

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 07/06/2026 Time of Crash 1633 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
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **316 LOWELL ST**
Feet **NSEW** of or Exit Number
Feet **NSEW** of Mile Marker
Feet **NSEW** of Route# Intersecting Roadway/Street
Landmark

Please Select One of the Following:

☒ Vehicle **14** #Occupants ☐ Hit/Run ☐ MopedCrash Report ID# **26-198-AC**

License # St DOB/Age
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
Operator **DUARTE, JULIANNA LEAH**
Address **4222 HORSESHOE LN**
City **WILMINGTON** State **MA** Zip **01887-6000**
Insurance Company **USAA GENERAL INDEMNITY CO**
Vehicle Travel Direction: **NSE** 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 # **MAHL92** Reg Type **PC** Reg State **MA**
Veh Year **2012** Veh Make **AUDI** Veh Config. **1**
Owner **DUARTE, JULIANNA LEAH**
Address **4222 HORSESHOE LN**
City **WILMINGTON** State **MA** Zip **01887-6000**
Vehicle Action Prior to Crash **1**
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: **4** 27 27 27
Test Status: **1** 28
Type of Test: **0** 29
BAC Test Result: **1** 30
Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
			M	6	1	4	0	0	10	1	
			M	5	1	4	0	0	10	1	
			F	4	4	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
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
Operator **FERNAU, CODY ROBERT**
Address **35 DEIRDRA DR**
City **PLYMOUTH** State **MA** Zip **02360-5294**
Insurance Company **ARBELLA MUTUAL INSURANCE**
Vehicle Travel Direction: **NSW** 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 # **4CNA82** Reg Type **PC** Reg State **MA**
Veh Year **2021** Veh Make **FORD** Veh Config. **1**
Owner **FERNAU, CODY ROBERT**
Address **35 DEIRDRA DR**
City **PLYMOUTH** State **MA** Zip **02360-5294**
Vehicle Action Prior to Crash **4**
Event Sequence **1** 23 23 23 23
Most Harmful Event **1** 24
Driver Contributing Code **19** 25 **3** 25
Driver Distracted by **0** 26 26
Damaged Area Code: **2** 27 27 27
Test Status: **1** 28
Type of Test: **0** 29
BAC Test Result: **1** 30
Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

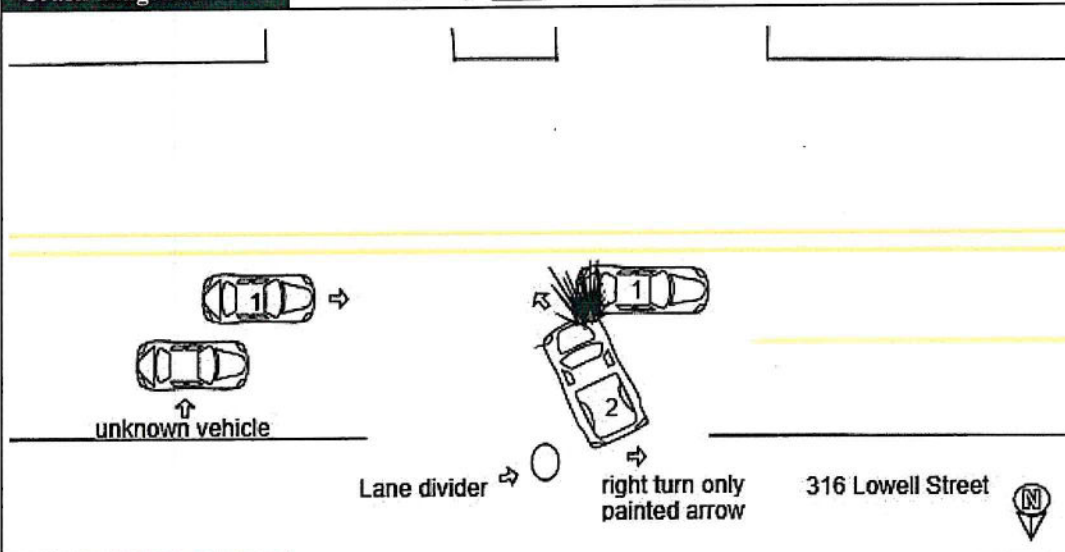
ie: →

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:

