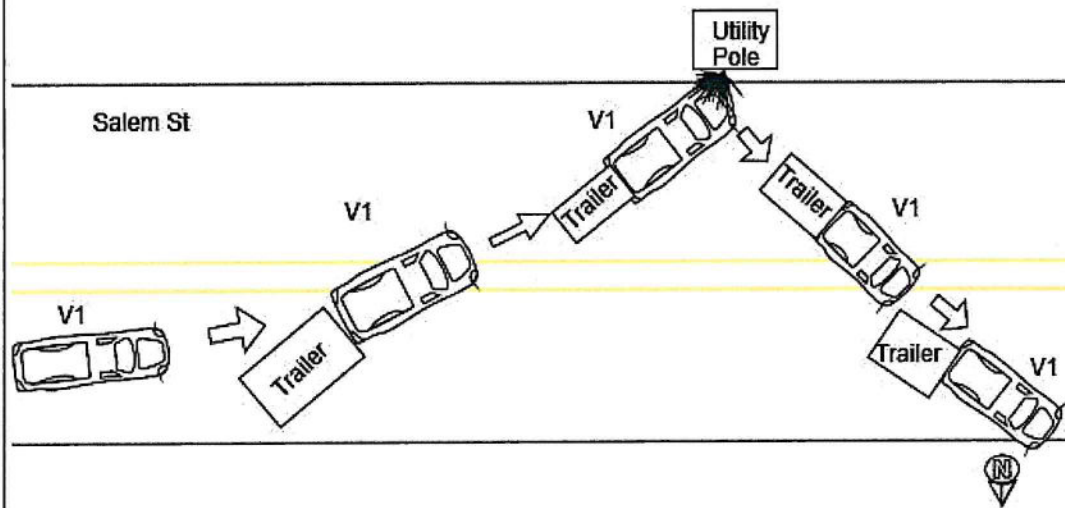


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/08/2026	Time of Crash 0715 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			900 SALEM ST								
At			Feet N S E W of			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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-172-AC		
License # St. DOB/Age			Reg # T84030			Reg Type CO			Reg State MA					
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018			Veh Make GMC			Veh Config. 8 21					
Operator RAMIREZ DE LEON, JESUS M			Owner E J PAVING COMPANY INC											
Address 22 AYERS VILLAGE RD			Address 101 LINDBERG AVE											
City METHUEN State MA Zip 01844-1243			City METHUEN State MA Zip 01844-2466											
Insurance Company ZURICH AMERICAN INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 42 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								
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 1 3 0 0 8 0								
JOSE RAMIREZ RECIO			78 BROMFIELD ST LAWRENCE, MA 01841-2532			M 3 1 3 0 0 10 1								
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St. DOB/Age			Reg # Reg Type Reg State											
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config. 21											
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved			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 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

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 was traveling west bound on Salem St when they crossed over the double yellow line and struck utility pole 30 over 36. After striking the pole the truck came to a rest across the roadway in both lanes. Half of the utility pole was resting in the back of V1. V1 operator stated they fell asleep while driving because they worked during the overnight. V1 passenger confirmed this.

V1 passenger did not report any injuries. V1 sustained front end damage with front and side airbag deployment. The utility pole was cut in half. Road conditions were dry and it was day light. A&S Towing was requested and took possession of the vehicle.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				UTILITY POLE 30 OVER 36

Truck and Bus Information:

Registration # **T84030** (From Vehicle Section)

Carrier Name **EJ Paving Company INC**

Bus Use **42**

Address **101 LINDBERG AVE**

City **METHUEN**

St **MA**

Zip **01844**

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

Interstate **43**

Cargo Body Type Code **44**

GVWR/GCWR **45**

Trailer Reg #: **TZ76647**

Reg Type **TR**

Reg State **MA**

Reg Year **2019**

Trailer Length **46**

Hazmat Information:

