Commonwealth of Massachusetts
Motor Vehicle Crash Exchange Form

Date of Crash	Time of Crash	City/Town
07/12/2026	2013 24HR	Wilmington

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

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

Route# ____ Direction ____ Name of Roadway/Street: CHESTNUT ST

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: HILLSIDE WAY

Also at Intersection with

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

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 — 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-203-AC

License ____ St ____ DOB/Age ____

Sex F Lic. Class D (19/19) Lic. Restrictions 1 (20) CDL ____ Endorsement ____

Operator GONZALEZ, KIMBERLY (Last, First, Middle)

Address 139 WASHINGTON ST APT 312

City BRIGHTON State MA Zip 02135-4357

Insurance Company ALLSTATE INSURANCE COMPAN

Reg # 957DR7 Reg Type PC Reg State MA

Veh Year 2016 Veh Make HONDA Veh Config. 1 (21)

Owner CONTRERAS, GLORIA MARINA (Last, First, Middle)

Address 139 WASHINGTON ST APT 312

City BRIGHTON State MA Zip 02135-4357

Instructions

M.G.L. Chapter 90, Section 26 requires a person who was operating a motor vehicle involved in a crash in which (i) any person was killed or (ii) injured or (iii) in which there was damage in excess of $1,000 to any one vehicle or other property, to complete and file a ***Crash Operator Report*** with the Registrar **within five (5) days after such a crash.** If the operator is not the owner of the motor vehicle and is incapacitated, the owner is required to file a crash report within five days of the motor vehicle crash, based on the knowledge and information he/she can obtain regarding the crash.

Please obtain a copy of the operator crash report from your local police department, Registry branch office or from the RMV Website www.massrmv.com and submit the original to:

MassDOT Registry of Motor Vehicles Division
P.O. Box 55889
Boston, MA 02205-5889
Attn: Crash Records

Also, be sure to forward a copy to your insurance agency, the local police department where the crash occurred, and retain a copy for yourself.

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 ____ (Last, First, Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

Reg # ____ Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. (21)

Owner ____ (Last, First, Middle)

Address ____

City ____ State ____ Zip ____

Obtaining Crash Report Copies

If you would like to obtain a copy of the police report please send a letter to the address above with a check for $20.00 for each requested report made payable to: MassDOT. Reports may be obtained @www.massrmv.com. Please note that the $20.00 fee is a search fee, not for the crash report itself and therefore is non-refundable.

In addition to your name and address, the following items should be included in your letter to identify the report you are requesting:

- Date of the crash
- Time of the crash
- City/Town where crash occurred
- Registration number and/or license number of at least one vehicle involved

Please allow at least 4 weeks from the date of the crash before submitting your request

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	Police Agency
07/12/2026	2119 (24HR)	Wilmington	2	0	30			Local Police

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

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# | Direction | 5 Address # | ELWOOD RD 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

16 | 21 | 2 10 | 2 11

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

Crash Report ID# 26-204-AC

3

License # _____ S _____ DOB/Age _____

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

Operator HASBROUCK, JORDAN OLIVIA (Last First Middle)

Address 11 DAISY LN

City CHELMSFORD | State MA | Zip 01824-1278

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 _____

41 | 52 | 61

Reg # 6VSF99 | Reg Type PC | Reg State MA

Veh Year 2022 | Veh Make CHEVROLET | Veh Config. 1

Owner KUSNIERZ, KORDIAN JAN (Last First Middle)

Address 11 DAISY LN

City CHELMSFORD | State MA | Zip 01824-1278

Vehicle Action Prior to Crash: 10

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 0 | 27 | 27 | 27

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

1 12 | 1 21 | 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 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 0 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

71

License # _____ St _____ DOB/Age _____

Sex _____ Lic. Class | Lic. Restrictions | CDL Endorsement

Operator Driverless M.V. (Last First Middle)

Address _____

City _____ State _____ Zip _____

Insurance Company AMICA MUTUAL INSURANCE CO

Vehicle Travel Direction: N S ☒ 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 _____

82 | 92

Reg # 6ZA947 | Reg Type PC | Reg State MA

Veh Year 2017 | Veh Make TOYOTA | Veh Config. 1

Owner HILTUNEN, MARIE KENNEY (Last First Middle)

