

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/27/2026	Time of Crash 0921 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	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						Route# Direction Address # Name of Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street					
Also at Intersection with						Route# Direction Address # Name of Roadway/Street					
Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street					
Please Select One of the Following:						Crash Report ID#					
☒ Vehicle 1 #Occupants						26-212-AC					
☐ Hit/Run						☐ Moped					
License #						Reg #					
Sex M Lic. Class B						Reg Type PC					
DOB/Age 19 19						Reg State MA					
Lic. Restrictions M						Veh Year 2020					
CDL P						Veh Make KIA					
Endorsement						Veh Config. 2					
Operator CUSHING, JOHN						Owner CUSHING, JOHN					
Address 72 MIDDLESEX AVE						Address 72 MIDDLESEX AVE					
City WILMINGTON						City WILMINGTON					
State MA						State MA					
Zip 01887-2711						Zip 01887-2711					
Insurance Company						Vehicle Action Prior to Crash					
PREFERRED MUTUAL INSURANC						6 22					
Vehicle Travel Direction: X S E W						Damaged Area Code: 2 27 27 27					
Responding to Emergency? 2						Test Status: 1 28					
Citation # (If Issued)						Type of Test: 29					
Viol. 1: Ch/Sec/Sub						BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub						Susp. Alcohol: 2 31					
Viol. 3: Ch/Sec/Sub						Susp. Drug: 2 32					
Viol. 4: Ch/Sec/Sub						Towed from scene? 2 33					
Please fill out for operator and all occupants involved											
Name (Last First Middle)						DOB/Age					
Operator						1 99					
Address						4 0					
City						0 10					
State						0					
Zip						0					
Insurance Company						Medical Facility					
PREFERRED MUTUAL INSURANC											
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											
Please Select One of the Following:						Complete the Vulnerable User section.					
☒ Vehicle 2 #Occupants						☐ Hit/Run					
☐ Moped						☐ Vulnerable User					
License #						Reg #					
Sex M Lic. Class D						Reg Type PC					
DOB/Age 19 19						Reg State MA					
Lic. Restrictions 1						Veh Year 2010					
CDL						Veh Make TOYOTA					
Endorsement						Veh Config. 1					
Operator MATIAS DE ARAUJO, VITOR HENRIQUE						Owner MATIAS DE ARAUJO, VITOR HENRIQUE					
Address 13 WESTWOOD AVE						Address 13 WESTWOOD AVE					
City BILLERICA						City BILLERICA					
State MA						State MA					
Zip 01821-2435						Zip 01821-2435					
Insurance Company						Vehicle Action Prior to Crash					
PROGRESSIVE DIRECT INSURA						4 22					
Vehicle Travel Direction: N S E X						Damaged Area Code: 7 27 27 27					
Responding to Emergency? 2						Test Status: 1 28					
Citation # (If Issued)						Type of Test: 29					
Viol. 1: Ch/Sec/Sub						BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub						Susp. Alcohol: 2 31					
Viol. 3: Ch/Sec/Sub						Susp. Drug: 2 32					
Viol. 4: Ch/Sec/Sub						Towed from scene? 2 33					
Please fill out for operator and all occupants involved											
Name (Last First Middle)						DOB/Age					
Operator/Occupants						1 1					
Address						4 0					
City						0 8					
State						0					
Zip						0					
Insurance Company						Medical Facility					
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											

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ☺

Route 62

← on ramps to 93SB →

← off ramps from 93 SB →

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 STOPPED AT THE STOP SIGN AT THE END OF THE 93 SB OFF RAMP FROM EXIT 34, WAITING TO TAKE A LEFT. MV2 WAS IN THE WESTBOUND TRAVEL LANE OF ROUTE 62, ATTEMPTING TO TAKE A LEFT TURN ON TO THE 93 SB ON RAMP. MV1 STRUCK MV2 IN THE DRIVERS SIDE DOOR, CAUSING DAMAGE THAT PREVENTED IT FROM BEING OPENED. THE OPERATOR OF MV2 WAS ABLE TO FREE HIMSELF OF THE VEHICLE THROUGH THE PASSENGER SIDE DOOR. MV1 SUSTAINED MINOR DAMAGE TO THE FRONT RIGHT OF THE VEHICLE. THE OPERATOR OF MV2 SIGNED A TRANSPORT REFUSAL. THE OPERATOR OF MV1 ALSO SIGNED A TRANSPORT REFUSAL. NO AIRBAGS DEPLOYED, NO TOWS REQUESTED.

