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
08/03/2026	1335 24HR	Wilmington	1	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# 2 | Direction | Address # | WESTDALE AVE 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 | ☐ Moped

Crash Report ID# 26-222-AC

License # | St | DOB/Age

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

Operator ISHMAEL, ZAQUAN T (Last First Middle)

Address 225 HANCOCK ST APT 3216

City QUINCY | State MA | Zip 02171-2582

Insurance Company SMOLLER INSURANCE

Vehicle Travel Direction: [N S X W] | Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 3350135 | Reg Type AP | Reg State IN

Veh Year 2022 | Veh Make Freightliner | Veh Config. 6

Owner RYDER TRUCK RENTAL INC (Last First Middle)

Address 3100 INDUSTRIAL PKWY

City JEFFERSONVILLE | State IN | Zip 47130

Vehicle Action Prior to Crash 10

Event Sequence 97

Most Harmful Event 97

Driver Contributing Code 18

Driver Distracted by 0

Damaged Area Code: 97

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 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 | Lic. Restrictions | CDL Endorsement

Operator (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 # | 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:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

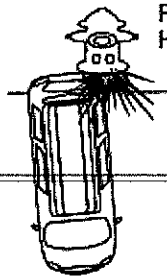
Towed from scene?

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:



N

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 backing up and the driver's side rear step made contact with the Hydrant.
Water Department checked the hydrant and there was no damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	146 MIDDLESEX AVE WILMINGTON MA 01			FIRE HYDRANT

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 Anthony Fiore		164	Wilmington Police Department		08/03/2026
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
08/04/2026	0855 24HR	Wilmington	2	0

Speed Limit 35 | Latitude | Longitude | State Police / Local Police / MBTA Police / Campus Police / Other:

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

1 1 — Route# | Direction | Name of Roadway/Street | At | Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | 411 Address # | MAIN ST Name of Roadway/Street — 2 10

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

2 11 — Feet [N S E W] of Route# Intersecting Roadway/Street

Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-223-AC

Vehicle 1

License # — St — DOB/Age —
Sex M — Lic. Class D 19 19 — Lic. Restrictions 1 20 — CDL Endorsement —
Operator MAWOKOMATANDA, SHANDIRAI KARE TENDEKAI (Last First Middle)
4 3 — Address 69 PRESCOTT ST
City RUTLAND — State MA — Zip 01543-1704
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: N X E W — Responding to Emergency? 2
5 1 — Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub —

Reg # 3JEV18 — Reg Type PC — Reg State MA — 1 12
Veh Year 2012 — Veh Make TOYOTA — Veh Config. 1 21
Owner MAWOKOMATANDA, SHANDIRAI KARE TENDEKAI (Last First Middle)
Address 69 PRESCOTT ST
City RUTLAND — State MA — Zip 01543-1704
Vehicle Action Prior to Crash 2 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: 5 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
1 13

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			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.

Vehicle 2

License # — St — DOB/Age —
Sex M — Lic. Class D 19 19 — Lic. Restrictions 1 20 — CDL Endorsement —
Operator KURAS, NICHOLAS MICHAEL (Last First Middle)
8 2 — Address 100 SHAWSHEEN ST
City TEWKSBURY — State MA — Zip 01876-4040
Insurance Company THE COMMERCE INSURANCE CO
Vehicle Travel Direction: N X E W — Responding to Emergency? 2
9 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 # 6EYK59 — Reg Type PC — Reg State MA
Veh Year 2009 — Veh Make TOYOTA — Veh Config. 1 21
Owner KURAS, DESMA JEAN (Last First Middle)
Address 100 SHAWSHEEN ST
City TEWKSBURY — State MA — Zip 01876-4040
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 19 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 1 27 2 27 8 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
2 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	1	4	0	0	10	1	
EVERETT BREUER	1535 MAIN ST TEWKSBURY, MA 01876		M	3	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 → →

Main Street

V2  V1

Wilmington Train Station

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 two car Motor Vehicle Crash infront of the Wilmington Train Station (411 Main Street). Op1 stated he was slowed in traffic and he was rear ended by V2. Op2 stated he was driving southbound on Main Street and could not stop in time and rear ended V1. Both Ops and V2s passenger were not injured. Information was exchanged and V1 was driveable. V2 was disabled and towed by Forrest Towing. All parties cleared.

