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 Use
07/19/2026	2238 (24HR)	Wilmington	2	0	40			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 | Address # | Name of Roadway/Street: 300 | LOWELL 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 1 — 2 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-207-AC

License # _ St. DOB/Age
Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Operator ELMADANI, HAJAR (Last First Middle)
Address 18 WASHINGTON AVE
City WILMINGTON | State MA | Zip 01887
Insurance Company SAFETY INSURANCE COMPANY
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 # 253TG5 | Reg Type PC | Reg State MA
Veh Year 2015 | Veh Make FORD | Veh Config. 1
Owner LASFAR, EL HACHMI (Last First Middle)
Address 5 GREENVILLE ST APT 2
City SOMERVILLE | State MA | Zip 02143-1904
Vehicle Action Prior to Crash: 3
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 1
Driver Distracted by: 0
Damaged Area Code: 6, 10, 5
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 / See Above			1	1	4	0	0	10	0	
		M	4	4	4	0	0	10	0	

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

License # St DOB/Age
Sex Lic. Class | Lic. Restrictions | CDL Endorsement
Operator unknown (Last First Middle)
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 # unknown | Reg Type | Reg State
Veh Year | Veh Make | Veh Config.
Owner (Last First Middle)
Address
City State Zip
Vehicle Action Prior to Crash:
Event Sequence:
Most Harmful Event:
Driver Contributing Code:
Driver Distracted by:
Damaged Area Code: 27, 27, 27
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: | Susp. Drug:
Towed from scene?

Please fill out for operator and all occupants involved

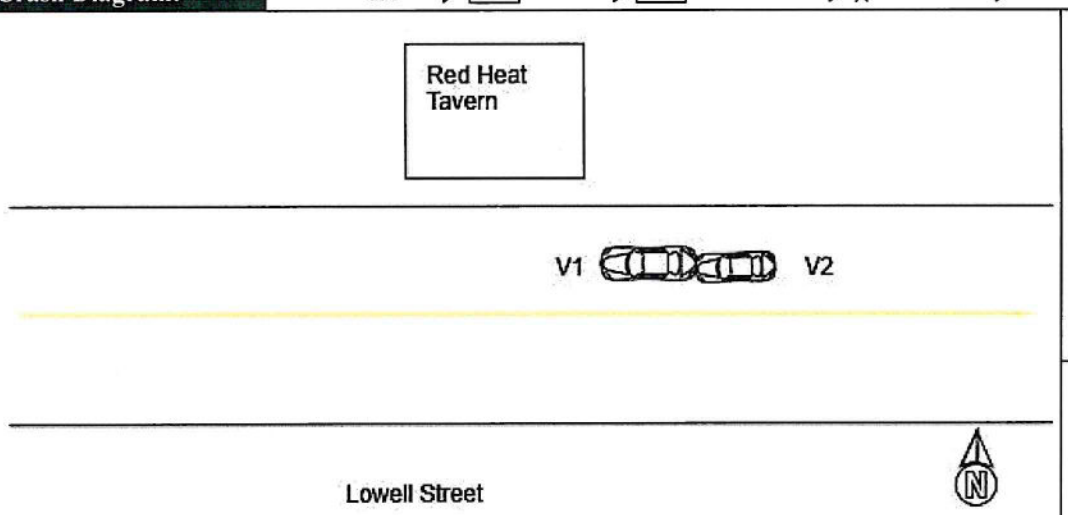
Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants / See Above			1							

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:

I responded to a report of a hit and run motor vehicle crash. Upon arrival V1 was parked in the driveway of Red Heat Tavern. Op1 was sitting in the rear right seat of her vehicle tending to her infant child in the back seat. Op1 stated she was driving on Lowell Street (Westbound) when she slowed down to turn right into Red Heat Tavern and was rear ended. Op1 did not know the plate on the vehicle that hit her vehicle she could only recall it was a smaller grey sedan. Op1 stated V2 did not stop or attempt to exchange information and just continued on Lowell Street. I observed a broken tail light (left side) and some rear end damage to V1. Vehicle was 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 # _____ (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