Placard **47**

Material 1 digit # **48**

Material Name _____

Material 4 digit # _____

Release code **49**

Patrol Officer **Caleb A Wiig**

237

Wilmington Police Department

06/08/2026

Police Officer Name (Please Print)

Signature

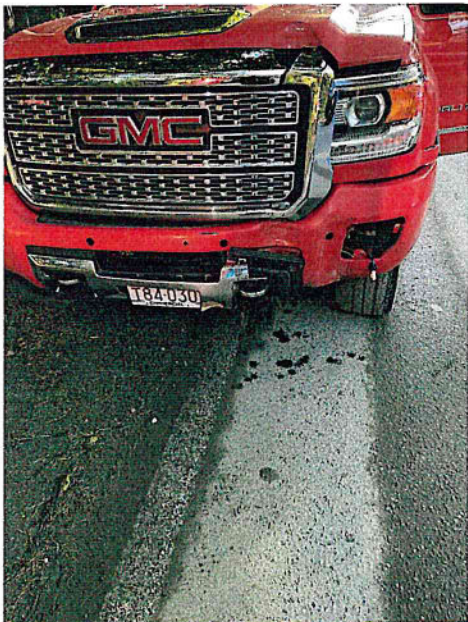
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-172-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/08/2026	Time of Crash 2123 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 45	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			751 SALEM ST							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number			4 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 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-173-AC				
License # S DOB/Age			Reg # 5TMW51 Reg Type PC Reg State MA			1 12				
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2018 Veh Make PORSCHE Veh Config. 1 21			1 12				
Operator PARFENCHUCK, JEFFREY BRIAN			Owner PARFENCHUCK, JEFFREY BRIAN							
Address 250 MARTINS LNDG APT 410			Address 250 MARTINS LNDG APT 410							
City NORTH READING State MA Zip 01864-2094			City NORTH READING State MA Zip 01864-2094							
Insurance Company USAA CASUALTY INSURANCE C			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 7 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 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			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 # S DOB/Age			Reg # 4RFJ43 Reg Type PC Reg State MA			1 14				
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2015 Veh Make NISSAN Veh Config. 1 21							
Operator CARELUS, RUTHA			Owner CARELUS, RUTHA							
Address 15 LEBLANC LN			Address 15 LEBLANC LN							
City MIDDLETON State MA Zip 01949-1830			City MIDDLETON State MA Zip 01949-1830							
Insurance Company GOVERNMENT EMPLOYEES INSU			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 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			DOB/Age Sex			34 Seat Pos 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility				
Operator/Occupants			See Above			1 1 4 0 0 10 1				

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

430 Salem 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:

While traveling East onto Salem Street, the operator of motor vehicle 1 was traveling straight ahead on Route 62 on 430 Salem Street (public way). According to the operator of motor vehicle 1, while traveling straight in the right travel lane, the operator of motor vehicle 2, who was in the left turn lane only, side swipped his car, causing minor damage on the left side. The operator of motor vehicle 1 then proceeded to continue straight onto Salem Street. According to the operator of motor vehicle 2, motor vehicle 1 traveled at a high rate of speed, while she was in the right travel lane, made contact with the right side of her vehicle and continued straight without stopping after the collision. Both vehicles were still in driveable condition and no injuries were sustained. Assisted with exchange information.

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 Zachary A Leighton

227

Wilmington Police Department

06/08/2026

Police Officer Name (Please Print)