Vehicle 1 was traveling west when it was passing 316 Lowell street. Vehicle two was attempting to turn left out of the parking lot of 316 Lowell Street. According to the operator of vehicle 2, an unknown vehicle had signaled for him to pull out when vehicle 1 drove around this vehicle right in front of vehicle 2 as it was pulling out onto the road. The operator of vehicle 1 stated that it was keeping to the left side approaching the left turn lane at the intersection of Lowell Street @ West Street when they saw vehicle 2 make an illegal left turn out of the parking lot and struck their vehicle. The operator of vehicle 2 stated they were not aware the exit was right turn only as they were no signs but there is a painted arrow on the ground indicating right turn only (see images). Both vehicles suffered minor damage and they were no reported injuries from the crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

07/06/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-198-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2026	Time of Crash 1019 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:					
1 CHURCH ST			2							
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of . or Exit Number							
2 ADAMS ST			2							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
3 Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-199-AC	
License # St DOB/Age			Reg # 2HWD83		Reg Type PC		Reg State MA		1	
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2001		Veh Make DODGE		Veh Config. 2		21	
Operator KEOHAN, JUSTIN JAMES			Owner KEOHAN, STEPHEN P							
Address 186 WILDWOOD ST			Address 186 WILDWOOD ST							
City WILMINGTON State MA Zip 01887-2527			City WILMINGTON		State MA		Zip 01887-2527			
Insurance Company USAA CASUALTY INSURANCE C			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 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32				1 13	
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code		Medical Facility			
Operator See Above			X X 1 1 4 0 0 10 1							
7 Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # 6KFY17		Reg Type PC		Reg State MA		1	
Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2020		Veh Make HYUNDAI		Veh Config. 1		21	
Operator CADET, FERNANDE			Owner CADET, FERNANDE							
Address 5132 AVALON DR			Address 5132 AVALON DR							
City WILMINGTON State MA Zip 01887-1164			City WILMINGTON		State MA		Zip 01887-1164		1 14	
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex		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							
			U 6 1 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

On 07/07/26 Car 2 heading WB on Church St. attempted to turn left onto Adams St. It was crashed into by car 1, causing front end damage to car 1 and rear end damage to car 2. No reported injuries.

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

Police Officer Name (Please Print)

Signature

205

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/07/2026

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/08/2026	Time of Crash 1552 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# <u>470</u> Direction _____ Address # _____ Name of Roadway/Street <u>MAIN ST</u> Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <u>N S E W</u> of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>26-200-AC</u>							
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>KELLY, KEITH E</u> Last First Middle Address <u>26 GOVERNOR FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2015</u> Insurance Company <u>PROGRESSIVE CASUALTY INSU</u> Vehicle Travel Direction: ☒ S ☒ E ☒ W 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>R42575</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>2</u> <u>21</u> Owner <u>KELLY, KEITH E</u> Last First Middle Address <u>26 GOVERNOR FULLER RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2015</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: ☒ Vehicle <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License : _____ S _____ 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>ANDERSON, KYLE W</u> Last First Middle Address <u>11 KING AVE</u> City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-3118</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: ☒ S ☒ E ☒ W 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>2DEP74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>Land Rover</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ANDERSON, KYLE W</u> Last First Middle Address <u>11 KING AVE</u> City <u>MEDFORD</u> State <u>MA</u> Zip <u>02155-3118</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>4</u> <u>26</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Occupants See Above										

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

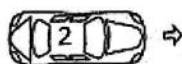
Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



↔ Kirk Street

470 Main Street



Crash Narrative:

Vehicle 1 was stopped in traffic in the north bound lane of Main street in the vicinity of Kirk Street. Vehicle 2 was traveling straight ahead in the same direction behind vehicle 1. The operator of vehicle 2 stated he was distracted by the radio and did not see that vehicle one was stopped in front of him. Vehicle 2 could not stop in time and collided with the rear of vehicle 1. Neither party was injured from the crash and vehicle 2 was towed from the scene.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

07/08/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

[illegible]

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

Crash Diagram:

ie: → 1 → 2

→ ○

→ ○



driveway of 457 Salem St →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was traveling east on Rt. 62 when it was approaching the driveway of 457 Salem Street. The operator of vehicle 1 stated they attempted to turn into the driveway when they had turned to soon and collided with the fire hydrant in front of the driveway. The hydrant was undamaged and the vehicle suffered minor front damage but had to be towed from the scene. no one in the vehicle was injured in the crash.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

222

Wilmington Police Department

07/09/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
07/11/2026

Time of Crash
1833
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
0

Speed Limit 30

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

72 CLARK ST

Feet N S E W of . or Exit Number

Feet N S E W of

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# 26-202-AC

License # St. DOB/Age

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

Operator GONZALEZ, WILLIAM

Address 256 WOBURN ST

City WILMINGTON State MA Zip 01887

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S E X 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 # 4RJY54 Reg Type PC Reg State MA

Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 1 21

Owner GONZALEZ, WILLIAM

Address 256 WOBURN ST

City WILMINGTON State MA Zip 01887

Vehicle Action Prior to Crash 1 22

Event Sequence 22 23 23 23 23

Most Harmful Event 22 24

Driver Contributing Code 11 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 3 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

Vicinity of
58 Clark
Street

Clark Street
Wilmington MA

Vicinity of
72 Clark
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:

Opr of vehicle stated he swerved to avoid a crash with an unidentified white vehicle and as a result he crashed into a Verizon utility pole. I observed minor to moderate damage to the Verizon utility pole located inbetween 58 and 72 Clark Street. No injuries were reported. Major damage to the right front and right side of the involved vehicle. Crash originally reported by witness listed below.

Witnesses:			
Name (Last,First,Middle)	Address	Phone #	Statement
HANAFIN JAMES P	127 CHURCH ST WILMINGTON MA 01887-2715		

Property Damage:				
Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826			UTILITY POLE

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

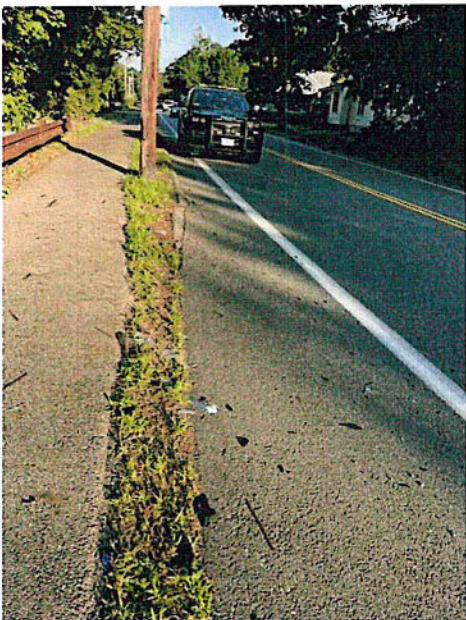
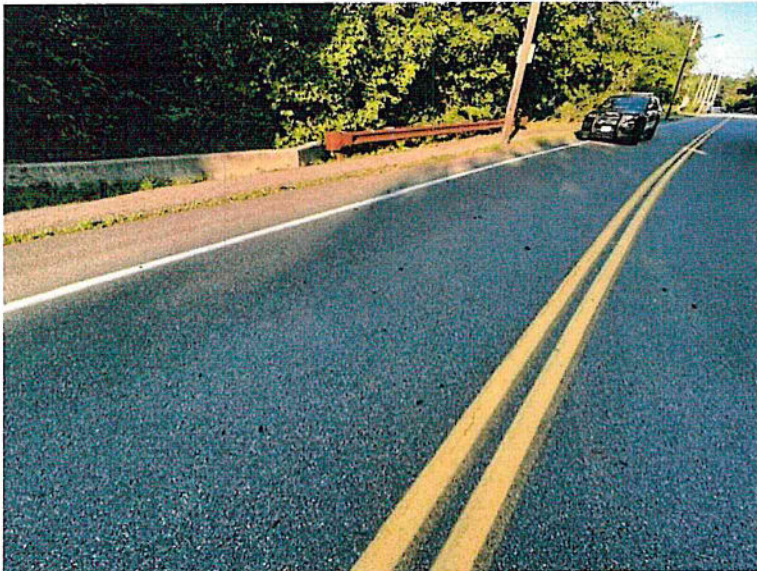
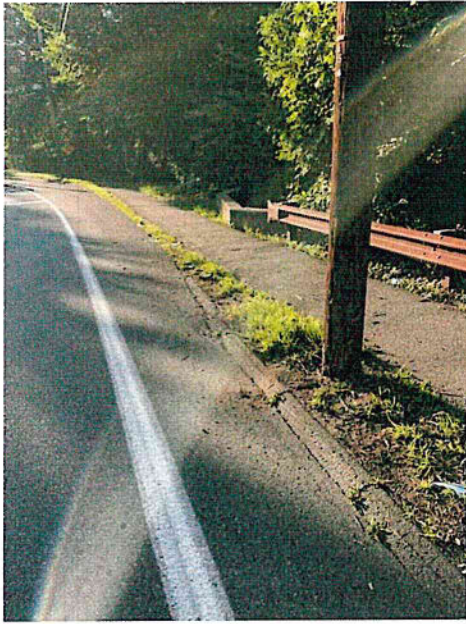
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Kathryn C Goodwin	216	Wilmington Police Department	07/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
		Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-202-AC



Wilmington Police Department
Images Associated with 26-202-AC