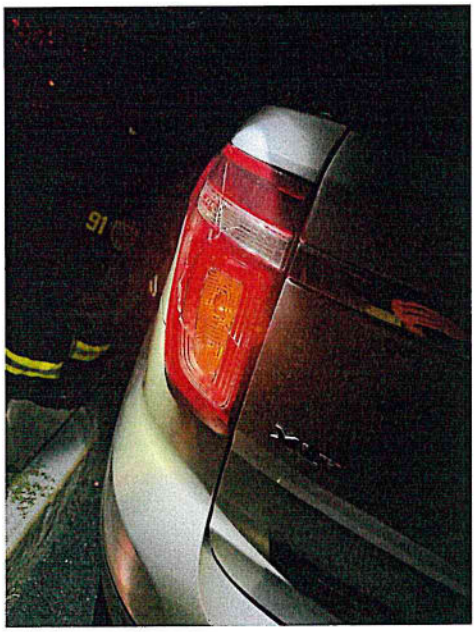
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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		07/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-207-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	
07/20/2026	1433 24HR	Wilmington	2	0	30			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: 381 MIDDLESEX AVE

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#: 26-208-AC

License # _ St _ DOB/Age

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

Operator: CRANFORD, JEFFREY ALAN (Last First Middle)

Address: 39 OAKDALE RD

City: WILMINGTON | State: MA | Zip: 01887-4015

Insurance Company

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 #: MYM5182 | Reg Type: PC | Reg State: PA

Veh Year: 2025 | Veh Make: Jeep | Veh Config: 1

Owner: HERTZ VEHICLES LLC (Last First Middle)

Address: PHILADELPHIA INTL A/P

City: PHILADELPHIA | State: PA | Zip: 19153

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

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

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.

License # _ St _ DOB/Age

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

Operator: GALVIN, MICHAEL DANIEL (Last First Middle)

Address: 77 DEPOT ST APT 2

City: SOUTH EASTON | State: MA | Zip: 02375-1162

Insurance Company: ARBELLA

Vehicle Travel Direction: N ☒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 #: 5125964 | Reg Type: PC | Reg State: NH

Veh Year: 2020 | Veh Make: CHEVROLET | Veh Config: 1

Owner: SE&D INC ELECTRICAL HVAC CONTRACTORS (Last First Middle)

Address: 109 PEASE RD

City: MEREDITH | State: NH | Zip: 03253

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 19 4

Driver Distracted by: 0

Damaged Area Code: 2

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

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	

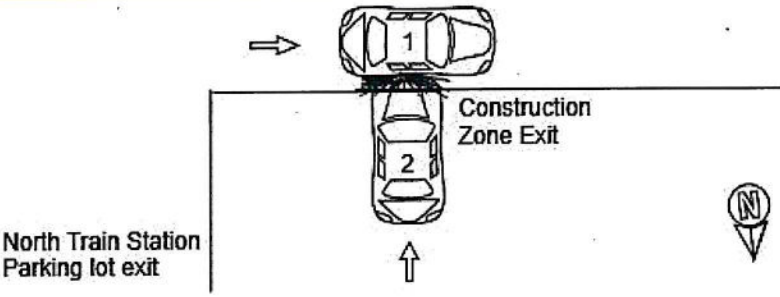
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →

381 Middlesex 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

Crash Narrative:

On 07/20/26, Car 1 was crashed into by car 2 while traveling westbound on middlesex ave in the area of the North Train station. Car 2 was attempting to take a left hand turn from a construction site onto Middlesex Ave. Damage to car 1 right side and damage to car 2 right front. Car 1 arranged a tow and no reported injuries. Officer Hill was on scene working a detail and witnessed the crash. He stated car 2 inched into the middlesex ave fog line before accelerating and crashing into the side of car 1.