Signature

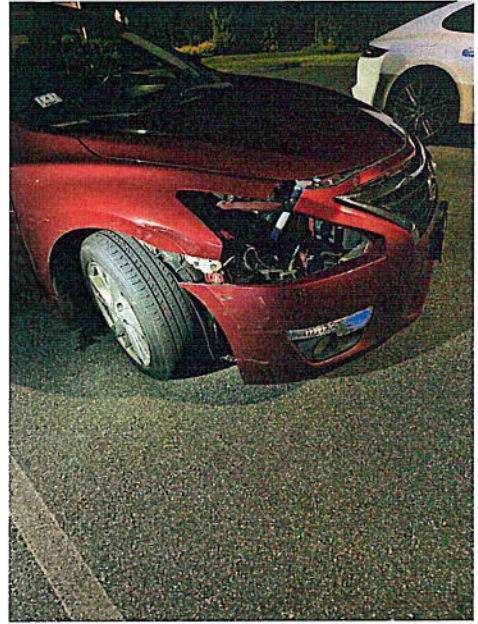
ID/Badge #

Department

Precinct/Barracks

Date

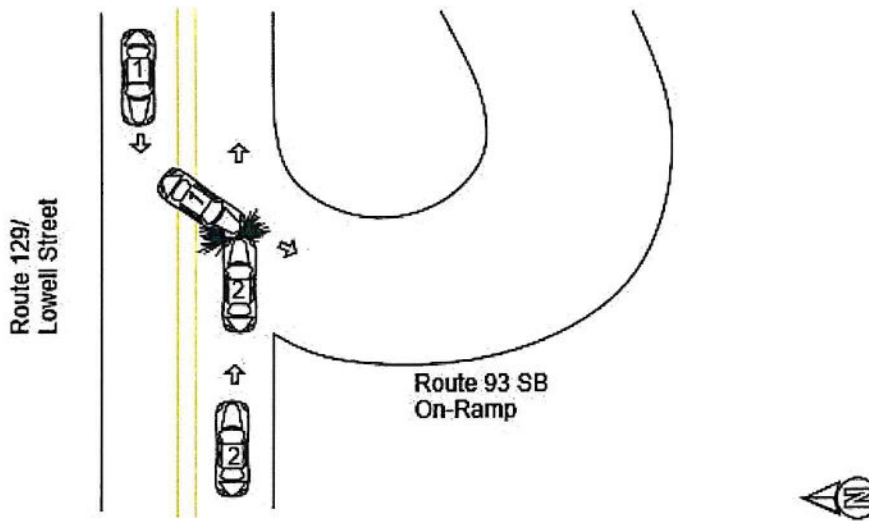
Wilmington Police Department
Images Associated with 26-173-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/10/2026	Time of Crash 0753 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other:
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
129 E LOWELL ST Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street						2 10	
93 S Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of . or Exit Number						3 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 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-174-AC	
License # St DOB/Age			Reg # 1MPY43		Reg Type PC		Reg State MA		1 12	
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2011		Veh Make HONDA		Veh Config. 1 21		1 12	
Operator CARRASCO, NAYELI B Last First Middle			Owner CARRASCO, NAYELI B Last First Middle		Address 173 WASHINGTON ST APT A		City MALDEN State MA Zip 02148-2518		1 13	
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 8 27 1 27 2 27		Test Status: 1 28			
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Type of Test: 0 29		BAC Test Result: 30			
Citation # (If Issued)			Most Harmful Event 1 24		Driver Contributing Code 4 25 19 25		Susp. Alcohol: 31 Susp. Drug: 32		1 13	
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Towed from scene? 1 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	
Name (Last First Middle)			Address		DOB/Age		Sex		36 Airbag Status	
Operator			See Above		1 1		4 0		0 0	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # VTA3B8F		Reg Type PC		Reg State MA		2 14	
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2018		Veh Make CHEVROLET		Veh Config. 1 21			
Operator VIEIRA, JOSEPH ALOYSIOUS JR Last First Middle			Owner VIEIRA, JOSEPH ALOYSIOUS JR Last First Middle		Address 46 EAGLE DR		City N TEWKSBURY State MA Zip 01876-4523			
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 8 27 1 27		Test Status: 1 28			
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Type of Test: 0 29		BAC Test Result: 30			
Citation # (If Issued)			Most Harmful Event 1 24		Driver Contributing Code 1 25 25		Susp. Alcohol: 31 Susp. Drug: 32			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Towed from scene? 1 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	
Name (Last First Middle)			Address		DOB/Age		Sex		36 Airbag Status	
Operator/Occupants			See Above		1 1		3 0		0 0	