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

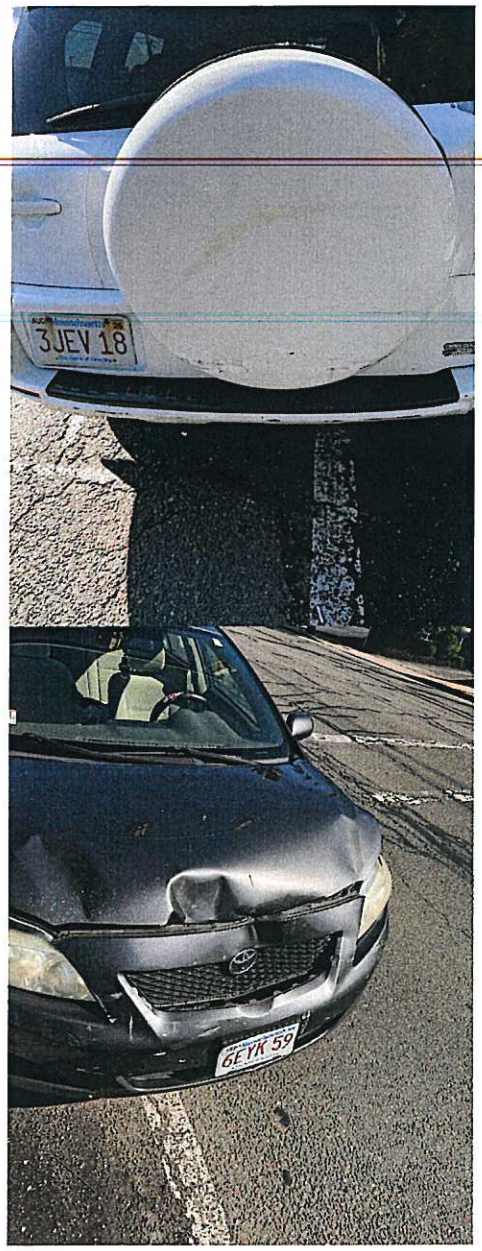
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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		08/04/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-223-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
08/04/2026	2348 (24HR)	Wilmington	1	2	25 / /	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: 12 | | HILLSIDE WAY

_____ Feet [N][X][E][W] of Mile Marker — or Exit Number

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

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

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-224-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

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

Operator MILNE, CONOR PATRICK (Last, First, Middle)

Address 34 WASHINGTON AVE

City BURLINGTON | State MA | Zip 01803-3518

Insurance Company FARMERS PROPERTY & CASUAL

Vehicle Travel Direction: [N][X][E][W] | Responding to Emergency? 2

Citation # (If Issued) _____

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

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

Reg # 6NMF19 | Reg Type PC | Reg State MA

Veh Year 2014 | Veh Make Infinity | Veh Config. 1

Owner MILNE, SHARON LEE (Last, First, Middle)

Address 34 WASHINGTON AVE

City BURLINGTON | State MA | Zip 01803-3518

Vehicle Action Prior to Crash: 1

Event Sequence: 22

Most Harmful Event: 22

Driver Contributing Code: 10

Driver Distracted by: 0

Damaged Area Code: 11

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	3	0	0	8	0	
NICHOLAS JOHNSON	6 SARAH ST BURLINGTON, MA 01803-1214		M	3	1	3	0	0	8	0	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

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

Operator _____ (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 # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. _____

Owner _____ (Last, First, Middle)