Address 51 MARLON ST

City HAVERHILL | State MA | Zip 01832-3053

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code: 8 | 27 | 27 | 27

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene? 2

1 14

Please fill out for operator and all occupants involved

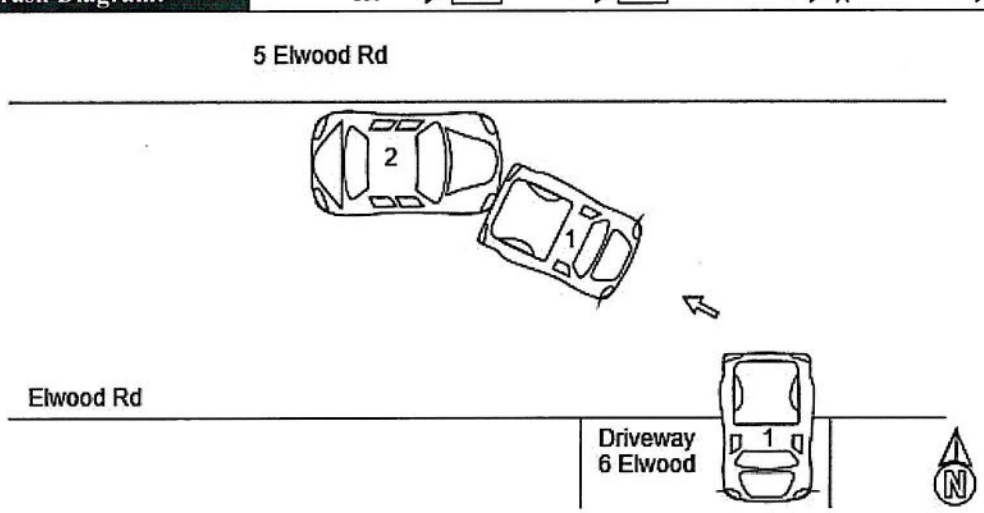
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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:

07/12/26 Appx 2119 hrs, dispatched 2-car minor MVC 5 Elwood Rd. Vehicles moved prior to officer arrival. OP1 stated, backing MV1 out of the driveway of 6 Elwood Rd. OP1 stated, her backup alarms sensor was not audible and she did not know she was so close to MV2 parked in the roadway behind her. The trailer hitch of MV1 struck the passenger headlight of MV2 causing damage. MV2 was parked and unoccupied. No injuires, no vehicles towed.

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 Joseph A Fitzgerald		215	Wilmington Police Department		07/12/2026
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	Police Agency
07/13/2026	0910 (24HR)	Wilmington	2	0	40			Local Police

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

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street: I93NBR33 RAMP

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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-205-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

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

Operator: FERNANDO, LALINDA DAMITHA (Last, First, Middle)

Address: 6 TORREY TER

City: WESTFORD | State: MA | Zip: 01886-4048

Insurance Company: THE COMMERCE INSURANCE CO

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 # USF870 | Reg Type PC | Reg State MA

Veh Year 2015 | Veh Make TOYOTA | Veh Config. 1

Owner: FERNANDO, AYOMI PRIYANKA (Last, First, Middle)

Address: 6 TORREY TER

City: WESTFORD | State: MA | Zip: 01886-4048

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

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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 fill out for operator and all occupants involved

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 M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement H

Operator: COOPER, OKFFEN S (Last, First, Middle)

Address: 73 ADAMS ST APT 5

City: LEOMINSTER | State: MA | Zip: 01453-5600

Insurance Company: MCGRIFF,MARSH MCLENNON

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 # AG57183 | Reg Type AP | Reg State PA

Veh Year 2017 | Veh Make Other-not listed | Veh Config. 6

Owner: A DUIE PYLE INC (Last, First, Middle)

Address: 650 WESTTOWN ROAD PO BOX 564

City: WEST CHESTER | State: PA | Zip: 19381

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 20

Driver Distracted by: 5

Damaged Area Code: 1

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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	

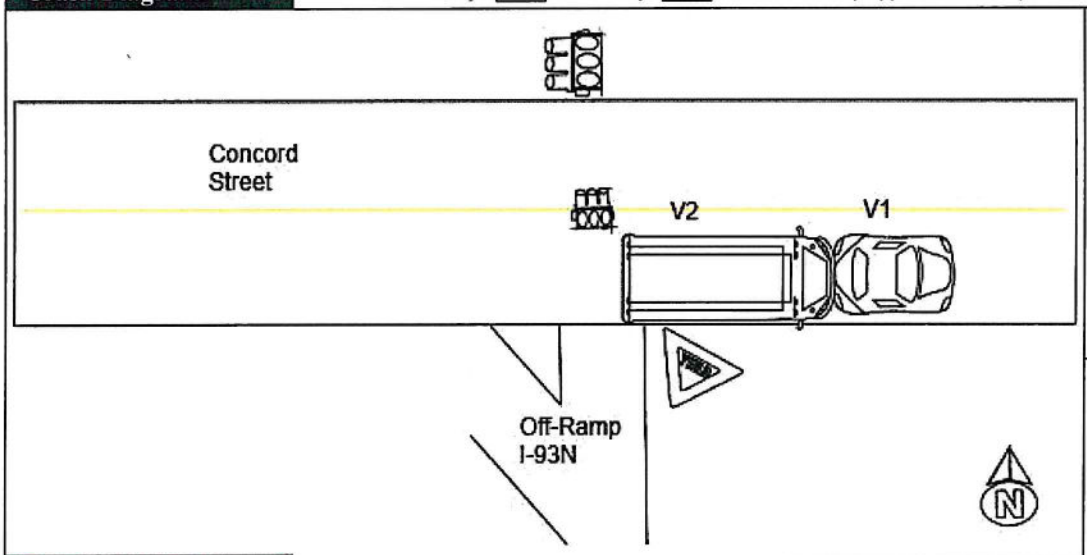
Please fill out for operator and all occupants involved