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 Kayla M Hanson

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

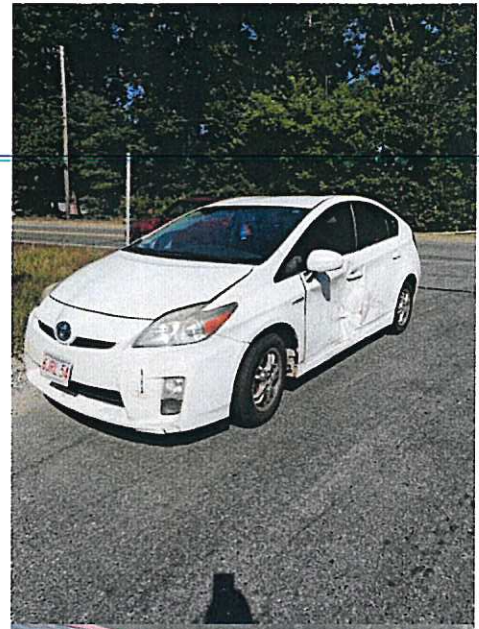
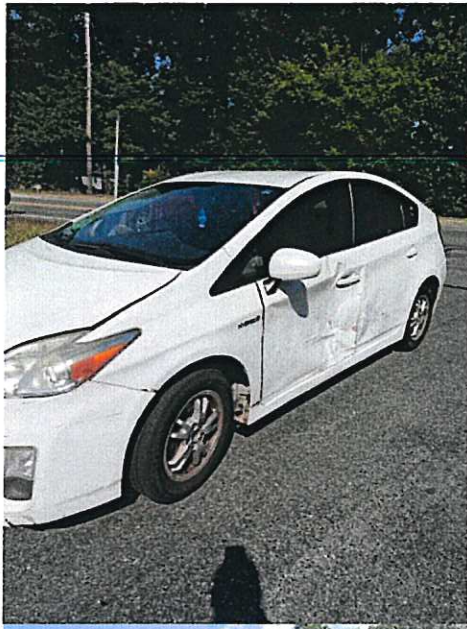
Department