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

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:

MV1 was traveling westbound on Lowell Street/Route 129 and turning left onto the on ramp for Route 93 SB. MV2 was traveling eastbound on Lowell Street/Route 129 towards Reading. MV1 turned left across the eastbound travel lane to enter the on-ramp and collided with MV2 which was traveling straight ahead on Lowell Street. Both MV1 and MV2 suffered front end damage and both were disabled at the scene. Cain's Towing arrived and took possession of both vehicles. The operator of MV1 stated that she was attempting to turn left onto the 93SB on ramp and collided with MV2. Both operators declined medical attention and stated they were not injured on 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

Detective Michael A Wilson

Police Officer Name (Please Print)

Signature

209

ID/Badge #

Wilmington Police Department

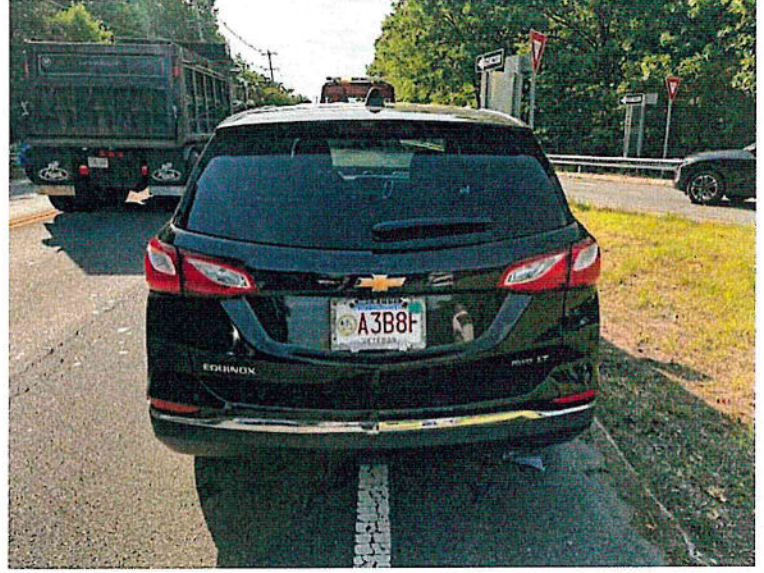
Department

Precinct/Barracks

06/10/2026

Date

Wilmington Police Department
Images Associated with 26-174-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/11/2026	Time of Crash 1556 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 At			Route# Direction Address # Name of Roadway/Street 625 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet NSEW of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-175-AC	
License #, St, DOB/Age, Sex F, Lic. Class D 19 19, Lic. Restrictions B 20, CDL Endorsement			Reg # 6AXB72, Reg Type PC, Reg State MA		Veh Year 2025, Veh Make AUDI, Veh Config. 1 21		Owner CATANZANO, JAMES LEO			
Operator CATANZANO, EVELYN T, Last First Middle			Address 11 WEBSTER RD		City TEWKSBURY, State MA, Zip 01876-3055		Vehicle Action Prior to Crash 2 22			
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Travel Direction: NSEW, Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Damaged Area Code: 5 27 27 27			
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub		Most Harmful Event 1 24		Test Status: 1 28			
Viol. 3: Ch/Sec/Sub, Viol. 4: Ch/Sec/Sub			Driver Contributing Code 1 25 25		Driver Distracted by 0 26 26		Type of Test: 0 29			
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		BAC Test Result: 1 30		Susp. Alcohol: 2 31, Susp. Drug: 2 32			
Operator			See Above		1 1 4 0 0 10 0		Towed from scene? 2 33			
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #, St, DOB/Age, Sex M, Lic. Class D 19 19, Lic. Restrictions 1 20, CDL Endorsement			Reg # 5284476, Reg Type PC, Reg State NH		Veh Year 2022, Veh Make GMC, Veh Config. 2 21		Owner PENSKE LEASING AND RENTAL COMPANY			
Operator HOLADAY, ANDREW ETHAN, Last First Middle			Address 2 CROW ST		City LONDONDERRY, State NH, Zip 03053		Vehicle Action Prior to Crash 1 22			
Insurance Company			Vehicle Travel Direction: NSEW, Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Damaged Area Code: 1 27 27 27			
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub, Viol. 2: Ch/Sec/Sub		Most Harmful Event 1 24		Test Status: 1 28			
Viol. 3: Ch/Sec/Sub, Viol. 4: Ch/Sec/Sub			Driver Contributing Code 20 25 25		Driver Distracted by 5 26 26		Type of Test: 0 29			
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		BAC Test Result: 1 30		Susp. Alcohol: 2 31, Susp. Drug: 2 32			
Operator/Occupants			See Above		1 1 4 0 0 10 0		Towed from scene? 2 33			