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 Jack Rooney		243	Wilmington Police Department		07/20/2026
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	
07/20/2026	1456 (24HR)	Wilmington	2	0	20			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 # 25 | Name of Roadway/Street: CARTER LN
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#: 26-209-AC

License # — St — DOB/Age
Sex: F | Lic. Class: D | Lic. Restrictions: L | CDL Endorsement
Operator: TORRES, MELISSA A (Last, First, Middle)
Address: 17 KENWOOD AVE
City: WILMINGTON | State: MA | Zip: 01887
Insurance Company: THE COMMERCE INSURANCE CO
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 #: MADY94 | Reg Type: PC | Reg State: MA
Veh Year: 2025 | Veh Make: HONDA | Veh Config.: 1
Owner: TORRES, MELISSA A (Last, First, Middle)
Address: 17 KENWOOD AVE
City: WILMINGTON | State: MA | Zip: 01887
Vehicle Action Prior to Crash: 11
Event Sequence: 2
Most Harmful Event: 2
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	99	4	0	0	10	1	

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

License # — St — DOB/Age
Sex: F | Lic. Class: D | Lic. Restrictions: L | CDL Endorsement
Operator: ARSENAULT, ALEXIS RAE (Last, First, Middle)
Address: 26 FREEPORT DR
City: WILMINGTON | State: MA | Zip: 01887-1502
Insurance Company: THE HANOVER INSURANCE COM
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 #: 7JP899 | Reg Type: PC | Reg State: MA
Veh Year: 2019 | Veh Make: CHEVROLET | Veh Config.: 2
Owner: ARSENAULT, ALEXIS RAE (Last, First, Middle)
Address: 26 FREEPORT DR
City: WILMINGTON | State: MA | Zip: 01887-1502
Vehicle Action Prior to Crash: 10
Event Sequence: 2
Most Harmful Event: 2
Driver Contributing Code: 99
Driver Distracted by: 99
Damaged Area Code: 4
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

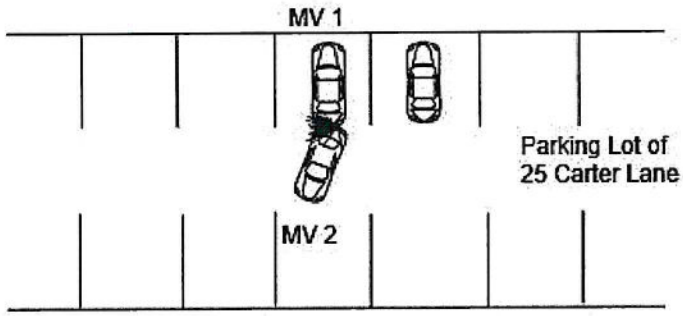
Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants / See Above			1	1	4	0	0	10	1	
		M	6	4	4	0	0	10	1	

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:

- [x] Off-Street Parking Lot
- [ ] Garage
- [ ] Mall/Shopping Center
- [ ] Other Private Way

Indicate North by Arrow

Crash Narrative:

MV 1 stated she was parked next to a gray vehicle when a black SUV backed into her. MV 1 had damage to the center rear bumper. The operator was not injured and the vehicle was operable. The operator of MV 2 stated she had a lot of hockey equipment in the trunk of her vehicle to include a stack of hockey pucks. MV 2 stated she backed out of her parking space and as she started to pull forward, she heard the hockey pucks fall over. The operator of MV 2 stated she never felt an impact with the other vehicle nor the noise of her striking the other vehicle. Neither the operator or the passenger of MV 2 were injured. The vehicle was in operable 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 Robert M DeGregorio III		223	Wilmington Police Department		07/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-209-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	Police
07/22/2026	1320 (24HR)	Wilmington	2	0	30			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 | Address # | Name of Roadway/Street: 43 | ADAMS ST
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