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:

I responded to report of a MV Crash on Concord Street by the I-93N Off-Ramp. I spoke to OP1 who stated that his vehcile, V1, was rear-ended by V2. I spoke to OP2, who stated that he rear-endded V1 because he was reaching for his water bottle and thought traffic was moving forward, and did not slow down to avoid collission. Both parties acknowledged that there was heavy traffic in the area. I observed damage to the rear of V1 and to the front end of V2. Information was exchanged, no injuries were reported and both vehicles were driveable.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # AG57183 (From Vehicle Section)

Carrier Name A DUIE PYLE INC — Bus Use 42

Address 650 WESTTOWN RD — City WESTCHESTER — St PA — Zip 19382

US DOT #: 113594 — State Number — Issuing State — MC/MX/ICC #: 39140

Interstate 43: 1 — Cargo Body Type Code 44: 99 — GVWR/GCWR 45: 1

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

Hazmat Information:

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

Patrol Officer John A Fortes		228	Wilmington Police Department		07/13/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-205-AC

Wilmington Police Department
Images Associated with 26-205-AC

Police Use Only	Commonwealth of Massachusetts	RMV Document Number

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	
07/13/2026	1351 24HR	Wilmington	2	0	25	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:
					Latitude	
					Longitude	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

At intersection:

Route# ___ Direction ___ Name of Roadway/Street ___

[1] 1

At

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

Also at Intersection with

[2] 1

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

Not at intersection:

Route# ___ Direction ___ Address # 5 Name of Roadway/Street SHADY LANE DR — 2 [10]

___ Feet N S E W of — — — • — Mile Marker or ___ Exit Number

___ Feet N S E W of ___ Route# ___ Intersecting Roadway/Street — 5 [11]

___ Feet N S E W of ___ Landmark

[3]

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — **Crash Report ID# 26-206-AC**

License ___ St. ___ DOB/Age ___	Reg # HP724M Reg Type PC Reg State MA — 1 [12]
Sex F Lic. Class D [19] [19] Lic. Restrictions 1 [20] CDL Endorsement ___	Veh Year 2026 Veh Make CADILLAC Veh Config. 1 [21]
Operator STOWELL, ROSEMARIE E (Last First Middle)	Owner STOWELL, ROSEMARIE E (Last First Middle)
[4] 1 Address 13 LAWRENCE CT	Address 13 LAWRENCE CT
City WILMINGTON State MA Zip 01887-1965	City WILMINGTON State MA Zip 01887-1965
Insurance Company AMICA MUTUAL INSURANCE CO	Vehicle Action Prior to Crash 1 [22] — Damaged Area Code: 8 [27] [27] [27]
Vehicle Travel Direction: N S ☒E W Responding to Emergency? 2	Event Sequence 1 [23] [23] [23] [23] — Test Status: 1 [28]
[5] 1 Citation # (If Issued) ___	Type of Test: 0 [29] — Most Harmful Event 1 [24] — BAC Test Result: 1 [30]
Viol. 1: Ch/Sec/Sub ___ Viol. 2: Ch/Sec/Sub ___	Driver Contributing Code 19 [25] [25] — Susp. Alcohol: 2 [31] Susp. Drug: 2 [32] — 1 [13]
Viol. 3: Ch/Sec/Sub ___ Viol. 4: Ch/Sec/Sub ___	Driver Distracted by 0 [26] 0 [26] — Towed from scene? 2 [33]