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

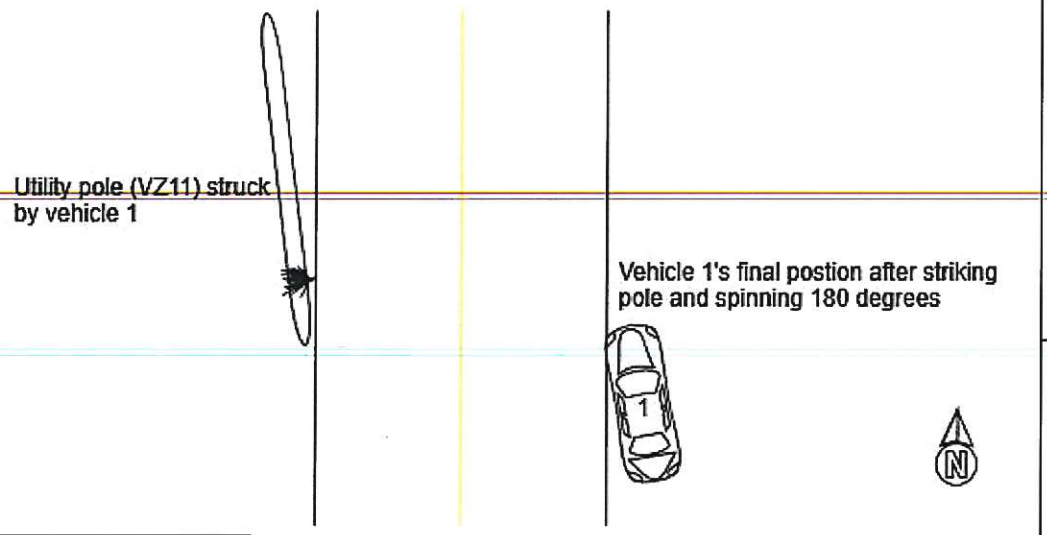
Please fill out for operator and all occupants involved

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

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:

Operator 1 of vehicle 1 stated he was driving approximatley 45mph in the 25mph zone and must have "slipped" on something in the road when he lost control of the vehicle and hit Verizon utility pole VZ11.

Please note yaw marks where vehicle lost control start approximatley 30 yards prior to utility pole.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN #1 DRACUT MA 01826		4	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]

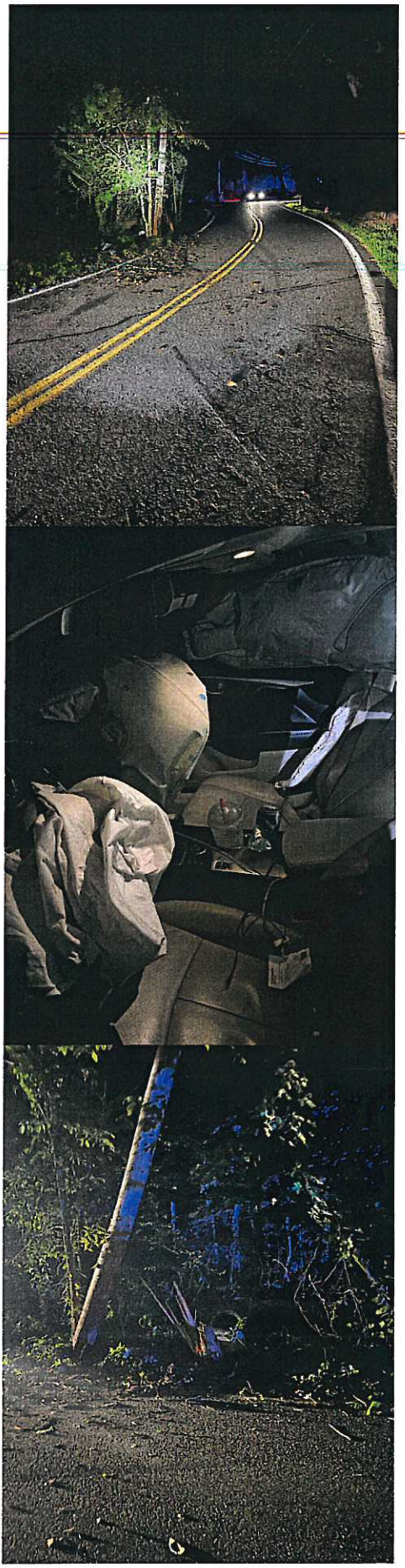
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