1 10 | 1 11 | 7 11

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

Crash Report ID# 26-210-AC

Vehicle 1

License # — St — DOB/Age
Sex M | Lic. Class 19 19 | Lic. Restrictions 20 | CDL Endorsement
Operator LYNCH, SEAN PATRICK (Last First Middle)
Address 8 FOREST ST
City WILMINGTON | State MA | Zip 01887-2811
Insurance Company MIIA
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 # M3748B | Reg Type DC | Reg State MA
Veh Year 2022 | Veh Make FORD | Veh Config. 2 (21)
Owner WILMINGTON TOWN OF HWY DEPT (Last First Middle)
Address 146 MIDDLESEX AVE
City WILMINGTON | State MA | Zip 01887-2733
Vehicle Action Prior to Crash 11 (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: 97 (27) | 27 | 27 | 27
Test Status: 1 (28)
Type of Test: 29
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) | Susp. Drug: 2 (32)
Towed from scene? 2 (33)

1 12 | 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			1	99	4	0	0	10	1	

6 1

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

7 1

Vehicle 2

License #. — St — DOB/Age.
Sex M | Lic. Class D 19 M 19 | Lic. Restrictions 20 | CDL Endorsement
Operator YOTHANA, NONT (Last First Middle)
Address 49 PARK ST
City ARLINGTON | State MA | Zip 02474
Insurance Company SELF INSURED
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 # 3337375 | Reg Type PO | Reg State MA
Veh Year 2023 | Veh Make MERCEDES-BENZ | Veh Config. 97 (21)
Owner UNITED STATES OF AMERICA (Last First Middle)
Address
City OUT OF STATE | State — | Zip
Vehicle Action Prior to Crash 6 (22)
Event Sequence 1 (23) | 23 | 23 | 23
Most Harmful Event 1 (24)
Driver Contributing Code 19 (25) | 99 (25)
Driver Distracted by 99 (26) | 26
Damaged Area Code: 4 (27) | 27 | 27 | 27
Test Status: 1 (28)
Type of Test: 29
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) | Susp. Drug: 2 (32)
Towed from scene? 2 (33)

8 1 | 9 2 | 1 14

Please fill out for operator and all occupants involved

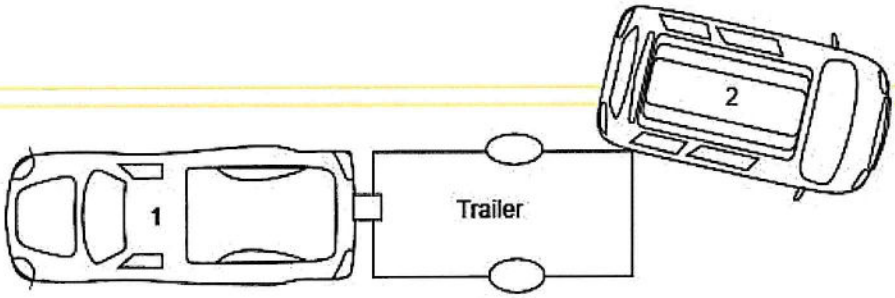
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



43 Adams 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:

Motor Vehicle 1 (MV1) was parked within an active work zone, with its attached trailer being utilized by the local water department. Motor Vehicle 2 (MV2), a United States Postal Service (USPS) mail carrier, was attempting to re-enter the travel lane from the opposing lane to complete a delivery. Upon entering the lane, the operator of MV2 took the turn prematurely, causing the right rear section of MV2 to strike the back-right corner of the parked trailer. The collision resulted in minor property damage only. No injuries were reported.

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 # M3748B (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address 146 MIDDLESEX AVE City WILMINGTON St MA Zip 01887

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: M2768B Reg Type TR Reg State MA Reg Year 2022 Trailer Length 46: 97

