

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 06/14/2026	Time of Crash 0823 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 446 MAIN ST													
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 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-180-AC							
License # St DOB/Age			Reg # 87709		Reg Type PC		Reg State MA									
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 1992		Veh Make FORD		Veh Config. 1 21									
Operator WISWALL, DOUGLAS ALLAN			Owner WISWALL, DOUGLAS ALLAN													
Address 15 BROOKFIELD RD			Address 15 BROOKFIELD RD													
City METHUEN State MA Zip 01844-7102			City METHUEN State MA Zip 01844-7102													
Insurance Company ESSENTIA INSURANCE COMPAN			Vehicle Action Prior to Crash 1 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			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		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/Age			Reg # N853		Reg Type PC		Reg State MA									
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021		Veh Make TOYOTA		Veh Config. 1 21									
Operator WALKER, DONNA MARIE			Owner WALKER, DONNA MARIE													
Address 6 FILLMORE DR			Address 6 FILLMORE DR													
City BILLERICA State MA Zip 01821-2107			City BILLERICA State MA Zip 01821-2107													
Insurance Company THE STANDARD FIRE INSURAN			Vehicle Action Prior to Crash 1 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			Driver Contributing Code 19 25 5 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		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 → ○ → ○

Main Street,
Wilmington, MA 01887

Burlington
Ave

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



446 Main Street

Church
Street

Crash Narrative:

MV 1 operator stated he was headed north on Main Street (Route 38), stopped at a red signal at the intersection of Church St (Route 62). When the light turned green, he began to accelerate and was rear ended by MV 2. MV 2 operator stated that when the light turned green, she accelerated and accidentally rear ended MV 1. Both operators stated no injuries. Both vehicles 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 James R Hill

225

Wilmington Police Department

06/14/2026

Police Officer Name (Please Print)

Signature

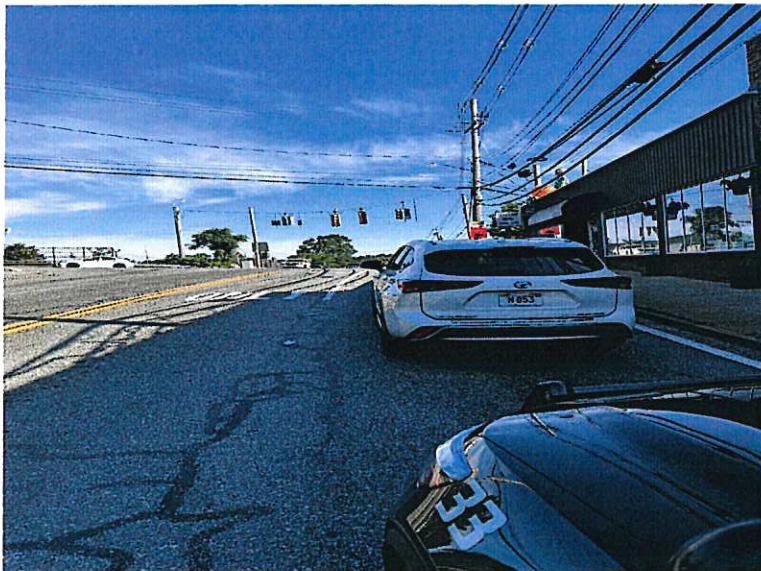
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-180-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
06/14/2026

Time of Crash
1813
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

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # 208 MAIN ST

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 ☐ Moped

Crash Report ID# 26-181-AC

License # _____ St. _____ DOB/Age _____

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

Reg # 2WYT71 Reg Type PC Reg State MA

Veh Year 2020 Veh Make TOYOTA Veh Config. 1 21

Operator KUSA, RALPHOwner KUSA, RALPHAddress 23 MARJORIE RDAddress 23 MARJORIE RDCity WILMINGTON State MA Zip 01887-1313City WILMINGTON State MA Zip 01887-1313Insurance Company LIBERTY MUTUAL INSURANCEVehicle Action Prior to Crash 1 22Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2Event Sequence 4 23 23 23 23

Citation # (If Issued) _____

Most Harmful Event 4 24

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

Driver Contributing Code 1 25 25

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

Driver Distracted by 0 26 26Towed 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										
JEAN WOODLEY	2 EAGLE RD WILMINGTON, MA 01887-2675		F	1	1	4	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☒ Vulnerable User Complete the Vulnerable User section.

License # _____ St. _____ DOB/Age _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21

Operator _____

Owner _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Company _____

Vehicle Action Prior to Crash 22Vehicle 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 _____

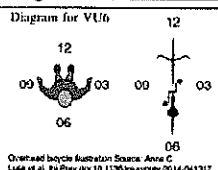
Driver Distracted by 26 26Towed from scene? 33

Please fill out for operator and all occupants involved

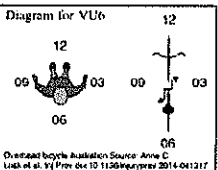
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above										

Please complete a section for each vulnerable user involved in the crash.