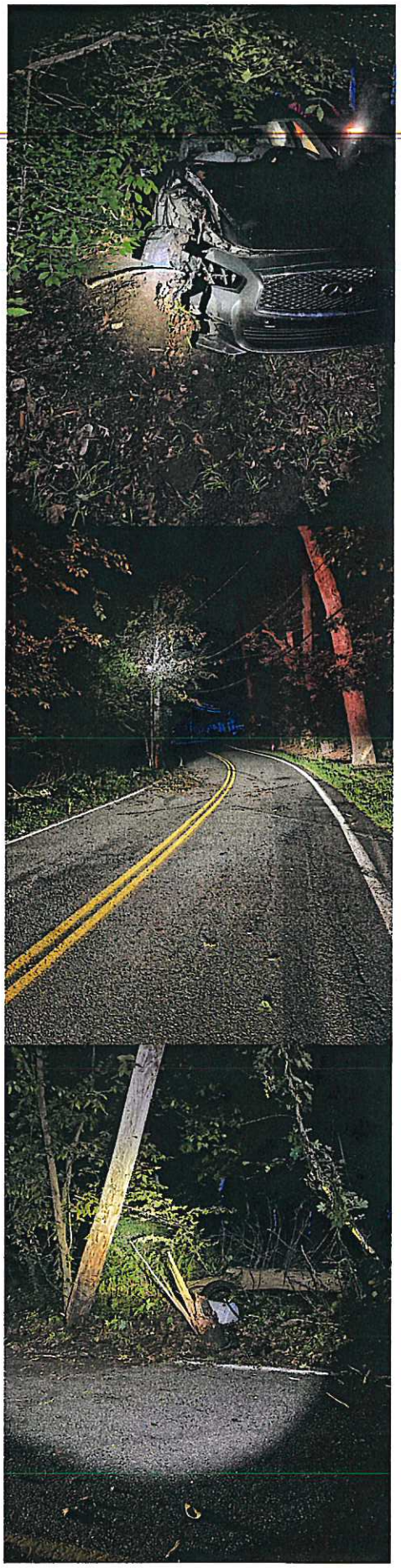
Hazmat Information:

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

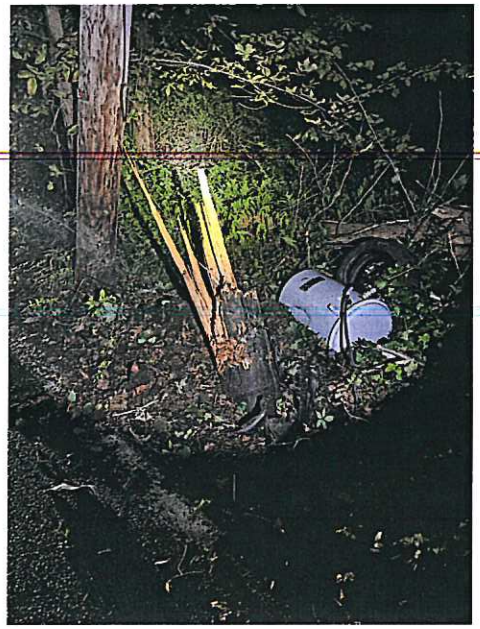
Patrol Officer Seth A Mucha-Kangas		235	Wilmington Police Department		08/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-224-AC





Wilmington Police Department
Images Associated with 26-224-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 Agency
08/05/2026	1152 24HR	Wilmington	2	0	35			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: 139 MAIN 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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-225-AC

