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	
08/10/2026	2005 (24HR)	Wilmington	1	0	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: 111 CHESTNUT 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

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

Crash Report ID# 26-228-AC

Vehicle 1

License # _ St DOB/Age

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

Operator VAN BLARCOM, PATRICIA ANN (Last First Middle)

Address 6 MILL RD

City WILMINGTON State MA Zip 01887-3316

Insurance Company THE COMMERCE INSURANCE CO

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 # IC50XV Reg Type PC Reg State MA

Veh Year 2015 Veh Make SUBARU Veh Config. 1

Owner VAN BLARCOM, PATRICIA ANN (Last First Middle)

Address 6 MILL RD

City WILMINGTON State MA Zip 01887-3316

Vehicle Action Prior to Crash 1

Event Sequence 40 22 35

Most Harmful Event 35

Driver Contributing Code 16 11

Driver Distracted by 0

Damaged Area Code: 2 3

Test Status: 1

Type of Test:

BAC Test Result:

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	4	0	0	10	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

Event Sequence

Most Harmful Event

Driver Contributing Code

Driver Distracted by

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

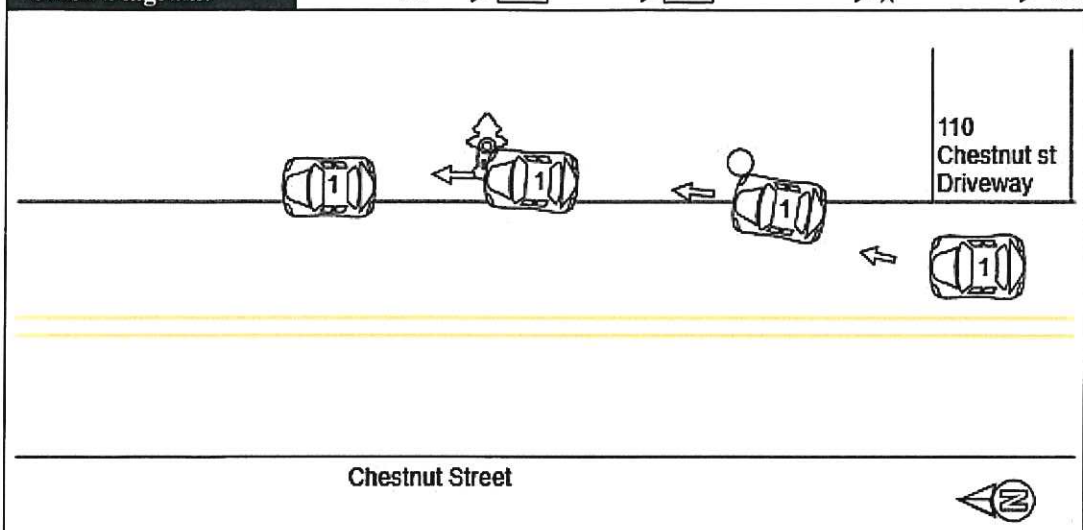
Please fill out for operator and all occupants involved

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:

08/10/2026 Appx. 2005Hrs Dispatched to 110 Chestnut st 1-car MVC car.

Wit1 only heard crash checked OP1. OP1 told Wit1 she swerved to avoid other car. No other car on scene. MV1 on shoulder of Nbound lane. Behind MV1 was a knocked over detached fire hydrant. Appx 7 ft behind hydrant was a scraped utility pole. Scrapes on utility pole were consistent with scrapes on Pass side of MV1. No structural damage to pole. OP1 signed refusal with WFD. MV1 towed by Forrest.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KNOTT RODNEY GENE	26 CRESCENT ST Apt. #103D WAKEFIELD MA 01880-24		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	146 MIDDLESEX AVE WILMINGTION MA			FIRE HYDRANT
VERIZON	28 DIANNA LN DRACUT MA 01826			UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