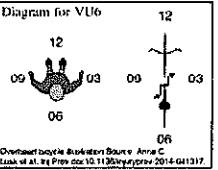
Vulnerable User		Type 2 VU1		Action 1 VU2		Location 1 VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device 0 VU4 Origin/Destination 97 VU5 Contact Point: 12 VU6		Primary Injury Area: 2 VU7 Event Sequence 19 VU8 VU8 VU8 VU8 Contributing Code 16 VU9 VU9 Distracted by 1 VU10 VU10		Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15			
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User			1	99	1	0	8
		VU21 Transp. Code	Medical Facility				
		1					



Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User							
		VU21 Transp. Code	Medical Facility				



Vulnerable User		Type VU1		Action VU2		Location VU3	
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6		Primary Injury Area: VU7 Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10		Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15			
		Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status
Vulnerable User							
		VU21 Transp. Code	Medical Facility				



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

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

While traveling North on Main Street, motor vehicle 1 crashed into a juvenile riding his bike while crossing the street (212 Main Street). The operator stated that he had a green light and was driving approximately 30 MPH. The juvenile, who wasn't wearing a helmet, made contact with the right side of the vehicle and fell off the bike. The juvenile was able to get up on his own and walk towards the sidewalk.

Motor vehicle 1 had minor damage on the right side, including the driver's side mirror (see images). Both witnesses were able to confirm the operator's story and that the juvenile failed to yield to oncoming traffic and didn't hit the cross walk button. The juvenile's mother arrived on scene and was advised of what happened. Motor vehicle 1 was still in driveable condition and paperwork was exchanged.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HOLLENBECK BIANCA L	4123 HORSESHOE LN WILMINGTON MA 01887-3099		
DEBYE WESTON	524 SHAWSHEEN AVE WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
			97	

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

Police Officer Name (Please Print)

Signature

227

ID/Badge #

Wilmington Police Department

Department

06/14/2026

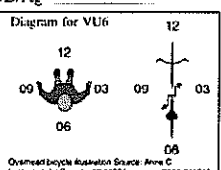
Date

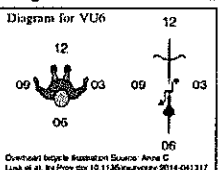
Wilmington Police Department
Images Associated with 26-181-AC

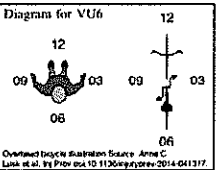


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/14/2026	Time of Crash 1752 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
Route# Direction Name of Intersecting Roadway/Street			Feet NSEW of Mile Marker Exit Number							
Also at Intersection with			Feet NSEW of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-182-AC	
License # St DOB/Age			Reg # 6RBB13		Reg Type PC		Reg State MA			
Sex M Lic. Class D Lic. Restrictions B CDL Endorsement			Veh Year 2026		Veh Make NISSAN		Veh Config. 1			
Operator CASELLA, THOMAS C			Owner CASELLA, THOMAS C							
Address 19 LUDLAM ST			Address 19 LUDLAM ST							
City LOWELL State MA Zip 01850-1224			City LOWELL State MA Zip 01850-1224							
Insurance Company UNITED SERVICES AUTOMOBIL			Vehicle Action Prior to Crash 6		Damaged Area Code: 2 27 27 27					
Vehicle Travel Direction: NSXW Responding to Emergency? 2			Event Sequence 4 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 4 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			See Above		1		1		1	
ALYSSA CHARLES			104 TURNPIKE RD CHELMSFORD, MA 01824-3580		F		1		1	
Please Select One of the Following:			☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☒ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class D Lic. Restrictions B 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: NSEW 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		Medical Facility	
Operator/Occupants			See Above		1		1		1	

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 9 VU1	Action 2 VU2	Location 9 VU3					
VU: _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination 97 VU5 Contact Point: VU6  Event Sequence 19 VU8 VU8 VU8 VU8 Contributing Code 1 VU9 VU9 Distracted by 1 VU10 VU10 Overhead bicycle illustration Source: Anne C. Link et al. In: Proc. 101-1136 Highway 2014-041317									
Primary Injury Area: 1 VU7 Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 1 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User	M	8	6	1	0	8	2		