License # _____ St. _____ DOB/Age _____

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

Operator LUPIEN, JAMES DAVID (Last / First / Middle)

Address 524 TEXTILE AVE

City DRACUT | State MA | Zip 01826-4473

Insurance Company LIBERTY MUTUAL FIRE INSUR

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 # 5MNN43 | Reg Type PC | Reg State MA

Veh Year 2023 | Veh Make TOYOTA | Veh Config. 1

Owner LUPIEN, MARCONI FAUSTINO DE OL (Last / First / Middle)

Address 524 TEXTILE AVE

City DRACUT | State MA | Zip 01826-4473

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7 | | |

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	X	X	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.

License # _____ St _____ DOB/Age _____

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

Operator MCLAUGHLIN, JOAN M (Last / First / Middle)

Address 46 HOUGHTON RD

City WILMINGTON | State MA | Zip 01887-2242

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: [N S E ☒] | 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 # JF860P | Reg Type PC | Reg State MA

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

Owner MCLAUGHLIN, JOAN M (Last / First / Middle)

Address 46 HOUGHTON RD

City WILMINGTON | State MA | Zip 01887-2242

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 19

Driver Distracted by: 0

Damaged Area Code: 2 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

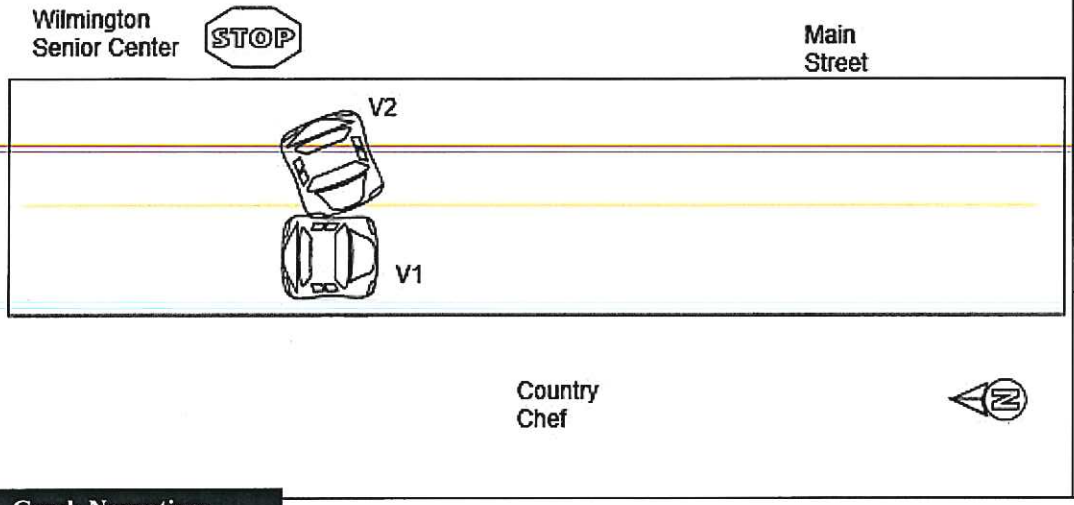
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	1	4	0	0	10	1	

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 area of the Country Chef Resturant (139 Main Street). Both vehicles pulled into the Country Chef parking lot for safety. Upon arrival I spoke to both operators. Op1 stated he was driving southbound on Main Street and V1 pulled out of the Senior Center and struck his vehicle. Op2 stated she pulled out of the Senior Center onto Main Street and did not see V1 and struck the vehicle. Neither party reported any injuries. V1 had drivers side damage and V2 had front end damage. Information was exchanged 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 # _____ (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