[6] 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	X	X	1	1	4	0	0	10	1	

[7] 1

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

License # ___ St. ___ DOB/Age ___	Reg # 1LRC75 Reg Type PC Reg State MA
Sex F Lic. Class D [19] [19] Lic. Restrictions 1 [20] CDL Endorsement ___	Veh Year 2019 Veh Make SUBARU Veh Config. 1 [21]
Operator FITZGERALD, ASHLYNN KELLY (Last First Middle)	Owner FITZGERALD, THOMAS JOSEPH (Last First Middle)
[8] 1 Address 55 FRANKLIN ST APT 2	Address 55 FRANKLIN ST APT 2
City STONEHAM State MA Zip 02180-1833	City STONEHAM State MA Zip 02180-1833 — 1 [14]
Insurance Company GOVERNMENT EMPLOYEES INSU	Vehicle Action Prior to Crash 1 [22] — Damaged Area Code: 6 [27] [27] [27]
Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2	Event Sequence 1 [23] [23] [23] [23] — Test Status: 1 [28]
Citation # (If Issued) ___	Type of Test: 0 [29] — Most Harmful Event 1 [24] — BAC Test Result: 1 [30]
[9] 2 Viol. 1: Ch/Sec/Sub ___ Viol. 2: Ch/Sec/Sub ___	Driver Contributing Code 1 [25] [25] — Susp. Alcohol: 2 [31] Susp. Drug: 2 [32]
Viol. 3: Ch/Sec/Sub ___ Viol. 4: Ch/Sec/Sub ___	Driver Distracted by 0 [26] 0 [26] — Towed from scene? 2 [33]

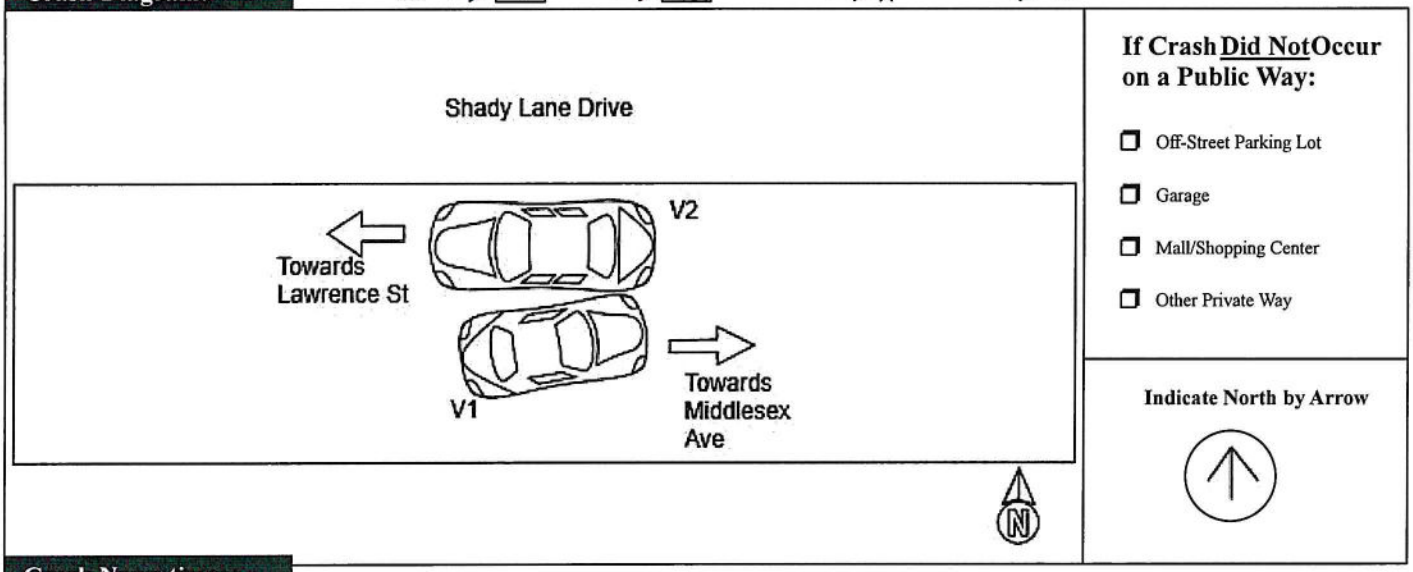
Please fill out for operator and all occupants involved

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	X	X	1	1	4	0	0	10	1	
ANNE FITZGERALD	55 FRANKLIN ST STONEHAM, MA 02180-1833		F	3	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 Monday, July 13th, 2026, I responded to a MV Crash that occurred in the area of 5 Shady Lane Dr. Upon arrival I spoke to OP 1, who stated she was travelling from Lawrence St. towards Middlesex Ave on Shady Lane drive, and her veheicle, V1, did not have enough room because of V2's roadway position, leading to the collision, causing minor damage to the front left part of her vehicle. I then spoke with OP2, who stated that she was driving from Middlesex Ave towards Lawrence St. on Shady Lane Drive when V1 began approaching from the opposite direction, and as they passed each other V1 steered into her lane, causing the collision, causing minor damage to the rear left part of her vehicle . P1 of V2 stated that she advised OP2 that V1 was steering towards them as they passed each other, but OP2 was unable to navigate out of the way to avoid the collision.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer John A Fortes		228	Wilmington Police Department		07/13/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-206-AC