

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/17/2026	Time of Crash 1818 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40	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			2 10 Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker _____ Exit Number 3 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 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-233-AC							
License # _____ St. _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator MALCOLM, JOHN WILLIAM JR Address 3 WESTWOOD ST City METHUEN State MA Zip 01844-2723 Insurance Company PROGRESSIVE DIRECT INSURA 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 # 6JAL17 Reg Type PC Reg State MA Veh Year 2013 Veh Make BMW Veh Config. 1 21 Owner MALCOLM, JOHN WILLIAM JR Address 3 WESTWOOD ST City METHUEN State MA Zip 01844-2723 Vehicle Action Prior to Crash 4 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 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 See Above										
6 6 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 D 19 19 Lic. Restrictions 1 20 CDL _____ Operator MICHEL-GOURDET, KAOMANY JACLIN Address 75 MYRTLE ST APT 201 City SOMERVILLE State MA Zip 02145 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 # BU85523 Reg Type PC Reg State CT Veh Year 2025 Veh Make HONDA Veh Config. 1 21 Owner EAN HOLDINGS Address 14002 E 21ST ST City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 4 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: 6 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? 2 33							
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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										

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



Lowell St. (Rt. 129)
Wilmington, MA

Not to Scale

I-93S
On-Ramp

I-93S
Off-Ramp



Crash Narrative:

Operator of MV 1 stated that he was exiting I-93 South, turning left to drive West on Lowell St (Route 129). MV 1 stated that he believed that MV 2 was going to continue driving West on Lowell St and began to pull off I-93 and take a left. MV 1 stated that MV 2 quickly slowed and turned left onto I-93 and that he did not have enough time to stop and struck MV 2. MV 2 Operator stated MV 1 was traveling on Lowell Street and struck him as he turned onto I-93. This statement was inconsistent with the crash damage. MV 1 stated no injuries.

Was evaluated by Wilmington FD and refused transport. MV 2 towed by Forrest Towing to Forrest Towing. Note: MV 2 was an Enterprise rental car. Operator stated he is not insured on his mother's policy and not on the rental agreement.

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 James R Hill

225

Wilmington Police Department

08/17/2026

Police Officer Name (Please Print)

Signature

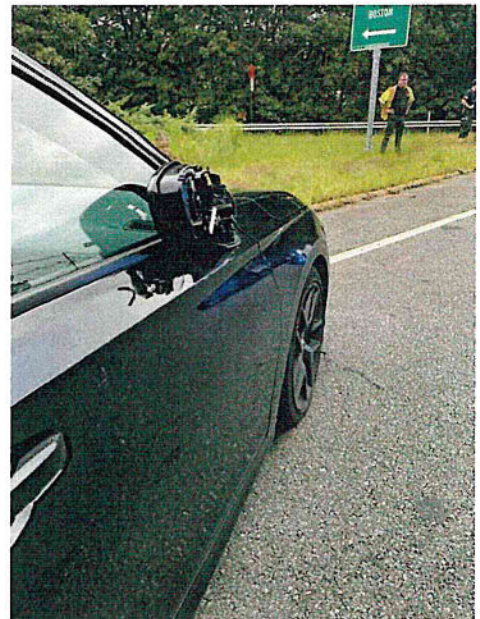
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Department

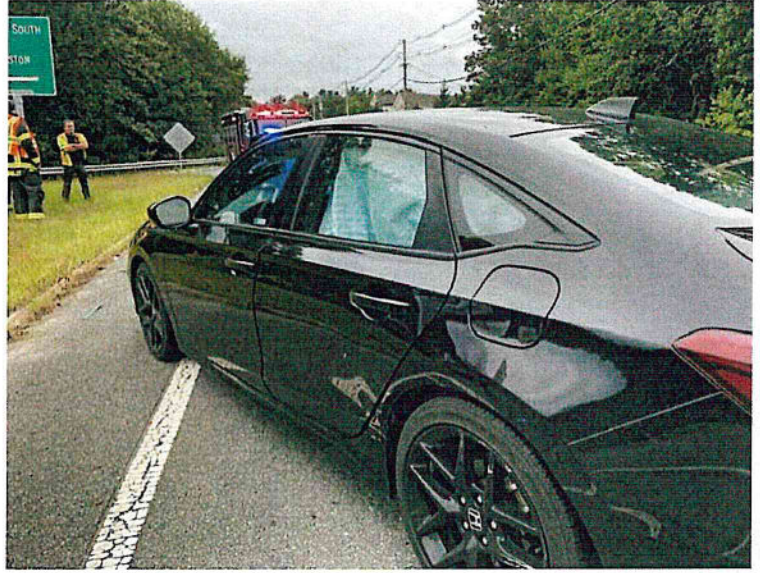
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-233-AC