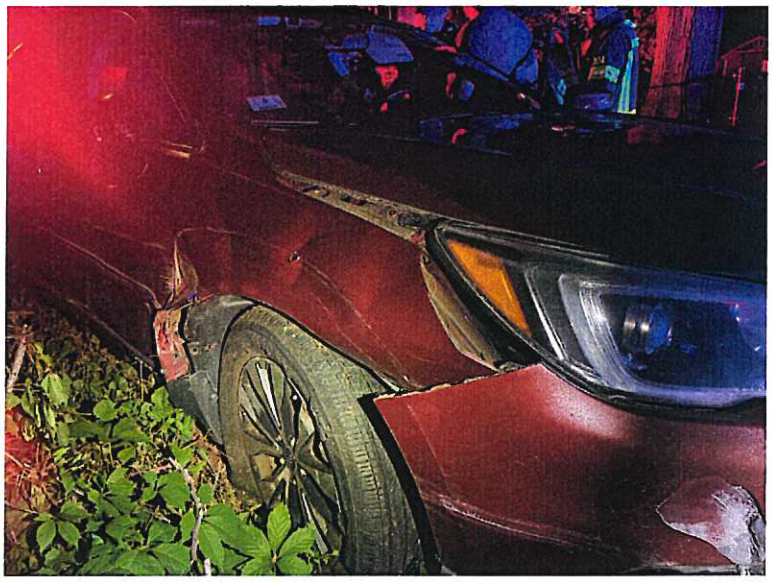
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

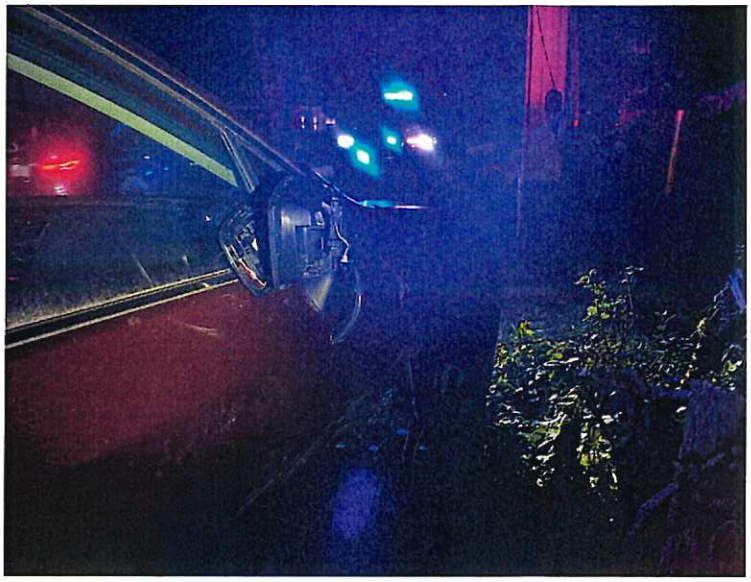
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

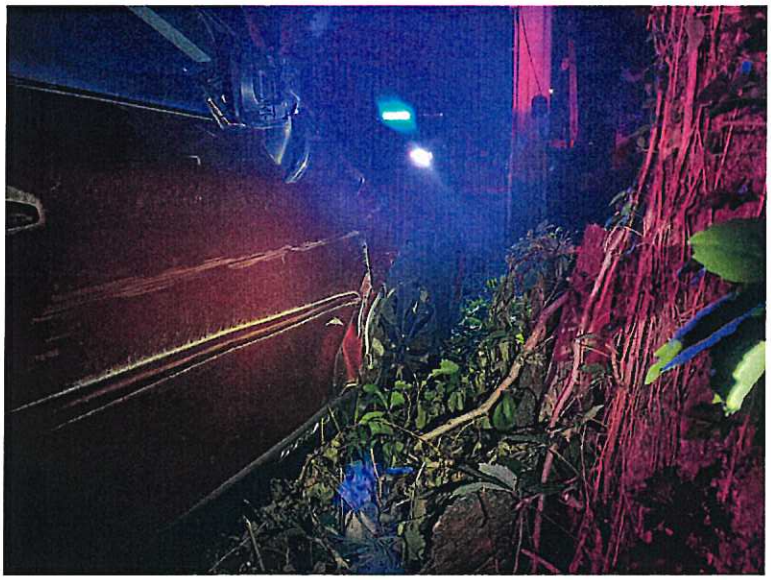
Patrol Officer Jack Rooney		243	Wilmington Police Department		08/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

