Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police / Local Police / MBTA Police / Campus Police / Other
06/29/2026	0805 24HR	Wilmington	2	0	40			Local Police

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: MAIN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: EAMES ST

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of Mile Marker — or — 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 1 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-193-AC

Vehicle 1

License # _ St _ DOB/Age

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator SHARMA, DIVYA (Last, First, Middle)

Address 25 RIVER ST APT 211

City WINCHESTER | State MA | Zip 01890-1181

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: ☒ S ☐ E ☐ W | Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 1ZMX36 | Reg Type PC | Reg State MA

Veh Year 2021 | Veh Make HYUNDAI | Veh Config. 1

Owner SHARMA, DIVYA (Last, First, Middle)

Address 25 RIVER ST APT 211

City WINCHESTER | State MA | Zip 01890-1181

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	2	
			F	6	4	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License #. _ St. _ DOB/Age

Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator ELLO, MICHELLE (Last, First, Middle)

Address 115 DAME RD

City DURHAM | State NH | Zip 03824

Insurance Company GEICO

Vehicle 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 # 5421144 | Reg Type PC | Reg State NH

Veh Year 2020 | Veh Make FORD | Veh Config. 1

Owner ELLO, MICHELLE (Last, First, Middle)

Address 115 DAME RD

City DURHAM | State NH | Zip 03824

Vehicle Action Prior to Crash: 6

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4 19

Driver Distracted by: 0

Damaged Area Code: 1 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

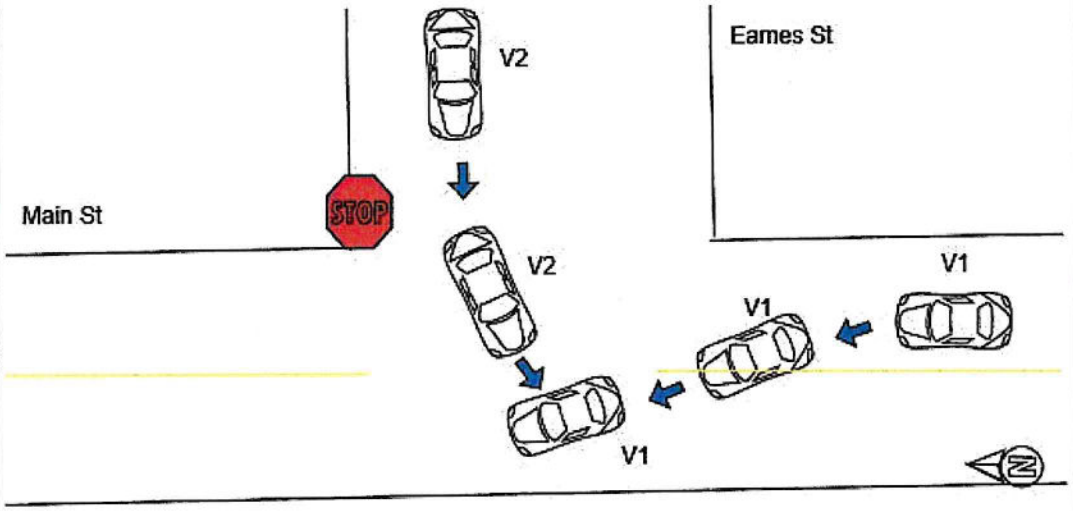
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	1	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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 travelling north on Main St (from Woburn) when it was collided with by V2. V2 was exiting Eames St and entering the travelling lane on Main St. There is a stop sign at this intersection. V1 had the right of way on Main St and V2 failed to yield.

V1 had two occupants and V2 had one occupant.

Both vehicles were towed from the scene by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MADHAVARAM KALYAN	9 HOBBS BROOK LN LEXINGTON MA 02421-7529		