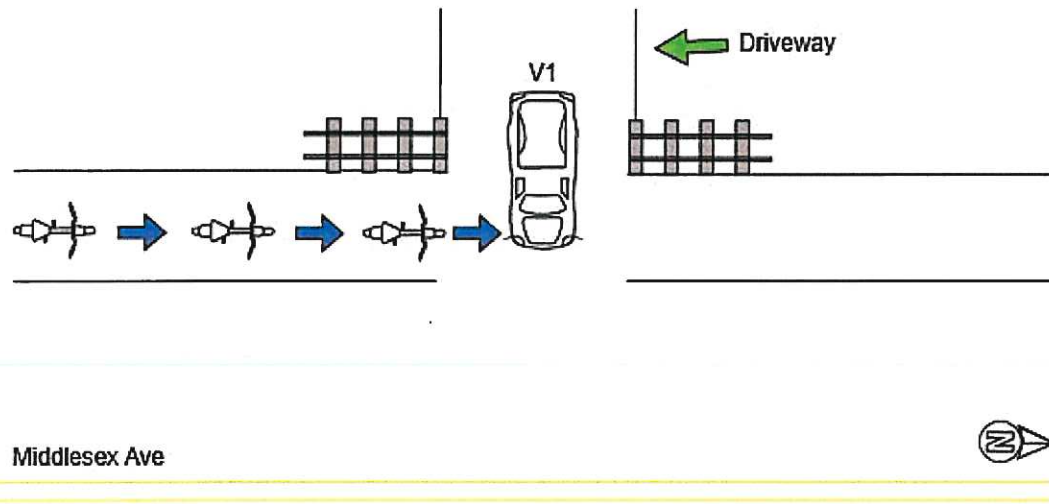
Vulnerable User		Type VU1	Action VU2	Location VU3					
VU: _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6  Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10 Overhead bicycle illustration Source: Anne C. Link et al. In: Proc. 101-1136 Highway 2014-041317									
Primary Injury Area: VU7 Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

Vulnerable User		Type VU1	Action VU2	Location VU3					
VU: _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device VU4 Origin/Destination VU5 Contact Point: VU6  Event Sequence VU8 VU8 VU8 VU8 Contributing Code VU9 VU9 Distracted by VU10 VU10 Overhead bicycle illustration Source: Anne C. Link et al. In: Proc. 101-1136 Highway 2014-041317									
Primary Injury Area: VU7 Test Status: VU11 Type of Test: VU12 BAC Test Result: VU13 Susp. Alcohol: VU14 Susp. Drug: VU15									
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

→ = 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:

V1 was exiting the driveway in the area of 252 Middlesex Ave. The end of the driveway was blocked by fences, which made it difficult to see upon entering the roadway. When V1 approached the road, a juvenile on an electric bicycle was riding on the sidewalk and ended up colliding into the vehicle.

The operator and passenger (1) did not sustain any injuries. The operator of V1 was apologetic and said he did not see the juvenile on the bike in time to stop. V1 sustained minor damage to the front 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

06/14/2026

Police Officer Name (Please Print)

Signature

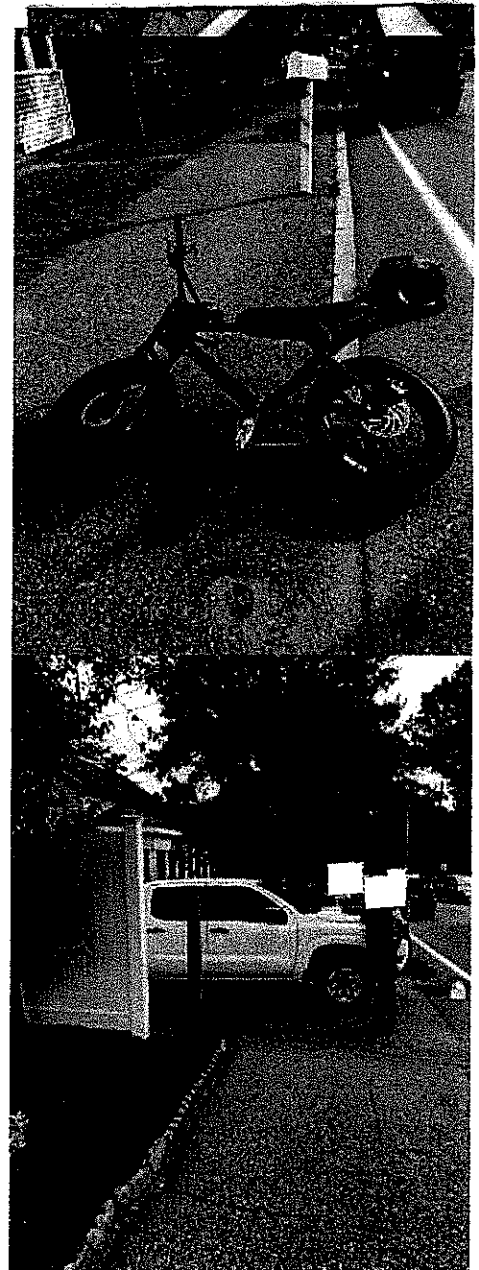
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-182-AC