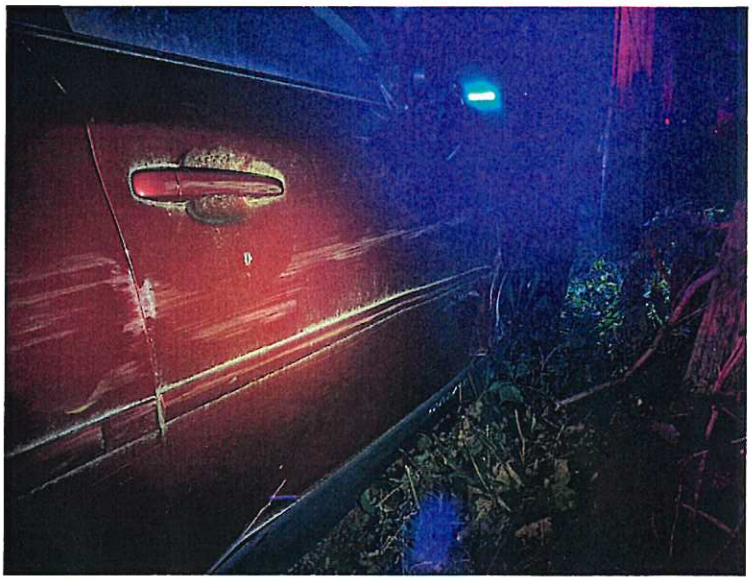
Wilmington Police Department
Images Associated with 26-228-AC

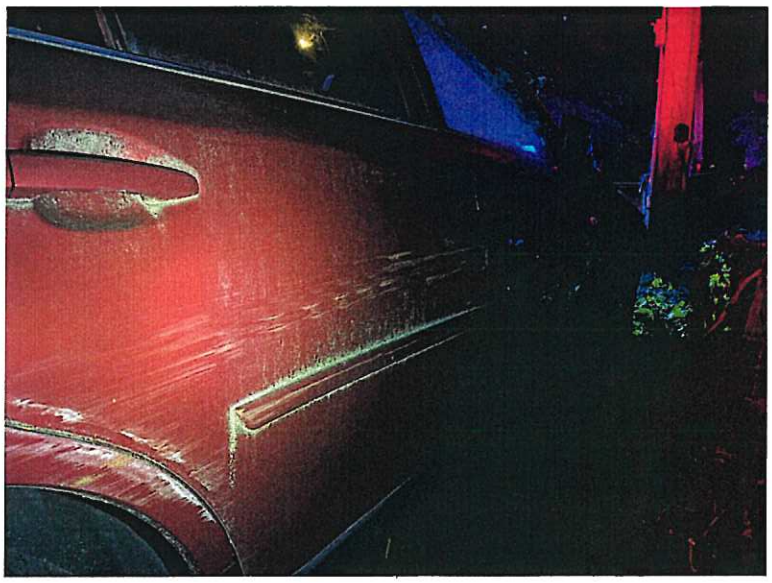


Wilmington Police Department
Images Associated with 26-228-AC









Wilmington Police Department
Images Associated with 26-228-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 Type
08/13/2026	0756 24HR	Wilmington	2	0	20			Local Police

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

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 103 Address # | CHESTNUT ST Name of Roadway/Street

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

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

Feet [N S E W] of Landmark

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

Crash Report ID# 26-230-AC

License # ____ St ____ DOB/Age ____

Sex M | Lic. Class D (19 M) | Lic. Restrictions 1 | CDL Endorsement

Operator BULL, JERRY KEITH (Last First Middle)

Address 103 CHESTNUT ST

City WILMINGTON | State MA | Zip 01887-3913

Insurance Company THE STANDARD FIRE INSURAN

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 # NE34RZ | Reg Type PC | Reg State MA

Veh Year 2023 | Veh Make RAM | Veh Config. 2

Owner BULL, JERRY KEITH (Last First Middle)

Address 103 CHESTNUT ST

City WILMINGTON | State MA | Zip 01887-3913

Vehicle Action Prior to Crash: 10

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 18 | | Driver Distracted by: 0 | |

Damaged Area Code: 6 | 27 | 27 | 27

Test Status: 1

Type of Test: 0

BAC Test Result:

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	99	4	0	0	10	1	

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

License # ____ St ____ DOB/Age ____

Sex M | Lic. Class A (19 M) | Lic. Restrictions 1 | CDL N Endorsement

Operator NAIMO, MICHEL MCCARTHY (Last First Middle)

Address 18 MARIE DR

City WILMINGTON | State MA | Zip 01887-1461

Insurance Company MIA

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 # M3748B | Reg Type CI | Reg State MA

Veh Year 2022 | Veh Make FORD | Veh Config. 2

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: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | | Driver Distracted by: 0 | |