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

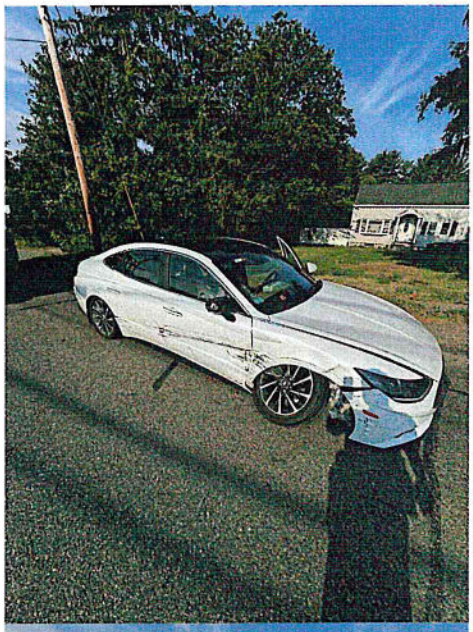
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

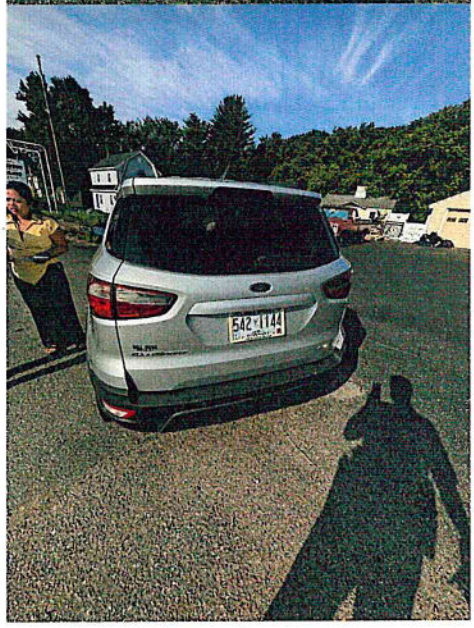
Hazmat Information:

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

Patrol Officer Michael W Powers		231	Wilmington Police Department		06/29/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-193-AC





Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
06/30/2026	1724 (24HR)	Wilmington	2	0	45			☐	☒	☐	☐	☐

LOCATION

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: _____

NOT AT INTERSECTION:

Route# 34 | Direction | Address # | Name of Roadway/Street: ROUTE 62 HWY

_____ Feet [N] [S] [E] [W] of Mile Marker — — — • — — or Exit Number: _____

_____ Feet [N] [S] [E] [W] of Route# _____ Intersecting Roadway/Street: _____

_____ Feet [N] [S] [E] [W] of Landmark: _____

Vehicle 1

Please Select One of the Following: ☒ Vehicle 1 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 26-194-AC

License #: _____ St: _____ DOB/Age: _____

Sex: M | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement: _____

Operator: STENQUIST, JAKOB WILLIAM (Last, First, Middle)

Address: 102 MORGAN DR

City: TAUNTON | State: MA | Zip: 02780-2298

Insurance Company: ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: [N] [S] [X] [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 #: 3BMX22 | Reg Type: PC | Reg State: MA

Veh Year: 2015 | Veh Make: CHEVROLET | Veh Config: 1

Owner: GRAHAM, KELLY ANN (Last, First, Middle)

Address: 102 MORGAN DR 102 MORGAN DR

City: TAUNTON | State: MA | Zip: 02780-0000

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19 | | Driver Distracted by: 99 | |

Damaged Area Code: 2 | 1 | | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene? 2

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Vehicle 2

Please Select One of the Following: ☒ Vehicle 2 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User — Complete the Vulnerable User section.

License #: _____ St: _____ DOB/Age: _____

Sex: _____ | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement: _____

Operator: _____ (Last, First, Middle)

Address: _____

City: _____ | State: _____ | Zip: _____

Insurance Company: STATE FARM

Vehicle Travel Direction: [N] [S] [X] [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 #: 5579508 | Reg Type: PC | Reg State: NH

Veh Year: 2017 | Veh Make: HONDA | Veh Config: 1

Owner: GRABAR, TAMMY BOHANNON (Last, First, Middle)

Address: 6 CRISTY RD

City: WINDHAM | State: NH | Zip: 03087

Vehicle Action Prior to Crash: 2

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | | Driver Distracted by: 0 | |

Damaged Area Code: 5 | 6 | 4 | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene? 2

