAEL

Address 13 GREENMEADOW DR Address 13 GREENMEADOW DR

City NORTH BILLERICA State MA Zip 01862-1921 City NORTH BILLERICA State MA Zip 01862-1921

Insurance Company THE STANDARD FIRE INSURAN Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator See Above

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

License # St DOB/Age Reg # 4EWB17 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator FLANAGAN, DIANNE FILOMENA Owner FLANAGAN, DIANNE FILOMENA

Address 6 FACTORY RD Address 6 FACTORY RD

City WILMINGTON State MA Zip 01887-3351 City WILMINGTON State MA Zip 01887-3351

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 97 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? 2 33

Please fill out for operator and all occupants involved

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

Operator/Occupants See Above

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

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

Crash Narrative:

Vehicle 1 was traveling North On Main Street when it was stopped in traffic by Kirk Street. Vehicle 2 was traveling in the same direction behind vehicle 1. The operator of vehicle 2 stated that when approaching vehicle 1 in traffic they accidentally pressed the gas pedal instead of the brake pedal causing the vehicle to surge forward and collide with the rear of vehicle 1. Neither party was injured from the crash and both vehicles were still in driveable condition.

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

06/05/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date