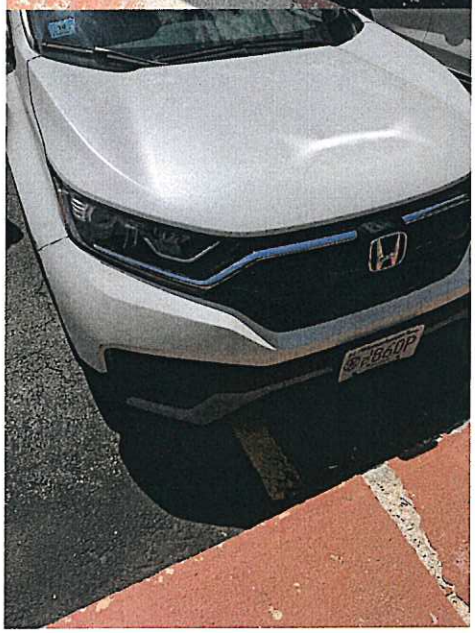
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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		08/05/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-225-AC



Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
08/06/2026	1558 (24HR)	Wilmington	1	0	35			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

36 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 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-226-AC

License # St. DOB/Age

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator HARI SUBRAMANYAM, PRAMILA (Last First Middle)

Address 10 MIDDLESEX AVE APT 18

City WILMINGTON State MA Zip 01887-2764

Insurance Company THE COMMERCE INSURANCE CO

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 # 8ZZW40 Reg Type PC Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1

Owner HARI SUBRAMANYAM, PRAMILA (Last First Middle)

Address 10 MIDDLESEX AVE APT 18

City WILMINGTON State MA Zip 01887-2764

Vehicle Action Prior to Crash 1

Event Sequence 23 23 23 23

Most Harmful Event 23

Driver Contributing Code 21 25

Driver Distracted by 0 26

Damaged Area Code: 8 27 7 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	
PAMELU VENKATANARSU	10 MIDDLESEX AVE WILMINGTON, MA 01887		F	3	1	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 Endorsement

Operator (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 # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner (Last First Middle)

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							

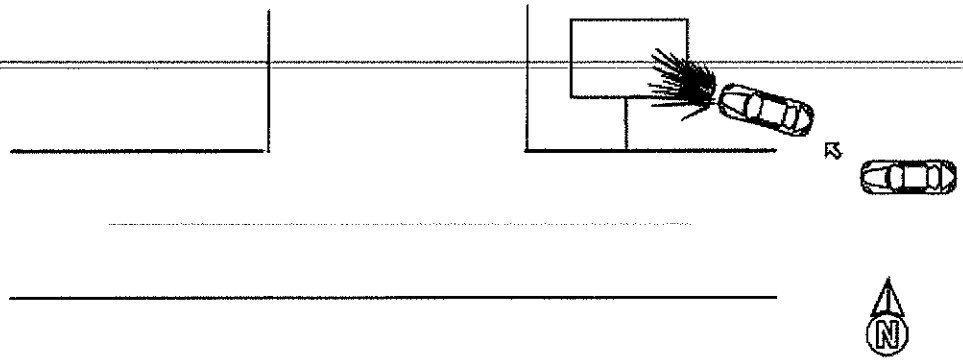
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →

36 Middlesex Avenue



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

While traveling West on Middlesex avenue, the operator of motor vehicle 1 stated that she fell asleep at the wheel and went over the sidewalk, crashing into the enterance sign of 36 Middlesex Avenue (Wilmington Common condominium see attachements). The operator of the vehicle admitted that she hasn't slept in over two days, causing her to go off the road and crashing. The vehicle had major damage to the front and left side of the vehicle. The operator and passenger were both medically evaluated by the WIlmington Fire Department and both signed refusals. The vehicle was towed off scene by A&S and the property manager of 36 Middlesex Avenue was notifed of the incident.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CRONIN WILLIAM P	19 MILEPOST RD READING MA 01867-39		97	CONDOMINIUM SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

Patrol Officer Zachary A Leighton		227	Wilmington Police Department		08/06/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-226-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
08/06/2026	1655 (24HR)	Wilmington	2	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: 5 CORNELL PL