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

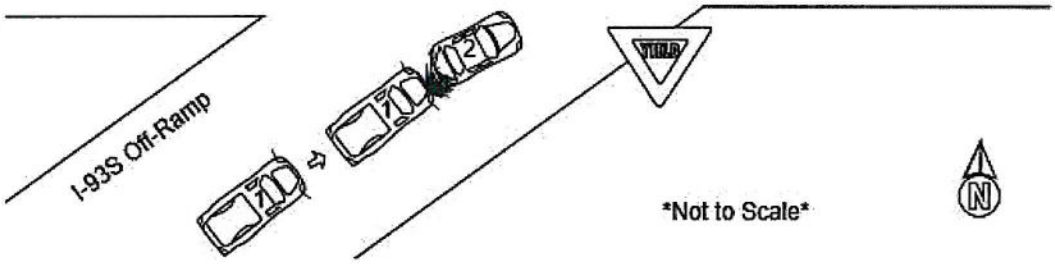
Form No. 10364 CRA-65 08/23

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →

Route 62,
Wilmington, MA



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 2 stated that he was on the I-93S off-ramp, waiting to enter traffic to drive East on Route 62. MV 2 stated that he was stopped at the end of the off-ramp, waiting to enter traffic and was rear ended by MV 1. Operator of MV 1 stated he was on the I-93S off-ramp and was turning right onto Route 62. Operator of MV 1 stated that he was looking to his left and rear-ended MV 2. MV 1 reported that the front bumper from his vehicle was not attached at the time of the crash due to a prior crash. All involved stated no injuries. Both vehicles were 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		06/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-194-AC

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
07/01/2026	1506 (24HR)	Wilmington	2	0	35			☐	☒	☐	☐	

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: SALEM ST

At

Route# | Direction | Name of Intersecting Roadway/Street: MIDDLESEX AVE

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street:

Feet [N S E W] of Mile Marker — or 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 1 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped

Crash Report ID#: 26-195-AC

Vehicle 1

License #: | St: | DOB/Age:

Sex: F | Lic. Class: B | Lic. Restrictions: E | CDL Endorsement:

Operator: MEDLEY, BRIANNA DEWAR (Last, First, Middle)

Address: 66 GLENDALE ST

City: BOSTON | State: MA | Zip: 02125-2405

Insurance Company: FARMERS PROPERTY & CASUAL

Vehicle Travel Direction: [N X 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 #: 1VXW91 | Reg Type: PC | Reg State: MA

Veh Year: 2024 | Veh Make: AUDI | Veh Config.: 2

Owner: MEDLEY, BRIANNA DEWAR (Last, First, Middle)

Address: 66 GLENDALE ST

City: BOSTON | State: MA | Zip: 02125-2405

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 8 7 | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene?: 1

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	0	

Please Select One of the Following: ☒ Vehicle 2 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User — Complete the Vulnerable User section.

Vehicle 2

License #: | St: | DOB/Age:

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement:

Operator: KON, SUNDAY DIING (Last, First, Middle)

Address: 206 PRATT AVE APT 1A

City: LOWELL | State: MA | Zip: 01851-2200

Insurance Company: PROGRESSIVE CASUALTY INSU

Vehicle Travel Direction: [N S X W] | Responding to Emergency?: 1

Citation # (If Issued):

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

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

Reg #: 4YWZ63 | Reg Type: PC | Reg State: MA

Veh Year: 2017 | Veh Make: HYUNDAI | Veh Config.: 1

Owner: KON, SUNDAY DIING (Last, First, Middle)

Address: 206 PRATT AVE APT 1A

City: LOWELL | State: MA | Zip: 01851-2200

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 7

Damaged Area Code: 2 3 | Test Status: 1 | Type of Test: 0 | BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2 | Towed from scene?: 1

Please fill out for operator and all occupants involved

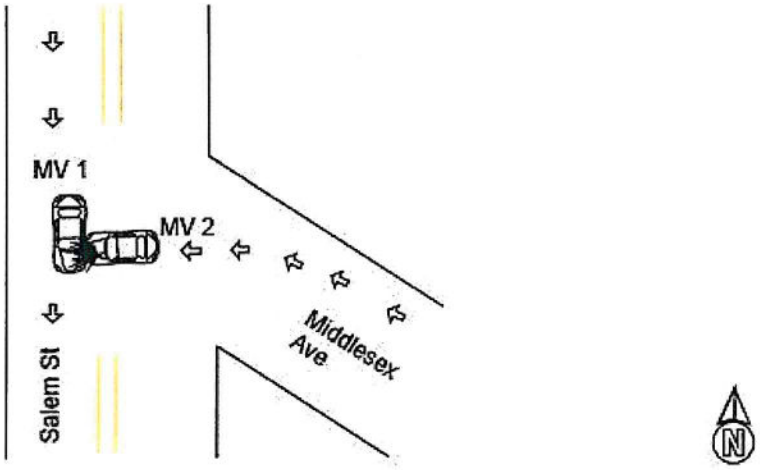
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	0	