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

Crash Diagram:

ie: →

1

→

2

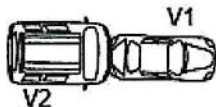
→

○

→

○

Main St



Shell Gas Station

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 11, 2026, at approximately 3:56 PM, Vehicle 1 and Vehicle 2 were traveling westbound on Main St. toward the Main St. Lowell St. intersection. Both vehicles were stopped in traffic. Operator of vehicle 2 stated that he was adjusting his seatbelt when he took his foot off the brake. Vehicle 2 then collided with vehicle 1. Vehicle 1 sustained rear-end damage, while vehicle two sustained front-end damage. Information was exchanged between both parties, and both declined medical attention.

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 # 5284476 (From Vehicle Section)

Carrier Name Penske Leasing and Rental Comp

Bus Use 0 ⁴²

Address 22 JACKS BRIDGE RD

City LONDONDERYY

St NH

Zip 03053

US DOT #: 175882

State Number

Issuing State

MC/MX/ICC #:

Interstate 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 49

Patrol Officer Kyle P Collins

239

Wilmington Police Department

06/11/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-175-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/11/2026	Time of Crash 2353 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 Address # Name of Roadway/Street		945 MAIN ST					
At			Feet N S E W of		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 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-176-AC	
License # S DOB/Ag			Reg # 76DR52		Reg Type PC		Reg State MA			
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2018		Veh Make MITSUBISHI		Veh Config. 1			
Operator BENNETT, SCOTT MICHAEL			Owner BENNETT, SCOTT MICHAEL							
Address 13 JOHNSON ST			Address 13 JOHNSON ST							
City WOBURN State MA Zip 01801-2907			City WOBURN State MA Zip 01801-2907							
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 10		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N 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: 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			DOB/Ag		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address		DOB/Ag		Sex		36 Airbag Status	
Operator			See Above		1		99		4	
SHANNON CORBETT			35 GLEN RD WILMINGTON, MA 01887-1943		F		6		99	
							4		0	
							0		10	
							1		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 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			DOB/Ag		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address		DOB/Ag		Sex		36 Airbag Status	
Operator/Occupants			See Above		1		1		1	

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

Crash Diagram:

ie: → 1 → 2 → O → B



If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Registered owner of vehicle 1 stated deer ran out in front of his vehicle. R.O. stated he slammed on the brakes, but did not have time to stop. R.O. collided with deer and the deer left the area.