Damaged Area Code: 4 | 27 | 27 | 27

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

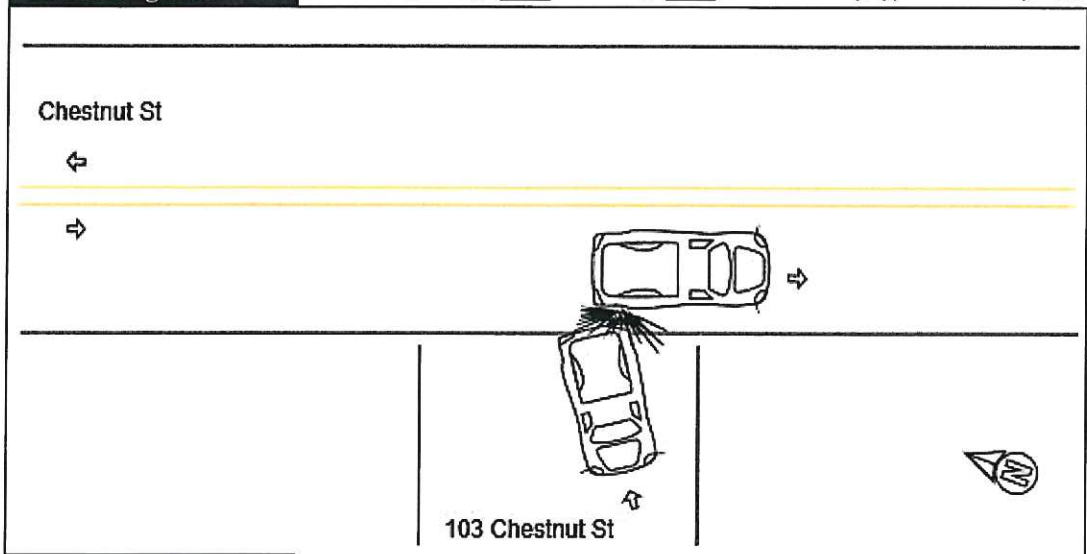
Please fill out for operator and all occupants involved

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	99	4	0	0	10	1	
MATTHEW VINAL	3 SPRUCEWOOD RD WILMINGTON, MA 01887-1912		M	3	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

MV2 WAS TRAVELING SOUTH ON CHESTNUT ST. MV1 WAS BACKING OUT OF HIS DRIVEWAY AT 103 CHESTNUT ST. THE LEFT REAR BUMPER OF MV1 STRUCK THE REAR RIGHT SIDE OF MV2. MINIMAL DAMAGE. NO AIRBAGS, NO INJURIES, NO TOWS.

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		230	Wilmington Police Department		08/13/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-230-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	
08/13/2026	0928 24HR	Wilmington	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

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

10 — Route# | Direction | Address # | Name of Roadway/Street: 38 | | FAIRMEADOW RD
Feet [N S E W] of — — — • — Mile Marker or Exit Number
11 — 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# 26-231-AC

3

License # | St | DOB/Age
Sex | Lic. Class | Lic. Restrictions | CDL Endorsement
Operator: Driverless M.V. (Last First Middle)
41 — Address
City | State | Zip
Insurance Company: THE COMMERCE INSURANCE CO
Vehicle Travel Direction: [N S E ☒] — Responding to Emergency? 2
5 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub
61

Reg # 3NTN31 — Reg Type PC — Reg State MA
Veh Year 2019 — Veh Make FORD — Veh Config. 2 (21)
Owner: LANGENFELD, STEVEN SCOTT (Last First Middle)
Address 31 FAIRMEADOW RD
City WILMINGTON — State MA — Zip 01887-1616
Vehicle Action Prior to Crash: 11 (22)
Event Sequence: 2 (23) | | | |
Most Harmful Event: 2 (24)
Driver Contributing Code: 19 (25) | (25)
Driver Distracted by: 7 (26) | (26)
Damaged Area Code: 4 (27) | (27) | (27)
Test Status: 1 (28)
Type of Test: 0 (29)
BAC Test Result: 1 (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
Towed from scene? 2 (33)
12 — 7 — 13 — 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	0	4	3	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — 0 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