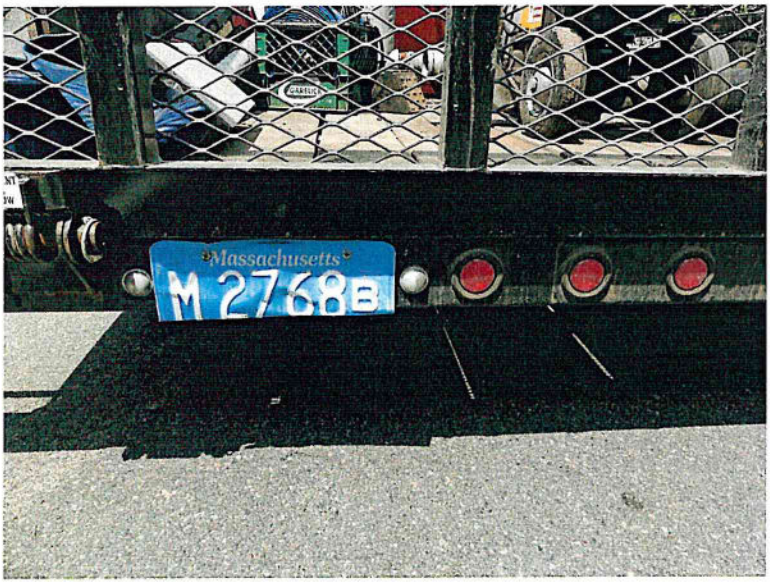
Hazmat Information:

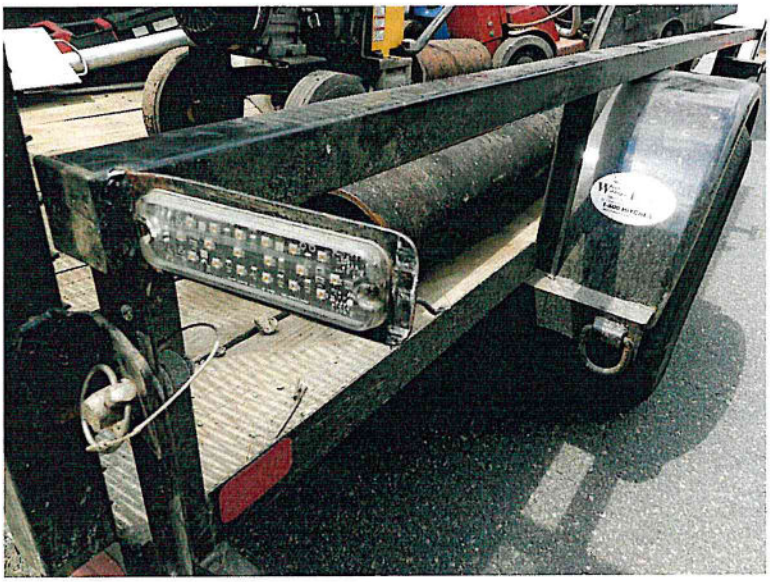
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Brian Tavares		206	Wilmington Police Department		07/22/2026

Wilmington Police Department
Images Associated with 26-210-AC

Wilmington Police Department
Images Associated with 26-210-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
07/23/2026	0714 24HR	Wilmington	2	0	10			

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street — At — Route# Direction Name of Intersecting Roadway/Street — Also at Intersection with — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — Feet 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

474 MAIN ST

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-211-AC

Vehicle 1

License # — St — DOB/Age — Sex M — Lic. Class D — Lic. Restrictions 1 — CDL Endorsement

Operator DANIELI, PAUL L (Last First Middle)

Address 11 FLETCHER LN

City WILMINGTON State MA Zip 01887-3003

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N ☒ 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 # 471TG2 Reg Type PC Reg State MA

Veh Year 2016 Veh Make FORD Veh Config. 1

Owner DANIELI, PAUL L (Last First Middle)

Address 11 FLETCHER LN

City WILMINGTON State MA Zip 01887-3003

Vehicle Action Prior to Crash 1 — Event Sequence 1 — Most Harmful Event 1 — Driver Contributing Code 20 — Driver Distracted by 5

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? 1 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	

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 ZELAYA, YUNI YAMILETH (Last First Middle)

Address 120 COMMERCE WAY APT 532

City WOBURN State MA Zip 01801-1396

Insurance Company LIBERTY MUTUAL FIRE INSUR

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 # 9XT234 Reg Type PC Reg State MA

Veh Year 2023 Veh Make AUDI Veh Config. 1

Owner ZELAYA, YUNI YAMILETH (Last First Middle)