Precinct/Barracks

07/27/2026

Date

Wilmington Police Department
Images Associated with 26-212-AC



Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/28/2026		Time of Crash 1329 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						2 10			
At															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number						3 11			
Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Landmark									
Please Select One of the Following:		☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-213-AC							
License #		St.		DOB/Age		Reg # X58788		Reg Type CO		Reg State MA		1 12			
Sex M		Lic. Class D		Lic. Restrictions 20		Veh Year 2007		Veh Make International		Veh Config. 97		21			
Operator KASIRYE, GRACE		Last First Middle		CDL Endorsement		Owner SHEKINAH SERVICES LLC		Last First Middle							
Address 26 CAREY AVE APT 1		Last First Middle				Address 26 HYDE PARK CIR		Last First Middle							
City WATERTOWN		State MA		Zip 02472-3062		City UXBRIDGE		State MA		Zip 01569-2170					
Insurance Company PROGRESSIVE CASUALTY INSU						Vehicle Action Prior to Crash 3		Damaged Area Code: 99		27 27 27					
Vehicle Travel Direction: N S X W		Responding to Emergency? 2				Event Sequence 1 23 23 23		Test Status: 1		28					
Citation # (If Issued)						Most Harmful Event 1		Type of Test: 29		30					
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub				Driver Contributing Code 3		BAC Test Result: 2		31		1 13			
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub				Driver Distracted by 0		Susp. Alcohol: 2		31		Susp. Drug: 2			
Please fill out for operator and all occupants involved						DOB/Age		Sex		34 Seat Pos.		35 Safety System			
Name (Last First Middle)		Address				DOB/Age		Sex		36 Airbag Status		37 Eject Code			
Operator		See Above				DOB/Age		Sex		38 Trap Code		39 Injury Status			
						DOB/Age		Sex		40 Transp. Code		Medical Facility			
						DOB/Age		Sex							
						DOB/Age		Sex							
						DOB/Age		Sex							
Please Select One of the Following:		☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.							
License #		St.		DOB/Age		Reg # 325XT2		Reg Type PC		Reg State MA		1 14			
Sex M		Lic. Class D		Lic. Restrictions 1		Veh Year 2011		Veh Make FORD		Veh Config. 2		21			
Operator ESPAILLAT, STEVEN ALONSO		Last First Middle		CDL Endorsement		Owner ESPAILLAT, STEVEN ALONSO		Last First Middle							
Address 145 E HAVERHILL ST		Last First Middle				Address 145 E HAVERHILL ST		Last First Middle							
City LAWRENCE		State MA		Zip 01841-2120		City LAWRENCE		State MA		Zip 01841-2120					
Insurance Company PROGRESSIVE DIRECT INSURA						Vehicle Action Prior to Crash 3		Damaged Area Code: 8		27 27 27					
Vehicle Travel Direction: N S X W		Responding to Emergency? 2				Event Sequence 1		Test Status: 1		28					
Citation # (If Issued)						Most Harmful Event 1		Type of Test: 29		30					
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1		BAC Test Result: 2		31		1 13			
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub				Driver Distracted by 0		Susp. Alcohol: 2		31		Susp. Drug: 2			
Please fill out for operator and all occupants involved						DOB/Age		Sex		34 Seat Pos.		35 Safety System			
Name (Last First Middle)		Address				DOB/Age		Sex		36 Airbag Status		37 Eject Code			
Operator/Occupants		See Above				DOB/Age		Sex		38 Trap Code		39 Injury Status			
						DOB/Age		Sex		40 Transp. Code		Medical Facility			
						DOB/Age		Sex							
						DOB/Age		Sex							
						DOB/Age		Sex							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Andover 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
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Crash Narrative:

MV1 WAS EXITING UPTON DRIVE ON TO ANDOVER ST, AND IN THE LEFT TURN ONLY LANE. MV2 WAS EXITING UPTON DRIVE ONTO ANDOVER ST AND IN THE RIGHT TURN ONLY LANE. MV1 TOOK A RIGHT INSTEAD OF A LEFT AND COLLIDED WITH MV2. MV1 WAS IN THE INCORRECT LANE TO TURN RIGHT, CAUSING THE COLLISION. MV2 SUSTAINED DAMAGE TO THE FRONT LEFT AREA. UNKNOWN DAMAGE TO MV1, VEHICLE EXCHANGED INFORMATION BUT LEFT THE AREA BEFORE POLICE ARRIVAL. NO AIRBAGS. NO INJURIES REPORTED. NO TOWS.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SULLIVAN DANIEL K	307 SALEM ST WILMINGTON MA 01887-1134		

Property Damage:

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

Truck and Bus Information:

Registration # **X58788** (From Vehicle Section)

Carrier Name SHEKINAH SERVICES LLC Bus Use 0 ⁴²

Address 26 HYDE PARK CIR City UXBRIDGE St MA Zip 01569

US DOT #: 4302326 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 99 ⁴⁴ GVWR/GCWR 2 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

Police Officer Name (Please Print)