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

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

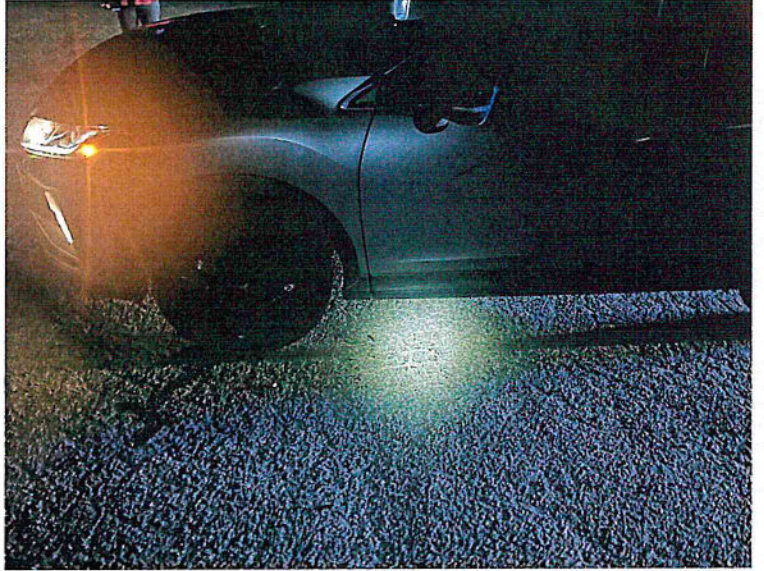
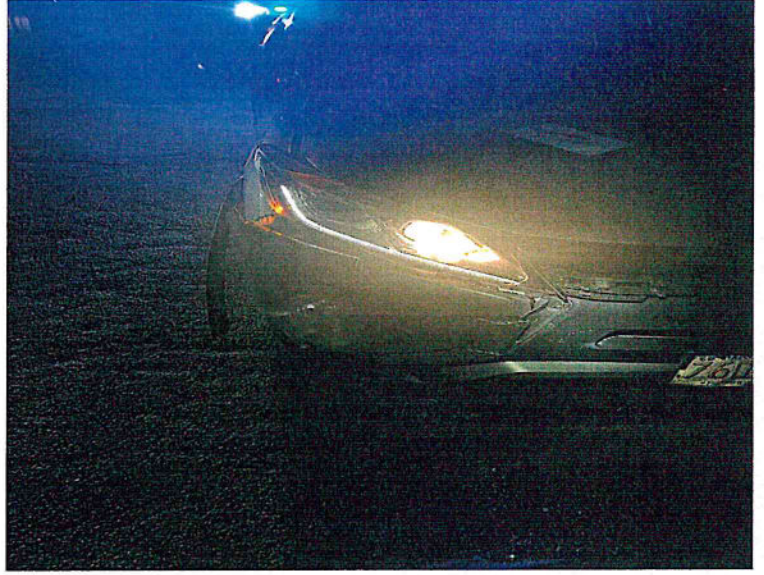
Department