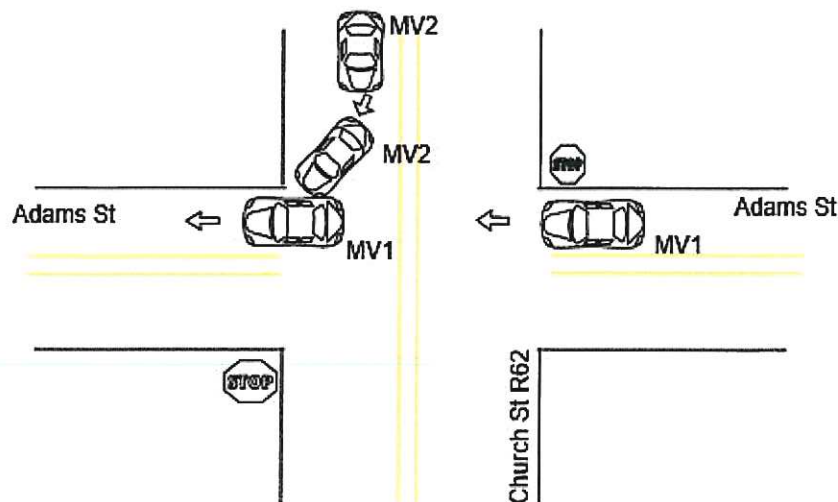


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/15/2026		Time of Crash 1147 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
CHURCH ST													
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street							
ADAMS ST						Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street						Landmark							
Please Select One of the Following:				☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-183-AC			
License # S DOB/Age				Reg # 6SFV45		Reg Type PC		Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2025		Veh Make TOYOTA		Veh Config. 1 21					
Operator Last Middle				Owner Last First Middle									
Address				Address									
City State Zip				City State Zip									
Insurance Company THE COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 1 22		Damaged Area Code: 4 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 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													
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 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License # St DOB/Age				Reg # 5EYT56		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					
Operator TAGUE, JEAN MARY				Owner TAGUE, JEAN MARY									
Address 6 DOANE ST				Address 6 DOANE ST									
City WILMINGTON State MA Zip 01887-1954				City WILMINGTON State MA Zip 01887-1954									
Insurance Company PLYMOUTH ROCK ASSURANCE C				Vehicle Action Prior to Crash 3 22		Damaged Area Code: 8 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 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													
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:

MV1 was traveling south on Adams St and MV2 was traveling east on Church St. MV1 was attempting to cross over Church St and MV2 was attempting to take a right onto Adams St. At the four way intersection of Church St and Adams St, MV1 and MV2 collided. MV1 had damage to the rear passenger side. MV2 had damage to the front drivers side. No injuries reported and both vehicles were operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Detective Daryl J Ceruolo

Police Officer Name (Please Print)

Signature

212

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/15/2026

Date

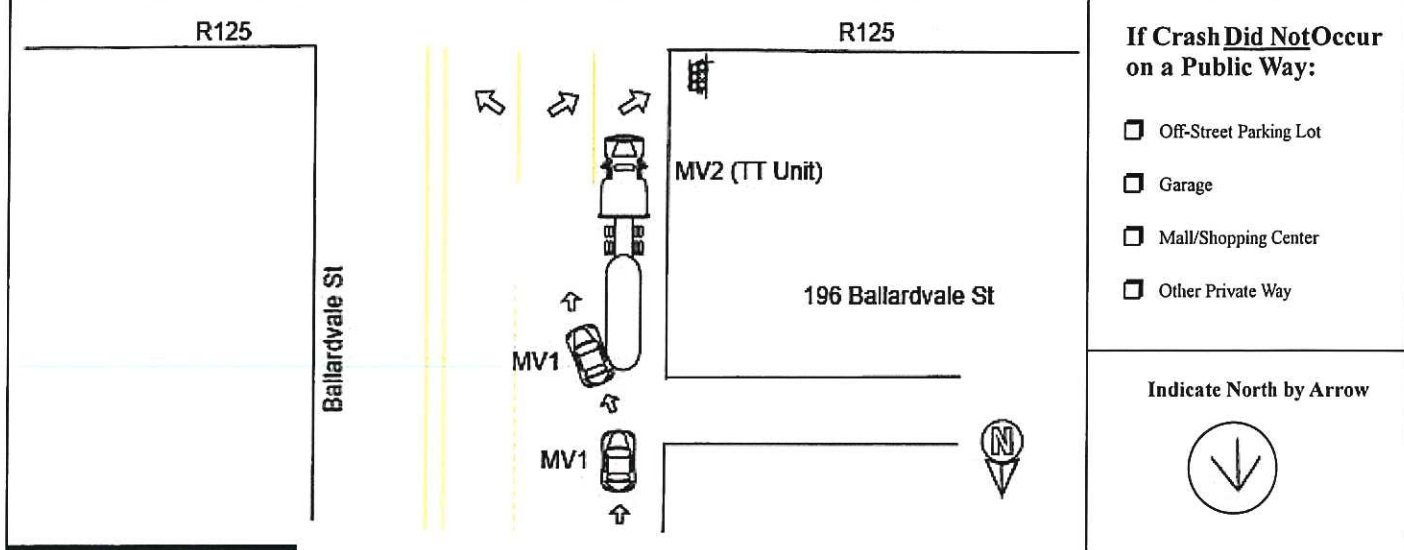
Wilmington Police Department
Images Associated with 26-183-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/15/2026	Time of Crash 1339 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 196 BALLARDVALE ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 12 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-184-AC							
License # DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 2YEB49 Reg Type PC Reg State MA							
Operator DORAIBABU, BALAJI Last First Middle			Veh Year 2021 Veh Make TESLA Veh Config. 1 21							
Address 41 NEPTUNE DR			Owner DORAIBABU, BALAJI Last First Middle							
City SHREWSBURY State MA Zip 01545-1942			Address 41 NEPTUNE DR							
Insurance Company FARMERS PROPERTY & CASUAL			City SHREWSBURY State MA Zip 01545-1942							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 5 22							
Citation # (If Issued)			Damaged Area Code: 4 27 27 27							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Event Sequence 1 23 23 23 23							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Driver Contributing Code 5 25 25							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Driver Distracted by 99 26 26							
			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			1 1 4 0 0 10 1							
TEJAS BALAJI 41 NEPTUNE DR SHREWSBURY, MA 01545-1942			M 3 1 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 DOB/Age Sex M Lic. Class A M Lic. Restrictions 1 20 CDL Endorsement			Reg # 3463819 Reg Type TL Reg State IN							
Operator COLLORONE, PETER SANTO Last First Middle			Veh Year 2023 Veh Make International Veh Config. 10 21							
Address 59 HAMMOND ST APT 6			Owner R & L TRANSFER INC Last First Middle							
City WALTHAM State MA Zip 02451-3600			Address 14949 STATE ROUTE 28W							
Insurance Company GREEN MOTOR LINES			City ALEXANDRIA State IN Zip 46001							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Vehicle Action Prior to Crash 2 22							
Citation # (If Issued)			Damaged Area Code: 6 27 27 27							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Event Sequence 1 23 23 23 23							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Type of Test: 0 29							
			BAC Test Result: 1 30							
			Driver Contributing Code 1 25 25							
			Susp. Alcohol: 2 31 Susp. Drug: 2 32							
			Driver Distracted by 0 26 26							
			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			1 1 4 0 0 10 1							