Signature

230

ID/Badge #

Wilmington Police Department

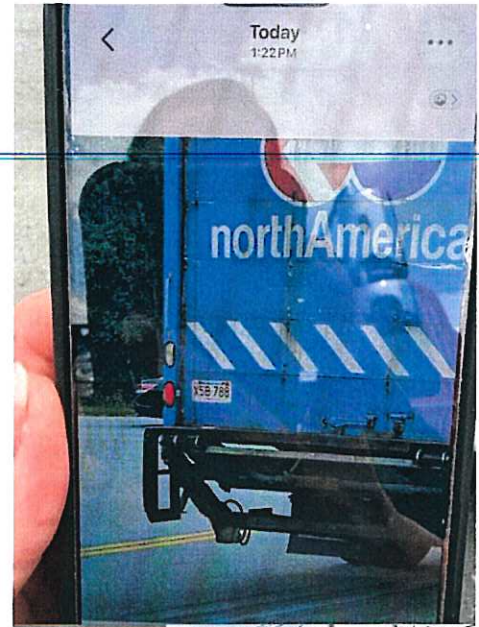
Department

Precinct/Barracks

07/28/2026

Date

Wilmington Police Department
Images Associated with 26-213-AC



Commonwealth of Massachusetts

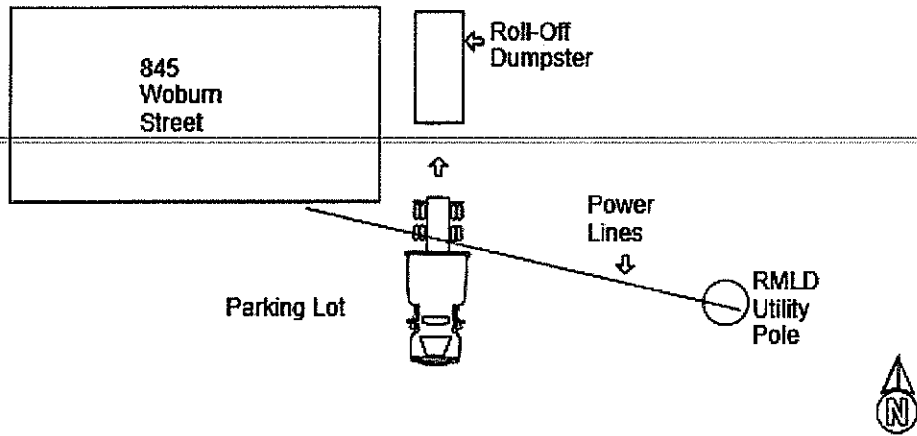
Date of Crash 07/28/2026	Time of Crash 2321 24HR	City/Town Wilmington	Motor Vehicle Crash Exchange Form		State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:	
Route# _____ Direction _____ Name of Roadway/Street _____ _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # <u>230</u> Name of Roadway/Street <u>BALLARDVALE ST</u> _____ 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 <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# 26-214-AC		
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL _____ Endorsement _____ Operator <u>MICHEL, PAUL J</u> Last First Middle Address <u>2 RIGGS ST APT 3</u> City <u>GLOUCESTER</u> State <u>MA</u> Zip <u>01930-3632</u> Insurance Company <u>NATIONAL UNION FIRE INS</u>			Reg # <u>67BKSE</u> Reg Type <u>PC</u> Reg State <u>FL</u> Veh Year <u>2026</u> Veh Make <u>RAM</u> Veh Config. <u>2</u> 21 Owner <u>THE HERTZ CORPORATION</u> Last First Middle Address <u>PO BOX 24130</u> City <u>OKLAHOMA CITY</u> State <u>OK</u> Zip <u>73134-4130</u>		
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 <i>Crash Operator Report</i> 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 <u>2</u> #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				RMV Document Number							
Date of Crash 07/29/2026	Time of Crash 0904 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: _____				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# _____ Direction _____ Name of Roadway/Street _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Route# _____ Direction _____ Address # 845 Name of Roadway/Street WOBURN ST _____ Feet N S E W of _____ 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 _____ ☐ Hit/Run ☐ Moped			Crash Report ID# 26-215-AC										
License # _____ S: _____ DOB/Age: 19 / 19 Sex M Lic. Class B Lic. Restrictions B CDL _____ Operator STROZZA, MICHAEL ANTHONY Address 1405 RIVER ST City HAVERHILL State MA Zip 01832-3559 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 # 83206 Reg Type AP Reg State MA Veh Year 2015 Veh Make Kenworth Veh Config. 7 Owner S AND F MACHINE COMPANY INC Address 1405 RIVER ST City HAVERHILL State MA Zip 01832-3559 Vehicle Action Prior to Crash 10 Event Sequence 51 Most Harmful Event 51 Driver Contributing Code 19 Driver Distracted by 0 Damaged Area Code: 0 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	99	4	0	0	10	1	
Please Select One of the Following: ☐ Vehicle 2 #Occupants _____ ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.													
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 / 19 Lic. Restrictions 20 CDL _____ 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 Most Harmful Event 24 Driver Contributing Code 25 Driver Distracted by 26 Damaged Area Code: 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