Address 120 COMMERCE WAY APT 532

City WOBURN State MA Zip 01801-1396

Vehicle Action Prior to Crash 3 — Event Sequence 1 — Most Harmful Event 1 — Driver Contributing Code 20 — Driver Distracted by 5

Damaged Area Code: 1 27 8 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

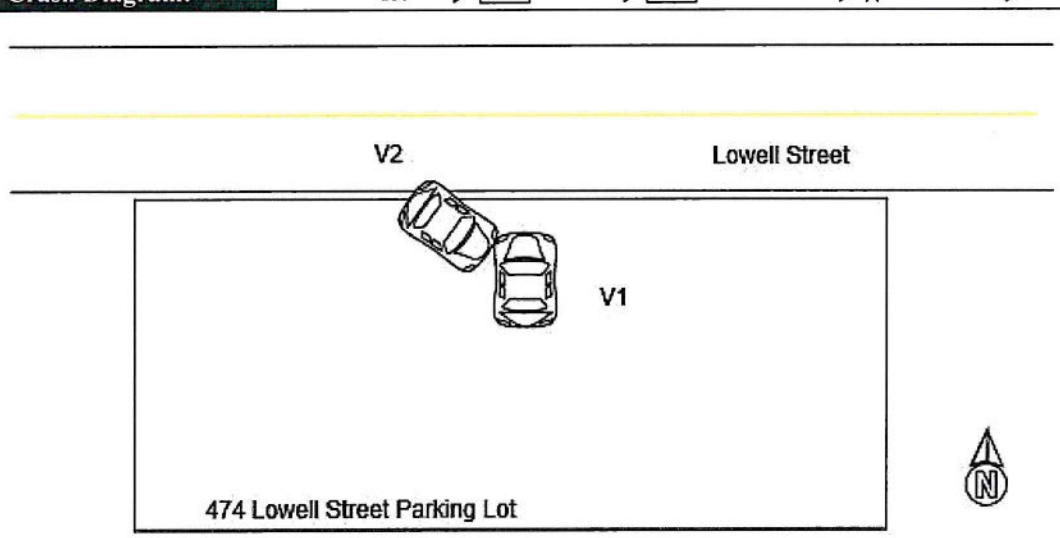
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

→ = 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:

I responded to a report of a two car motor vehicle crash in the parking lot of 474 Lowell Street. Upon arrival I observed two vehicles in the parking lot/driveway of 474 Lowell Street. Both vehicles had heavy front end and left side damage. Op1 stated he was driving towards roadway and slowed his vehicle to put on his seat belt and did not see V2 until the collision occured. V2 stated she was turning into the parking lot and was distracted by her coffee spilling and at that time the collision occured. V1 was towed by Cains Towing and V2 remained parked in the lot she scheduled for it to be towed later.
information was exchanged.

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

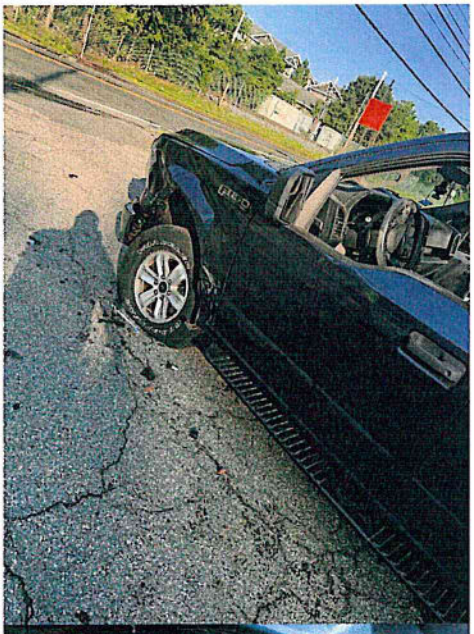
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