Form No. 10364 CRA-65 08/23

= 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:

The operator of MV 1 stated she was traveling straight in the area of Middlesex Ave at Salem St when she was struck by MV 2. MV 1 stated that MV 2 was stopped and as she started to pass the intersection, MV 2 pulled out and turned into her. MV 2 stated that she stopped at the intersection, looked left and right and then proceeded through the intersection onto Salem St. MV 2 stated that MV 1 came out of nowhere. There were no injuries reported and both vehicles were towed away 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 Robert M DeGregorio III		223	Wilmington Police Department		07/01/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
07/02/2026	1213 (24HR)	Wilmington	2	0	35				☒			

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 1 — Route# — Direction — Name of Roadway/Street: MAIN ST
At
Route# — Direction — Name of Intersecting Roadway/Street: BRIDGE LN
Also at Intersection with
2 1 — Route# — Direction — Name of Intersecting Roadway/Street:

2 10 — Route# — Direction — Address # — Name of Roadway/Street:
Feet [N S E W] of — Mile Marker — or — Exit Number:
3 11 — Feet [N S E W] of — Route# — Intersecting Roadway/Street:
Feet [N S E W] of — Landmark:

3 — Please Select One of the Following: ☒ Vehicle 1 — #Occupants: 1 — ☐ Hit/Run — ☐ Moped — Crash Report ID#: 26-196-AC

Vehicle 1

License #: — St: — DOB/Age:
Sex: M — Lic. Class: D 19 19 — Lic. Restrictions: 20 — CDL Endorsement:
Operator: MCGARRY, DUNCAN JOSEPH (Last, First, Middle)
4 1 — Address: 81 SALEM RD APT 104
City: BILLERICA — State: MA — Zip: 01821-1159
Insurance Company: GOVERNMENT EMPLOYEES INSU
5 1 — Vehicle Travel Direction: N S [X] W — Responding to Emergency? 2
Citation # (If Issued):
6 1 — Viol. 1: Ch/Sec/Sub: — Viol. 2: Ch/Sec/Sub: — Viol. 3: Ch/Sec/Sub: — Viol. 4: Ch/Sec/Sub:

Reg #: 2CZM37 — Reg Type: PC — Reg State: MA
Veh Year: 2020 — Veh Make: MAZDA — Veh Config: 1 (21)
1 12 — Owner: MCGARRY, DUNCAN JOSEPH (Last, First, Middle)
Address: 81 SALEM RD APT 104
City: BILLERICA — State: MA — Zip: 01821-1159
Vehicle Action Prior to Crash: 4 (22)
Event Sequence: 1 (23) 23 23 23
Most Harmful Event: 1 (24)
Driver Contributing Code: 18 (25) 25
Driver Distracted by: 0 (26) 26
Damaged Area Code: 2 (27) 27 27
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) — Susp. Drug: 2 (32)
1 13 — 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	99	4	0	0	10	1	

3 — Please Select One of the Following: ☒ Vehicle 2 — #Occupants: 1 — ☐ Hit/Run — ☐ Moped — ☐ Vulnerable User — Complete the Vulnerable User section.