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 was attempting to load a roll off dumpster onto the truck. The truck extended its boom into the air and began backing up to the dumpster. The trucks boom caught on primary electrical lines, partially severing the lines. No damage was done to the vehicle. Electrical lines needed to be replaced. Operator of vehicle signed a refusal with the wilmington Fire Department.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPT	230 ASH ST READING MA 01867		4	PRIMARY POWER LINES

Truck and Bus Information:

Registration # **83206** (From Vehicle Section)

Carrier Name **S AND F MACHINE COMPANY INC** Bus Use **0** ⁴²

Address **1405 RIVER ST** City **HAVERHILL** St **MA** Zip **01832**

US DOT #: **1583293** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate **1** ⁴³ Cargo Body Type Code **97** ⁴⁴ GVWR/GCWR **2** ⁴⁵

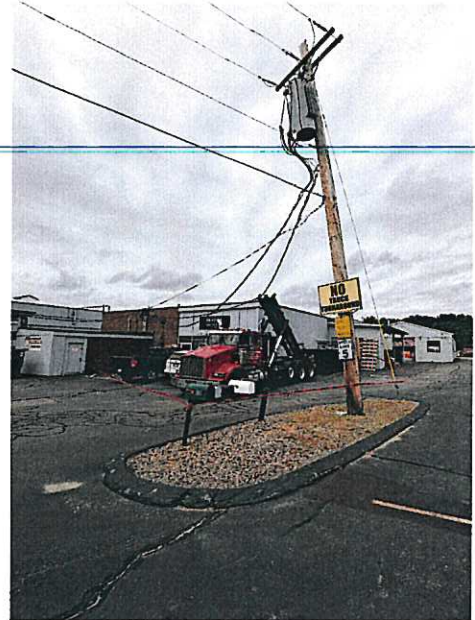
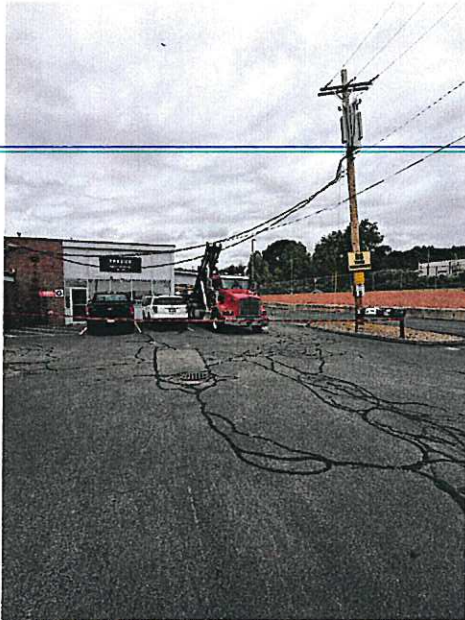
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length **46**

Hazmat Information:

Picard **2** ⁴⁷ Material 1 digit # **48** Material Name _____ Material 4 digit # _____ Release code **3** ⁴⁹

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 07/29/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