Precinct/Barracks

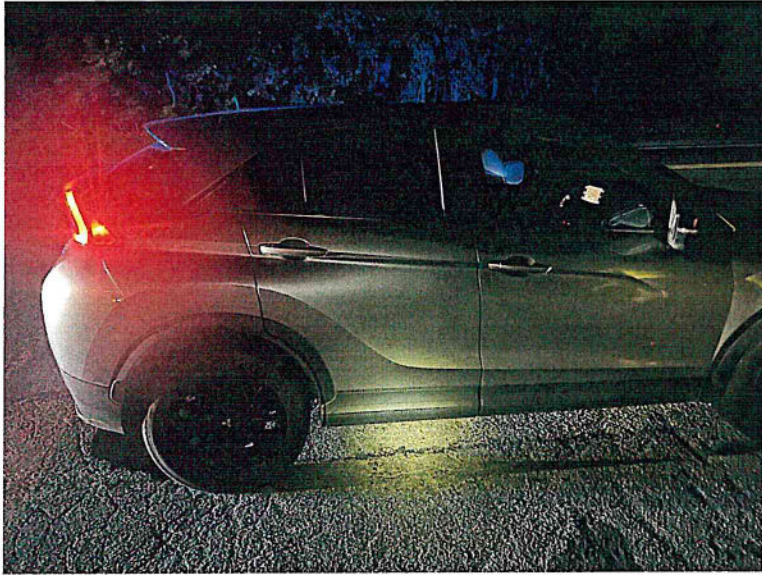
06/12/2026

Date

Wilmington Police Department
Images Associated with 26-176-AC



Wilmington Police Department
Images Associated with 26-176-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/13/2026	Time of Crash 1130 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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 _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <u>NSEW</u> of _____ • _____ or _____ Exit Number _____ _____ Feet <u>NSEW</u> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <u>NSEW</u> of _____ Landmark _____							
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# 26-178-AC							
License # _____ St. _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>BRUNE, EUGENE CHARLES</u> Address <u>10 SENECA LN</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1980</u> Insurance Company <u>NORFOLK & DEDHAM MUTUAL F</u> Vehicle Travel Direction: <u>NSEW</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>100ADE</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BRUNE, EUGENE CHARLES</u> Address <u>10 SENECA LN</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1980</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>2</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) _____ Address _____			Name (Last First Middle) _____ Address _____							
Operator			Operator							
See Above			See Above							
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.							
License # _____ St. _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>FLAHERTY, HELEN SOFIA</u> Address <u>290 PLEASANT ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2744</u> Insurance Company <u>LIBERTY MUTUAL INSURANCE</u> Vehicle Travel Direction: <u>NSEW</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>5DLC48</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>THOMAS, LINDA SUE</u> Address <u>290 PLEASANT ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2744</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</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>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>							
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved							
Name (Last First Middle) _____ Address _____			Name (Last First Middle) _____ Address _____							
Operator/Occupants			Operator/Occupants							
See Above			See Above							

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

Crash Diagram:

Brattle St

Glen Rd.

Brattle St

Third car exiting opposite end of Brattle St, referenced by Operator of Car 1

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 06/13/26 Car 1 while travelling SB on Glen Rd. was crashed into by Car 2. Car 2 was attempting to take a right hand turn from Brattle St. with the intention of travelling SB on Glen Rd. There was damage to Car 2's front left side and damage to Car 1's right side to include a flat tire. A&S towing arrived onscene and towed Car 1 to A&S lot. No reported injuries. Operator of Car 2 claimed car 1 was speeding and "came out of nowhere." Car 1 operator stated Car 2 was inching out of Brattle St. onto Glen Rd., but knowing she had the right of way she honked her horn in case Car 2 did not see her. She stated there was a car exiting the opposite end of car 2 (Brattle onto Glen Rd. also) which prevented her from driving on the wrong side of the road to prevent a crash. She stated she did not know which direction the third MV was travelling after entering onto Glen Rd.

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
ID/Badge #

Wilmington Police Department
Department

06/13/2026
Date

Police Officer Name (Please Print)