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

Crash Diagram:



Crash Narrative:

MV1 (Tesla) and MV2 (TT Unit) were both traveling south on Ballardvale St. MV2 was in the right lane, stopped at the traffic light in the area of 196 Ballardvale St. MV1 sideswiped the rear of MV2 while attempting to change lanes and go around MV2. MV1 had damage to the rear passenger side quarter panel. MV2 had minor cosmetic damage on the rear driver's side bumper/underride guard of the tractor-trailer. No injuries were reported, and both vehicles were operable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **3463819** (From Vehicle Section)

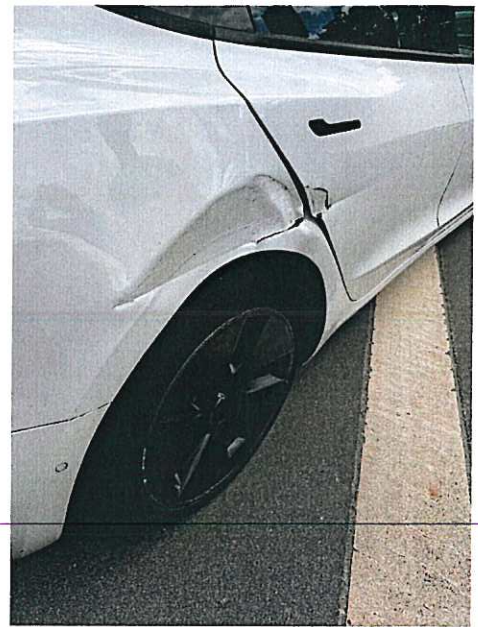
Carrier Name **R & L Transfer INC** Bus Use **0** ⁴²
Address **14949 ST RT 28W** City **ALEXANDRIA** St **IN** Zip **46001**
US DOT #: **63391** State Number _____ Issuing State **IN** MC/MX/ICC #: _____
Interstate **43** Cargo Body Type Code **5** ⁴⁴ GVWR/GCWR **3** ⁴⁵
Trailer Reg #: **PF73744** Reg Type **TR** Reg State **IN** Reg Year **2025** Trailer Length **3** ⁴⁶

Hazmat Information:

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

Detective Daryl J Ceruolo 212 Wilmington Police Department 06/15/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