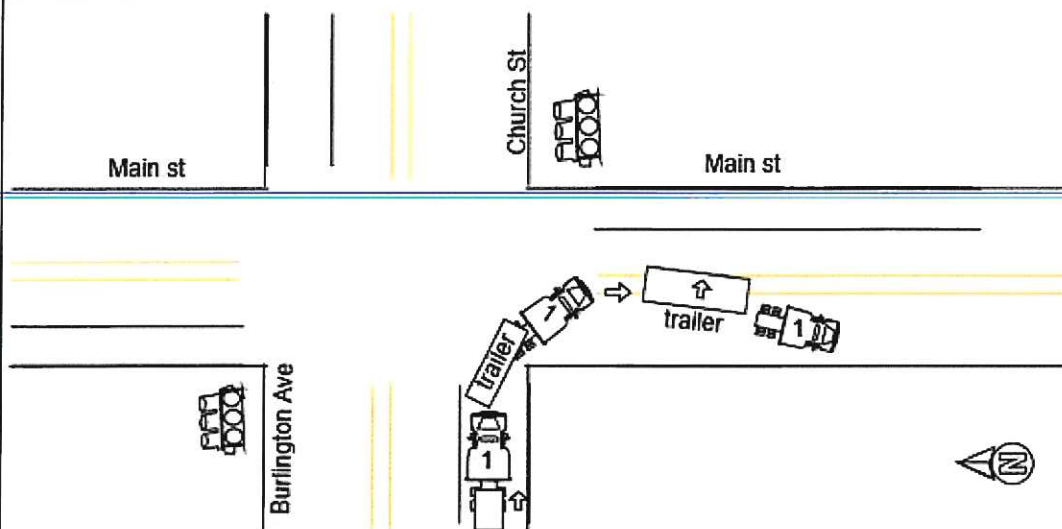
Wilmington Police Department
Images Associated with 26-215-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/31/2026	Time of Crash 1200 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street					
At				Feet N S E W of or Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with				Feet N S E W of Landmark					
Route# Direction Name of Intersecting Roadway/Street									
Please Select One of the Following:		☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-218-AC	
License #		S DOB/Age		Reg # OH		Reg Type AP		Reg State MA	
Sex M Lic. Class A 19 19		Lic. Restrictions 20 CDL Endorsement		Veh Year 2010		Veh Make Peterbilt		Veh Config. 8 21	
Operator SILVA, CHRISTOPHER T		Address 25A PELICAN CIR		Owner STEPHENS AUTOMOTIVE TRANSPORT INC		Address 60 UNION ST		City MEDFORD State MA Zip 02155-4627	
City DERRY State NH Zip 03038		Insurance Company PILGRIM INSURANCE COMPANY		Vehicle Action Prior to Crash 3 22		Damaged Area Code: 0 27 27 27			
Vehicle Travel Direction: N S E W		Responding to Emergency? 2		Event Sequence 43 23 23 23 23		Test Status: 28			
Citation # (If Issued)				Most Harmful Event 43 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		Medical Facility	
Operator		See Above				1			
Please Select One of the Following:		☐ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #		St DOB/Age		Reg #		Reg Type		Reg State	
Sex Lic. Class 19 19		Lic. Restrictions 20 CDL Endorsement		Veh Year		Veh Make		Veh Config. 21	
Operator		Address		Owner		Address		City State Zip	
City State Zip		Insurance Company		Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W		Responding to Emergency?		Event Sequence 23 23 23 23		Test Status: 28			
Citation # (If Issued)				Most Harmful Event 24		Type of Test: 29			
Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub		Driver Contributing Code 25 25		BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub		Driver Distracted by 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		Medical Facility	
Operator/Occupants		See Above				1			

→ = 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 
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Crash Narrative:

On 7/31/2026, Truck 1 while towing a sand screening trailer owned by CC and sons, took a right hand turn from Burlington Ave to Main street SB. The Pintel mount broke from the truck causing the trailer to roll over during the turn. Causing damage to the pavement and the trailer. MASSDOT responded, stating less than 10 gallons of diesel fuel spilled. No report of 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 # OH (From Vehicle Section)

Carrier Name Stephens automotive transport Bus Use 0 ⁴²
Address 60 UNION ST City MEDFORD St MA Zip 02155
US DOT #: 1779724 State Number _____ Issuing State _____ MC/MX/ICC #: 649135
Interstate 0 ⁴³ Cargo Body Type Code 97 ⁴⁴ GVWR/GCWR 3 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

Police Officer Name (Please Print)

Signature

243

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

07/31/2026

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
08/01/2026

Time of Crash
1439
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 30

Latitude _____

Longitude _____

State Police ☐

Local Police ☐

MBTA Police ☐

Campus Police ☐

Other ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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 _____ 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☐ Hit/Run☐ MopedCrash Report ID# **26-220-AC**