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 — 0 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-227-AC

License # — St — DOB/Age —

Sex — Lic. Class — Lic. Restrictions — CDL Endorsement

Operator: Driverless M.V. (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 # 3991334 Reg Type AP Reg State IN

Veh Year 2007 Veh Make Freightliner Veh Config. 10

Owner: HORIZON FREIGHT SYSTEM INC (Last First Middle)

Address 7901 MELTON ROAD STE 102

City GARY State IN Zip 46403

Vehicle Action Prior to Crash: 11

Event Sequence: 2

Most Harmful Event: 2

Driver Contributing Code:

Driver Distracted by:

Damaged Area Code: 8

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	See Above			1							

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 M Lic. Class A Lic. Restrictions 1 CDL X Endorsement

Operator: GOMEZ, ROBERTO NELSON JR (Last First Middle)

Address 105 HIGH ROCK ST APT 1

City LYNN State MA Zip 01902-3849

Insurance Company SAFETY INSURANCE COMPANY

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 # 1AG21L Reg Type AP Reg State MA

Veh Year 2013 Veh Make Freightliner Veh Config. 10

Owner: GOMEZ, ROBERTO NELSON JR (Last First Middle)

Address 105 HIGH ROCK ST APT 1

City LYNN State MA Zip 01902-3849

Vehicle Action Prior to Crash: 1

Event Sequence: 2

Most Harmful Event: 2

Driver Contributing Code: 19

Driver Distracted by: 99

Damaged Area Code: 3

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 99 Susp. Drug: 99

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	99	4	0	0	10	1	

Form No. 1036-I CRA-65 08/23

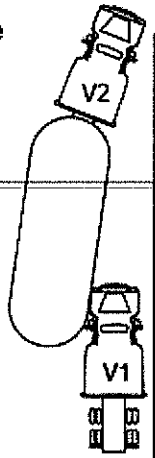
= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →

5 Cornell Place

Cornell Place



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 parked, unoccupied on the right hand side of the roadway. V2 was taveling westbound down Cornell Place when it sideswipped V1 with its rear right trailer wheels. V1 sustained damage to the front bumper and V2 sustained damage to a rear wheel rim. No vehicles were towed and this was reported to police after it had already happened. 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 # 3991334 (From Vehicle Section)

Carrier Name Horizon Freight System INC Bus Use (42) 0

Address 7901 MELTON RD City GARY St IN Zip 46403

US DOT #: 2255867 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate (43) 1 Cargo Body Type Code (44) 0 GVWR/GCWR (45) 3

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) _____

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Michael R DiLorenzo		217	Wilmington Police Department		08/07/2026

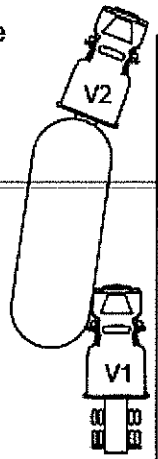
= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →

5 Cornell Place

Cornell Place



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 parked, unoccupied on the right hand side of the roadway. V2 was taveling westbound down Cornell Place when it sideswipped V1 with its rear right trailer wheels. V1 sustained damage to the front bumper and V2 sustained damage to a rear wheel rim. No vehicles were towed and this was reported to police after it had already happened. 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 # 1AG21L (From Vehicle Section)

Carrier Name Roberto Gomez — Bus Use (42) 0

Address 105 HIGH ROCK ST — City LYNN — St MA — Zip 01902

US DOT #: 3586258 — State Number — Issuing State — MC/MX/ICC #:

Interstate (43) 1 — Cargo Body Type Code (44) 14 — GVWR/GCWR (45) 3

Trailer Reg #: 5535928 — Reg Type TR — Reg State ME — Reg Year 2024 — Trailer Length (46) 4

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 Michael R DiLorenzo		217	Wilmington Police Department		08/07/2026

Wilmington Police Department
Images Associated with 26-227-AC