79

License # | St | DOB/Age
Sex | Lic. Class | Lic. Restrictions | CDL Endorsement
Operator: Driverless M.V. (Last First Middle)
81 — Address
City | State | Zip
Insurance Company: ALLSTATE INSURANCE COMPAN
Vehicle Travel Direction: [N S E W] — Responding to Emergency? 2
92 — Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 3WWD84 — Reg Type PC — Reg State MA
Veh Year 2014 — Veh Make SUBARU — Veh Config. 1 (21)
Owner: MENGHI, REBECCA KATE (Last First Middle)
Address 38 FAIRMEADOW RD
City WILMINGTON — State MA — Zip 01887-1649
Vehicle Action Prior to Crash: 11 (22)
Event Sequence: 2 (23) | | | |
Most Harmful Event: 2 (24)
Driver Contributing Code: 1 (25) | (25)
Driver Distracted by: 0 (26) | (26)
Damaged Area Code: 6 (27) | 5 (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 (14)

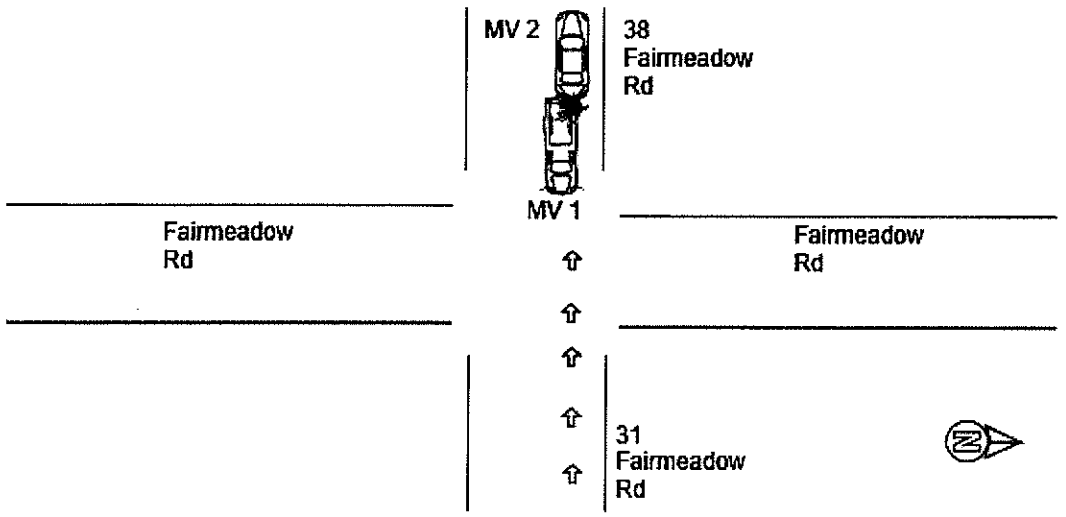
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	0	4	3	0	10	1	

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:

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

Indicate North by Arrow

Crash Narrative:

The owner of MV 1 stated his truck rolled down the back of his driveway and crashed into MV 2. The owner of MV 1 had just performed an oil change on his truck and rolled it back onto the chock blocks set in the driveway. The owner then removed the chock blocks prior to putting his vehicle into park. As a result, the vehicle started to roll down the driveway and crashed into the back of MV 2. MV 1 had right rear damage.

MV 2 was parked in its driveway located at 38 Fairmeadow Rd when it was struck from behind by MV 1. MV 2 sustained left rear and center rear damage. Both vehicles were unoccupied and were in drivable 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

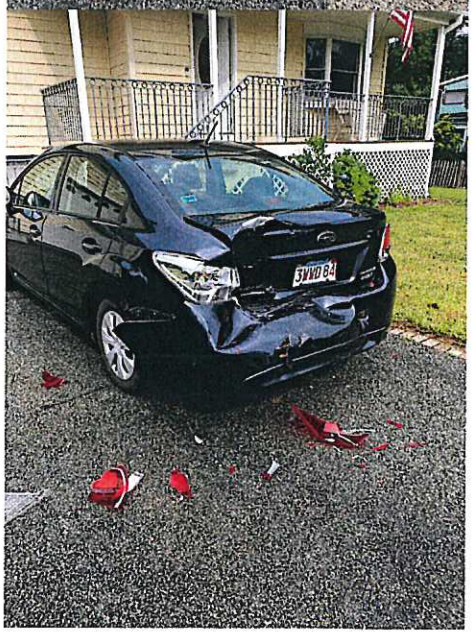
Trailer Reg #: _____ Reg Type: _____ Reg State: _____ Reg Year: _____ Trailer Length: 46

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		08/13/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-231-AC



Wilmington Police Department
Images Associated with 26-231-AC