License # _____ St. _____ DOB/Age _____

Sex M Lic. Class A 19 19 Lic. Restrictions B 20 CDL _____

Endorsement _____

Operator PERACHI, SCOTT FRANCISAddress 11 NELSON RDCity BURLINGTON State MA Zip 01803-1725Insurance Company USAA CASUALTY INSURANCE CVehicle 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 # USFT79 Reg Type PC Reg State MAVeh Year 2018 Veh Make GMC Veh Config. 2 21Owner PERACHI, SCOTT FRANCIS

Last First Middle

Address 11 NELSON RDCity BURLINGTON State MA Zip 01803-1725Vehicle Action Prior to Crash 1 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 99 25 25Driver Distracted by 0 26 26Damaged Area Code: 97 27 27 27Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

See Above

<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
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License # _____ St. _____ DOB/Age _____

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

Endorsement _____

Operator KAPAMBA LUNGAYI, MICHELAddress 30 POMEWORTH ST APT 15City STONEHAM State MA Zip 02180-1236Insurance Company SELF INSUREDVehicle 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 # 8217187 Reg Type PO Reg State MAVeh Year 1989 Veh Make CHEVROLET Veh Config. 97 21Owner US GOVERNMENT

Last First Middle

Address 1340 FLORIDA AVECity NEW ORLEANS State LA Zip 70119Vehicle Action Prior to Crash 1 22Event Sequence 1 23 23 23 23Most Harmful Event 1 24Driver Contributing Code 9 25 25Driver Distracted by 99 26 26Damaged Area Code: 97 27 27 27Test Status: 1 28Type of Test: 0 29BAC Test Result: 1 30Susp. Alcohol: 2 31 Susp. Drug: 2 32Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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

<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

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
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Crash Narrative:

The operator of MV 1 stated that he made a right hand turn onto Federal St heading eastbound when his mirror was hit by a Postal Service vehicle. MV 1 stated that MV 2 was traveling westbound and was over the double yellow line causing the drivers side mirrors on both vehicles to hit each other. The operator of MV 1 was not injured and the vehicle was in drivable condition.

The operator of MV 2 stated that he wasn't over the double yellow line and that MV 1 must have been over the line for them to hit one another. Both drivers had a different account of what happened. It should be noted that the glass from the broken mirror on the Postal vehicle was mostly on the wrong side of the road. The operator of MV 2 was un injured and 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

08/01/2026

Police Officer Name (Please Print)

Signature

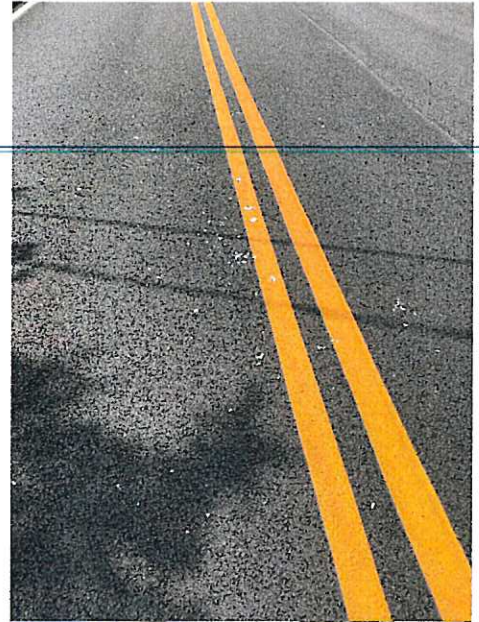
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-220-AC



Commonwealth of Massachusetts

Date of Crash 08/01/2026	Time of Crash 2117 24HR	City/Town Wilmington	Motor Vehicle Crash Exchange Form	State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐
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AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # 139 Name of Roadway/Street GLEN RD _____ 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 _____	☐ Hit/Run	☐ Moped	Crash Report ID# 26-221-AC
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License # _____ St _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator LISTON, WILLIAM JOSEPH Last First Middle Address 34 DAMON AVE City NASHUA State NH Zip 03064 Insurance Company _____	Reg # 5619961 Reg Type PC Reg State NH Veh Year 2015 Veh Make FORD Veh Config. 1 21 Owner LISTON, WILLIAM JOSEPH Last First Middle Address 34 DAMON AVE City NASHUA State NH Zip 03064
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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.
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ 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 _____
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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