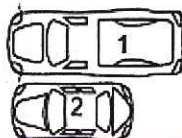
Wilmington Police Department
Images Associated with 26-184-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/15/2026	Time of Crash 1747 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			2 10								
At			Feet N S E W of or Exit Number			4 11								
Route# Direction Name of Intersecting Roadway/Street			450 Feet N S E W of GORHAM ST			4 11								
Also at Intersection with			Route# Intersecting Roadway/Street			Landmark								
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 10 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-185-AC		
License # St DOB/Age			Reg # W51946 Reg Type CO Reg State MA			1 12								
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2021 Veh Make FORD Veh Config 2 21			1 12								
Operator Driverless M.V.			Owner AMAZON LOGISTICS INC											
Address			Address 410 TERRY N AVE											
City State Zip			City SEATTLE State WA Zip 98109-5210											
Insurance Company OLD REPUBLIC INSURANCE CO			Vehicle Action Prior to Crash 11 22			Damaged Area Code: 97 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 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			2 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 Trip Code 39 Injury Status 40 Transp. Code Medical Facility											
Operator See Above			1											
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # S DOB/Age			Reg # MPN545 Reg Type DC Reg State MA			1 14								
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2025 Veh Make FORD Veh Config 2 21			1 14								
Operator POWERS, MICHAEL			Owner WILMINGTON TOWN OF DEPT POLICE											
Address 1 ADELAIDE ST			Address 146 MIDDLESEX AVE											
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887-2733											
Insurance Company MIIA			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 97 27 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 2 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 2 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			2 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 Trip 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 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



Glen Rd

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, an Amazon delivery truck was parked in the West bound travel lane of Glen Rd, in front of 59 Glen Rd. While driving to a call for service, vehicle 2 was traveling West bound on Glen Rd. While passing vehicle 1 the passenger side mirror of vehicle 2 made contact with the driver side mirror of vehicle 1. This caused the mirror of vehicle 2 to break and fall out of the mirror housing. The bottom mirror of vehicle 1 was fractured but still intact within the housing, (See Photographs).

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

Sergeant Michael W Wandell

Police Officer Name (Please Print)

Signature

174

ID/Badge #

Wilmington Police Department

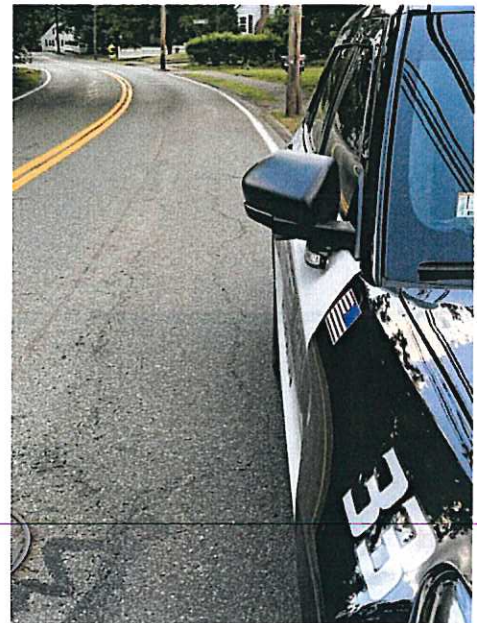
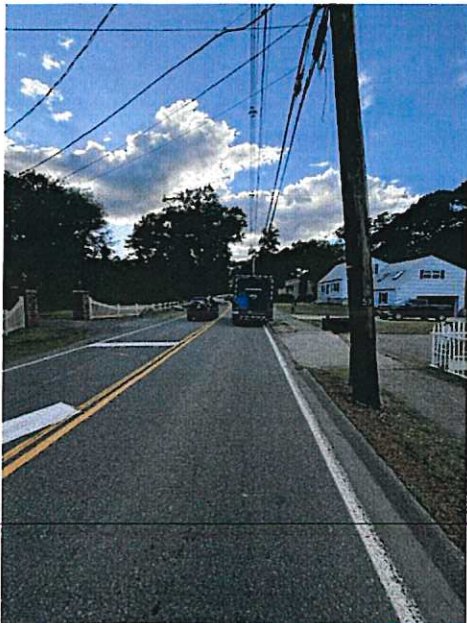
Department