Vehicle 2

License #: — St: — DOB/Age:
Sex: M — Lic. Class: D 19 19 — Lic. Restrictions: 20 — CDL Endorsement:
Operator: BROOKS, ROBERT SPALDING JR (Last, First, Middle)
8 1 — Address: 4 CHASE RD
City: WILMINGTON — State: MA — Zip: 01887-1474
Insurance Company: NORFOLK & DEDHAM MUTUAL F
9 2 — Vehicle Travel Direction: N [X] 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 #: MYGRLZ — Reg Type: PC — Reg State: MA
Veh Year: 2026 — Veh Make: NISSAN — Veh Config: 2 (21)
Owner: BROOKS, ROBERT SPALDING JR (Last, First, Middle)
Address: 4 CHASE RD
City: WILMINGTON — State: MA — Zip: 01887-1474
Vehicle Action Prior to Crash: 1 (22)
Event Sequence: 1 (23) 23 23 23
Most Harmful Event: 1 (24)
Driver Contributing Code: 1 (25) 25
Driver Distracted by: 0 (26) 26
Damaged Area Code: 3 (27) 27 27
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) — Susp. Drug: 2 (32)
1 14 — Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

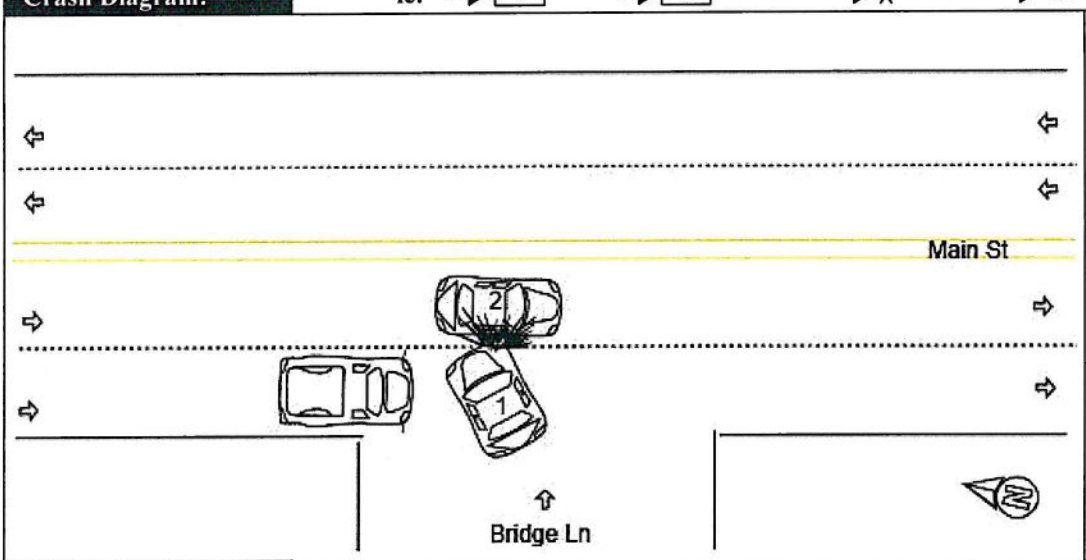
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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 TAKING A LEFT TURN FROM BRIDGE LANE TO HEAD NORTH ON MAIN ST. MV2 WAS TRAVELING SOUTH ON MAIN ST. A PICK UP TRUCK (WITNESS 1) WAS TRAVELING SOUTH ON MAIN ST, IN THE RIGHT LANE. THE PICK UP TRUCK STOPPED TO LET MV1 PROCEED ON TO MAIN ST. MV2 WAS TRAVELING SOUTH IN THE LEFT LANE WHEN MV1 WAS ATTEMPTING TO PROCEED NORTH ON MAIN ST. THE OPERATOR OF MV1 STATED HE LOOKED BOTH WAYS BEFORE PROCEEDING INTO TRAFFIC. THE WITNESS BELIEVES MV2 WAS ORIGINALLY BEHIND HIS TRUCK IN THE RIGHT LANE BEFORE MOVING OVER TO THE LEFT LANE OF TRAVEL. BOTH VEHICLES INVOLVED HAD THEIR VIEW OBSTRUCTED. NO INJURIES REPORTED, NO AIRBAGS, NO TOWS.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SENARIAN MICHAEL	10R GROVE AVE WILMINGTON MA 01887-2015		