Signature

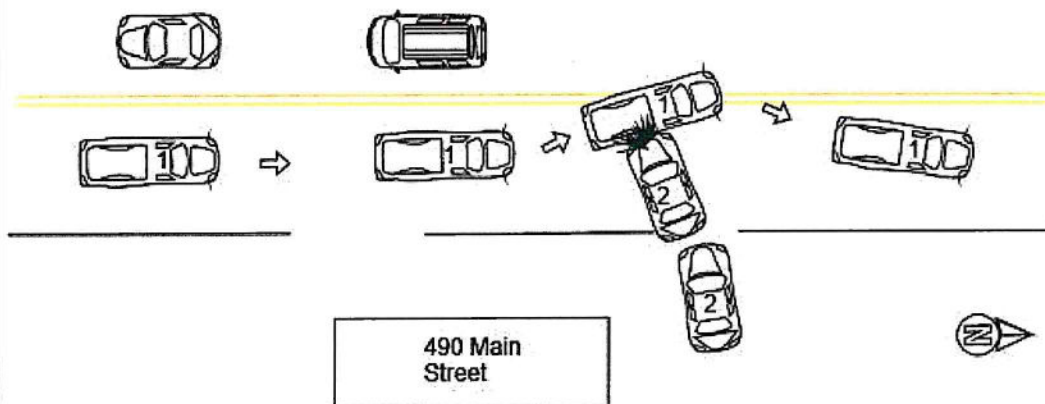
Precinct/Barracks

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/13/2026	Time of Crash 1147 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							
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 14 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-179-AC	
License St DOB/Age			Reg # 349LH0		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014		Veh Make GMC		Veh Config. 1 21			
Operator JAMIESON, JOHN G			Owner JAMIESON, JOHN G							
Address 25 SOMERSET AVE APT 1			Address 25 SOMERSET AVE APT 1							
City WINTHROP State MA Zip 02152-2946			City WINTHROP State MA Zip 02152-2946							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 27 4 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 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			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					
COURTNEY JAMIESON			25 SOMERSET AVE WINTHROP, MA 02152		F 3 1 4 0 0 10 1					
NICOLE JALBERT			60 POINTE PL DOVER, NH 03820		F 4 4 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 # 2 St DOB/Age			Reg # 5NN618		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012		Veh Make FORD		Veh Config. 1 21			
Operator PICARD, NORMAN CHARLES JR			Owner PICARD, NORMAN CHARLES JR							
Address 16 RIVER ST APT 5I			Address 16 RIVER ST APT 5I							
City BILLERICA State MA Zip 01821-1863			City BILLERICA State MA Zip 01821-1863							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 8 27 1 27 2 27					
Vehicle Travel Direction: ☐ N ☐ S ☒ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 4 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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 1 4 0 0 10 1					
			M 6 4 4 0 0 10 1							

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

Crash Diagram:

Main Street (Route 38),
Wilmington, MA 01887



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 and front passenger stated that they were traveling North on Main St. Front passenger stated that she saw MV 2 exiting the parking lot of 490 Main Street (Super Petroleum) and was concerned because the operator was not stopping and was only looking to their right while appearing to be turning left. MV 1 operator stated he believed MV 2 would stop. MV 1 operator stated as he was about to drive by MV 2, MV 2 accelerated. MV 1 stated he attempted to swerve to avoid the collision, but was unsuccessful. MV 2 Operator stated that he was turning left to drive South on Main St. Stated he had pulled completely into the northbound lane up to the double yellow line and came to a stop, waiting for an opening in the southbound lane. MV 2 stated that when he was able to enter the southbound lane, MV 1 passed him at a high rate of speed driving North in the southbound lane. All involved stated no injuries. MV 1 towed by A&S.

Witnesses:

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

Property Damage:

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

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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

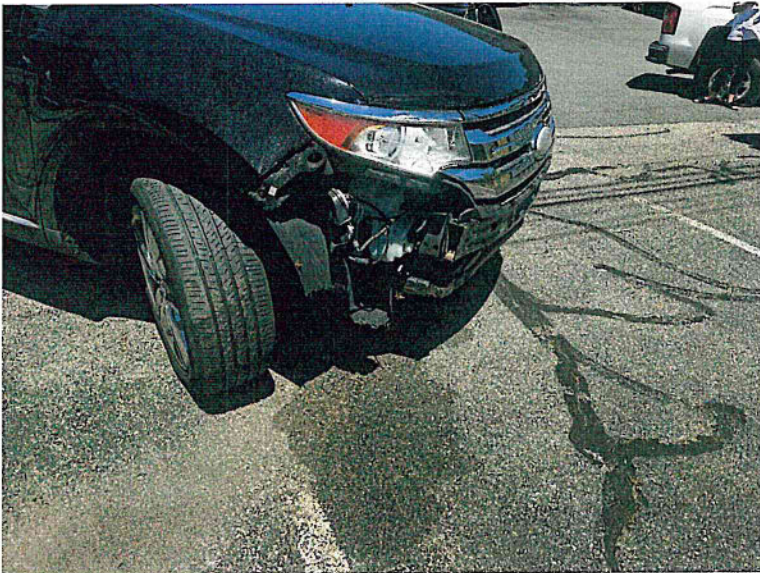
Department

Precinct/Barracks

06/13/2026

Date

Wilmington Police Department
Images Associated with 26-179-AC



Wilmington Police Department
Images Associated with 26-179-AC