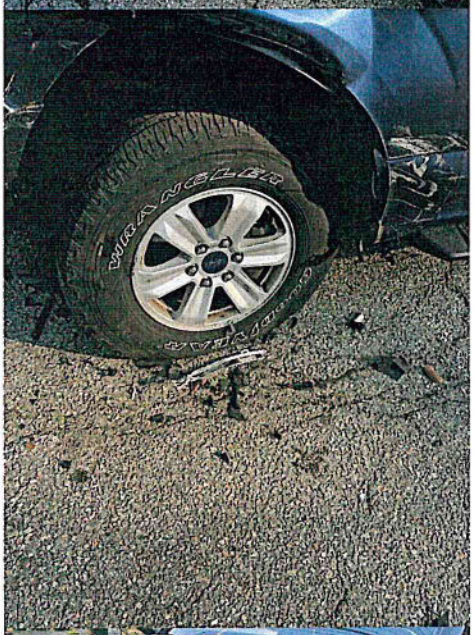
Hazmat Information:

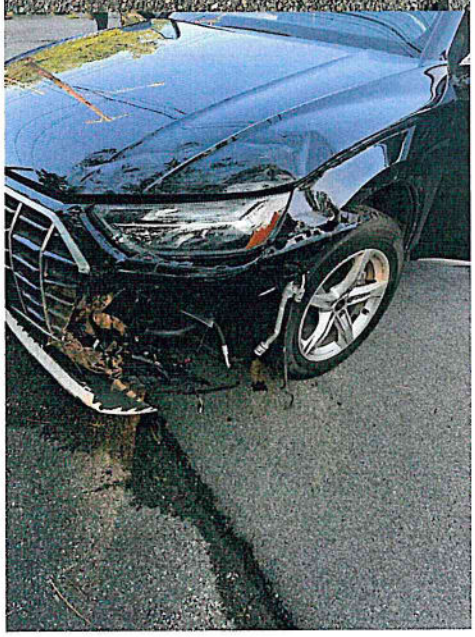
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

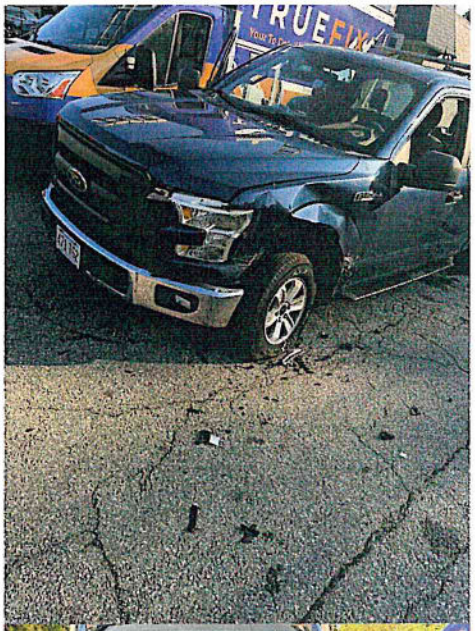
Patrol Officer John A Fortes		228	Wilmington Police Department		07/23/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

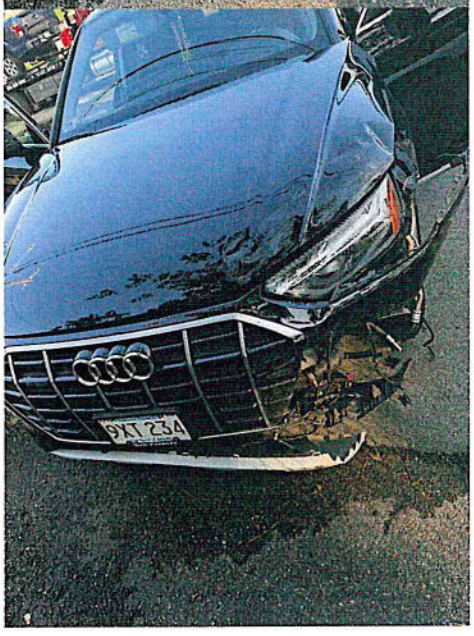
Wilmington Police Department
Images Associated with 26-211-AC











Wilmington Police Department
Images Associated with 26-211-AC