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

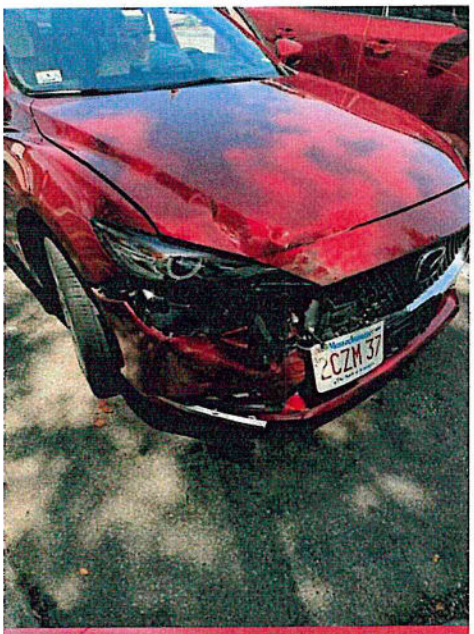
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kayla M Hanson		230	Wilmington Police Department		07/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-196-AC



Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
07/02/2026	1752 24HR	Wilmington	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

LOCATION

Route# | Direction | Name of Roadway/Street: 331 MAIN ST

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting 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 1 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID#: 26-197-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex: M | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement: _____

Operator: CONNOLLY, DENNIS ALAN (Last, First, Middle)

Address: 31 BRAND AVE

City: WILMINGTON | State: MA | Zip: 01887-2076

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N X 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 # 9604WK | Reg Type: PC | Reg State: MA

Veh Year: 2019 | Veh Make: KIA | Veh Config: 1

Owner: CONNOLLY, DENNIS ALAN (Last, First, Middle)

Address: 31 BRAND AVE

City: WILMINGTON | State: MA | Zip: 01887-2076

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0

Damaged Area Code: 2 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

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	

Please Select One of the Following: ☒ Vehicle 2 | #Occupants: 1 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User — Complete the Vulnerable User section.

Vehicle 2

License _____ S _____ DOB/Age _____

Sex: M | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement: _____

Operator: BICKFORD, KENNETH CHARLES (Last, First, Middle)

Address: 10A ANDOVER RD

City: BILLERICA | State: MA | Zip: 01821-1916

Insurance Company: THE COMMERCE INSURANCE CO

Vehicle Travel Direction: X 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 # 5HZX27 | Reg Type: PC | Reg State: MA

Veh Year: 2023 | Veh Make: HONDA | Veh Config: 1

Owner: BICKFORD, KENNETH CHARLES (Last, First, Middle)

Address: 10A ANDOVER RD

City: BILLERICA | State: MA | Zip: 01821-1916

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 4 | |

Driver Distracted by: 0

Damaged Area Code: 2 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

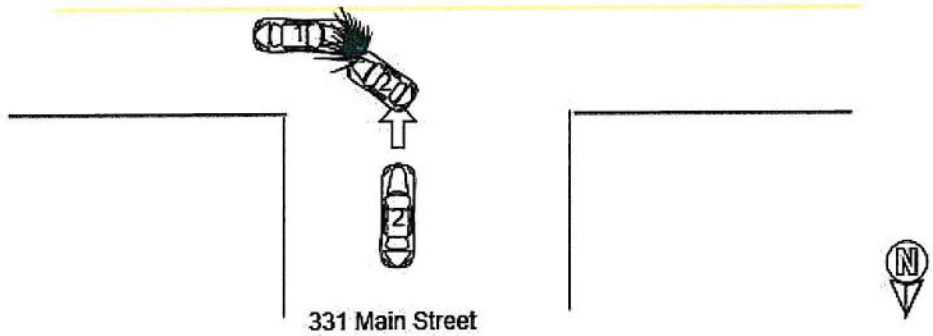
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

= 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:

While patrolling Main Street (331 Main Street) I heard a loud beep from a motor vehicle. After looking into my driver side mirror, I witnessed a vehicle exiting the parking lot of Nick's Pizza, striking another vehicle who was traveling South on Main Street (public way in Wilmington). Both vehicles were able to pull into the parking lot of Nick's. Motor vehicle 1 was traveling South on Main Street, when Motor vehicle 2 was pulling out of the parking lot to take a left onto Main Street. As motor vehicle 2 was completing his turn, the vehicle made contact with motor vehicle 1. Motor vehicle 1 had signifcant damage to the front side of the vehicle and motor vehicle 2 had minor damage to the front side as well. Motor vehicle 1 was towed off scene by A&S Towing. No injuries or airbag deployment.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LEIGHTON ZACHARY	1 ADELAIDE ST WILMINGTON MA 01887		

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		07/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-197-AC