Precinct/Barracks

06/15/2026

Date

Wilmington Police Department
Images Associated with 26-185-AC



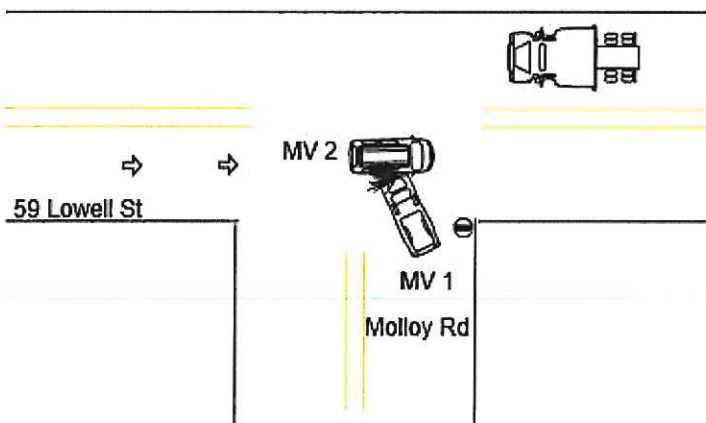
Wilmington Police Department
Images Associated with 26-185-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/19/2026		Time of Crash 1310 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10			
At						Feet N S E W of or						5 11			
Route# Direction Name of Intersecting Roadway/Street						Mile Marker Exit Number									
Also at Intersection with						Feet N S E W of									
Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street									
Landmark															
Please Select One of the Following:						☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-186-AC			
License # St. DOB/Age						Reg # X35007		Reg Type CO		Reg State MA		1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2019		Veh Make CHEVROLET		Veh Config. 2 21					
Operator LOISELLE, JONATHAN WILLIAM						Owner GUZZO, JOSEPH ANTHONY									
Address 13 FRANCIS WYMAN RD						Address 510 SHAWSHEEN AVE									
City BURLINGTON State MA Zip 01803-1938						City WILMINGTON State MA Zip 01887-1640									
Insurance Company THE COMMERCE INSURANCE CO						Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 27 2 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 19 25 25		BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 7 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									
Operator See Above						1 1 4 0 0 10 0									
Please Select One of the Following:						☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.			
License # St. DOB/Age						Reg # LVC7099		Reg Type RV		Reg State MA		1 14			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement						Veh Year 2008		Veh Make HONDA		Veh Config. 2 21					
Operator DIAZ TORRES, DANNY JOSE						Owner LIBERTY RADIO DISPATCH INC									
Address 177 SALEM ST APT 1						Address 260 FORDHAM RD APT 125									
City LAWRENCE State MA Zip 01843-1517						City WILMINGTON State MA Zip 01887-2170									
Insurance Company SAFETY INSURANCE COMPANY						Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 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 99 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		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									
Operator/Occupants See Above						1 1 4 0 0 10 0									
ANGEL SOTO BARETT UNKNOWN OTHER, MA 01987						1 3 1 4 0 0 10 0									

→ = 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:

The operator of MV 1 stated he was trying to take a left hand turn from Molloy Rd onto Lowell St when he struck MV 2. MV 1 stated that when he looked to his left, MV 2 had stopped to let him go. (MV 2 is on the westbound side of the road). MV 1 started to pull off Molloy Rd onto Lowell St but had to stop because of a tractor trailer unit and other on coming traffic on the eastbound side of the road. As the eastbound traffic past him, he continued to pull out to complete his left hand turn. As he was making the turn, he stated MV 2 started to pass in front of him causing him to strike their vehicle. Due to a language barrier and multiple technical difficulties, I was unable to get a statement from MV 2. There was a witness on scene who's statements were consistent with those of MV 1. Both vehicle were in operable condition and there were no injuries reported at the time.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MCELHINNEY OLIVIA MAY	3 KINGSTON WAY BILLERICA MA 01821-5010		

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

223

Wilmington Police Department

06/19/2026

Police Officer Name (Please Print)

Signature

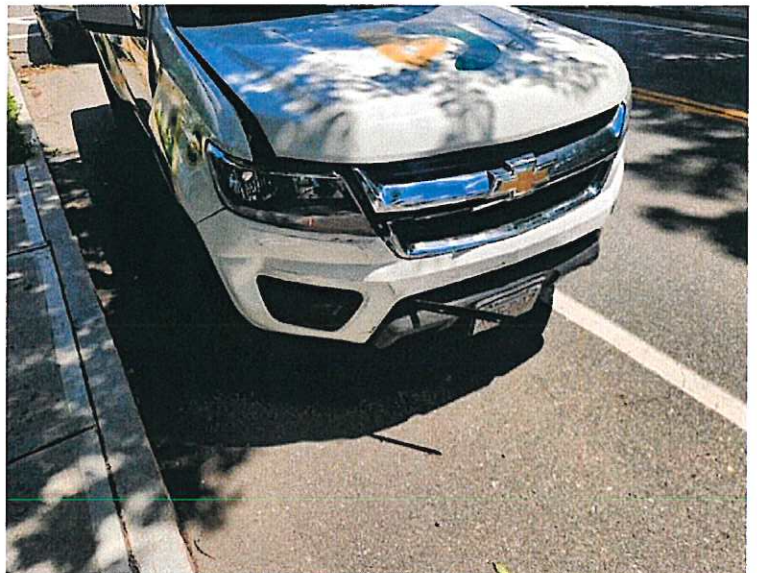
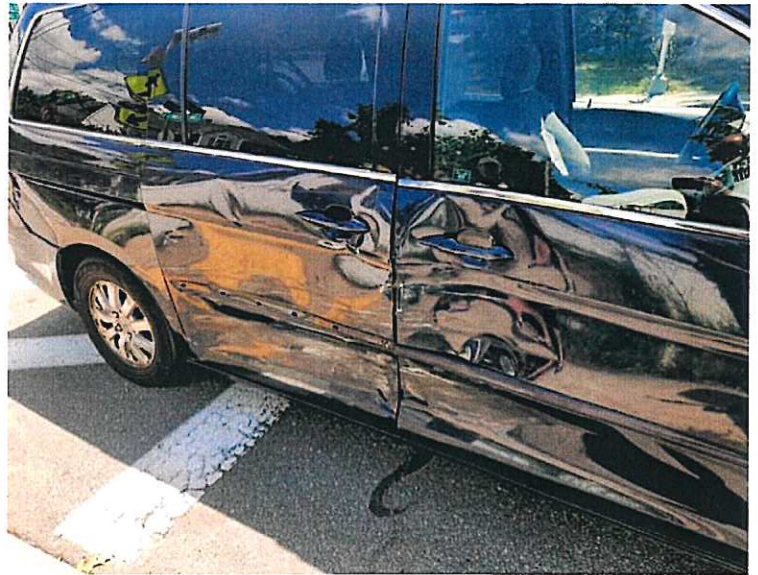
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-186-AC

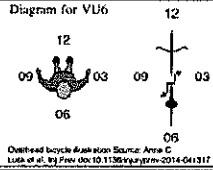


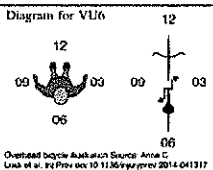
Wilmington Police Department
Images Associated with 26-186-AC

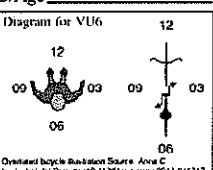


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/20/2026	Time of Crash 1601 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			51 HOUGHTON RD					
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Landmark					
Route# Direction Name of Intersecting Roadway/Street			Please Select One of the Following:			Crash Report ID# 26-187-AC					
☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped					
License # St DOB/Age			Reg # 859BP4 Reg Type PC Reg State MA			Veh Year 2022 Veh Make TOYOTA Veh Config. 1					
Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement			Owner BURZYK, DAVID ANDREW			Address 8 GOVERNOR ENDICOTT RD					
Operator BURZYK, DAVID ANDREW			City BILLERICA State MA Zip 01821-2035			Vehicle Action Prior to Crash 1					
Insurance Company GEICO GENERAL INSURANCE C			Event Sequence 3			Most Harmful Event 3					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Driver Contributing Code 1			Driver Distracted by 0					
Citation # (If Issued)			Vehicle 2 #Occupants			Hit/Run					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Viol. 3: Ch/Sec/Sub					
Viol. 4: Ch/Sec/Sub			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved					
Operator			See Above			See Above					
DOB/Age			Sex			34 Seat Pos.					
35 Safety System			36 Airbag Status			37 Eject Code					
38 Trap Code			39 Injury Status			40 Transp. Code					
Medical Facility											
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			Veh Year Veh Make Veh Config. 21					
Sex Lic. Class Lic. Restrictions 20 CDL Endorsement			Owner			Address					
Operator			City State Zip			Vehicle Action Prior to Crash 22					
Insurance Company			Event Sequence 23			Most Harmful Event 24					
Vehicle Travel Direction: N S E W Responding to Emergency?			Driver Contributing Code 25			Driver Distracted by 26					
Citation # (If Issued)			Vehicle 2 #Occupants			Hit/Run					
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub			Viol. 3: Ch/Sec/Sub					
Viol. 4: Ch/Sec/Sub			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved					
Operator/Occupants			See Above			See Above					
DOB/Age			Sex			34 Seat Pos.					
35 Safety System			36 Airbag Status			37 Eject Code					
38 Trap Code			39 Injury Status			40 Transp. Code					
Medical Facility											

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type 1 VU1	Action 2 VU2	Location 4 VU3																		
VU: _____ Last First Middle Address _____ City _____ State _____ Zip _____ License # _____ St _____ DOB/Age _____ Traffic Control Device 97 VU4 Origin/Destination 97 VU5 Contact Point: 09 VU6																						
Primary Injury Area: 1 VU7 Event Sequence 2 VU8 VU8 VU8 VU8 Contributing Code 16 VU9 VU9 Distracted by 1 VU10 VU10 Test Status: 1 VU11 Type of Test: 0 VU12 BAC Test Result: 2 VU13 Susp. Alcohol: 2 VU14 Susp. Drug: 2 VU15																						
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→ = 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:

The operator of motor vehicle 1 was traveling West on Houghton Road, when a juvenile ran in the middle of the street and made contact with the left side of his vehicle in front of 51 Houghton road. The operator then exited the vehicle and checked on the juvenile.

According to the witness, he stated that the juvenile did run in the middle of the street when the vehicle was traveling on Houghton road and made contact. The vehicle had minor damage on the front left side of the vehicle (see images). No airbags nor did the operator sustain any injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
TSOUKALAS DERICK G	15 SPRINGWELL RD BILLERICA MA 01821-3027		

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 06/20/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-187-AC