Wilmington Police Department
Images Associated with 26-233-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/21/2026	Time of Crash 1053 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		34 ROUTE 62 HWY						
At			Feet N S E W of		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# 26-234-AC		
License #			DOB/Age		Reg # 5336278		Reg Type PC		Reg State NH		
Sex M Lic. Class D 19 19			Lic. Restrictions 1 20		Veh Year 2023		Veh Make FORD		Veh Config. 2 21		
Operator TAPIA, VICTOR MANUEL			CDL Endorsement		Owner ERICKSON CONSTRUCTION CO INC						
Address 14 GILBERT DR APT 210					Address 14 CLEMENT RD						
City MERRIMACK State NH Zip 03054					City HUDSON State NH Zip 03051						
Insurance Company MMG insurance					Vehicle Action Prior to Crash 2 22		Damaged Area Code: 5 27 27 27				
Vehicle Travel Direction: N S X W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28				
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29				
Viol. 1: Ch/Sec/Sub			Viol. 2: Ch/Sec/Sub		Driver Contributing Code 1 25 25		BAC Test Result: 1 30				
Viol. 3: Ch/Sec/Sub			Viol. 4: Ch/Sec/Sub		Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32				
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility		
Operator			See Above		1		1		1		
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.		
License #			DOB/Age		Reg # 3PMH69		Reg Type PC		Reg State MA		
Sex M Lic. Class D 19 19			Lic. Restrictions B 20		Veh Year 2021		Veh Make RAM		Veh Config. 2 21		
Operator SUN, CHENXI			CDL Endorsement		Owner SUN, CHENXI						
Address 33 DEWEY RD					Address 33 DEWEY RD						
City BRAINTREE State MA Zip 02184-1201					City BRAINTREE State MA Zip 02184-1201						
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 6 22		Damaged Area Code: 2 27 27 27				
Vehicle Travel Direction: N S X W			Responding to Emergency? 2		Event Sequence 1 23 23 23 23		Test Status: 1 28				
Citation # (If Issued)					Most Harmful Event 1 24		Type of Test: 0 29				
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Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility		
Operator/Occupants			See Above		1		1		1		

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

Crash Diagram:

ie: →

1

→

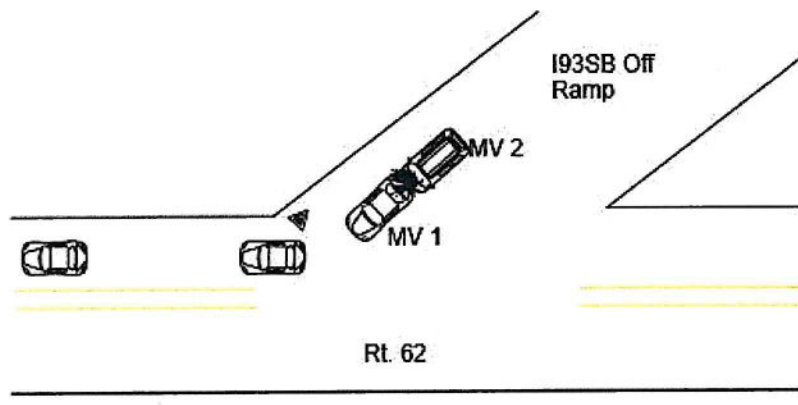
2

→

○

→

○



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:

The operator of MV 1 stated that as he started to merge onto Rt. 62 from the I93 SB Off ramp he had to come to a stop at the yield sign until he could safely merge. Once stopped, he felt that he was hit from behind by MV 2. MV 1 sustained center rear damage. The operator was not injured and the vehicle was operable.

The operator of MV 2 stated that as MV 1 was trying to yield onto Rt. 62, there were 3 cars in front of him causing him to stop. The operator of MV 2 stated that MV 1 stopped so quickly that he couldn't stop in time causing him to hit MV 1. MV 2 sustained right front damage. The operator was not 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

08/21/2026

Police Officer Name (Please Print)

Signature

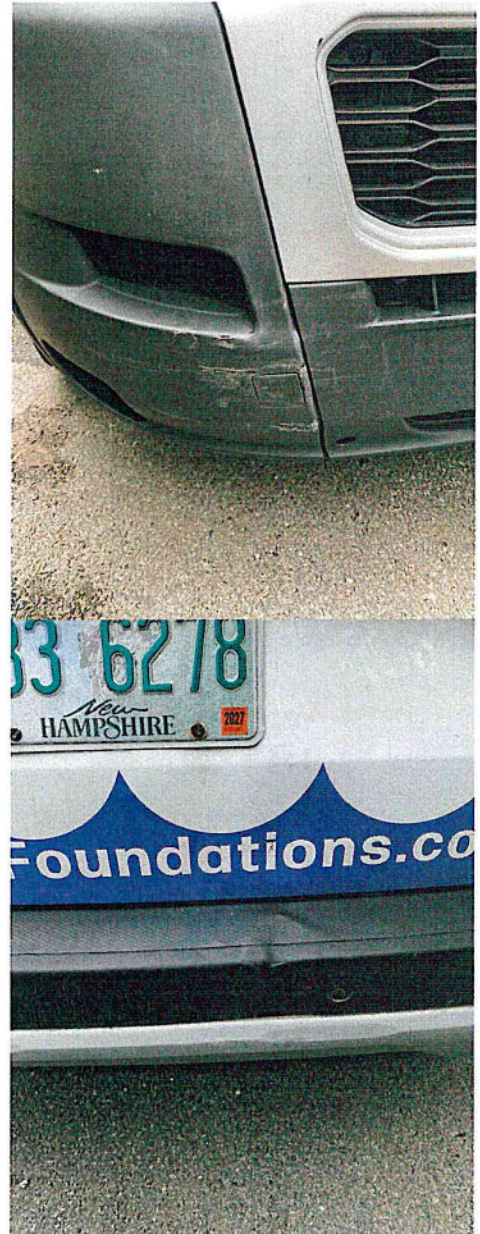
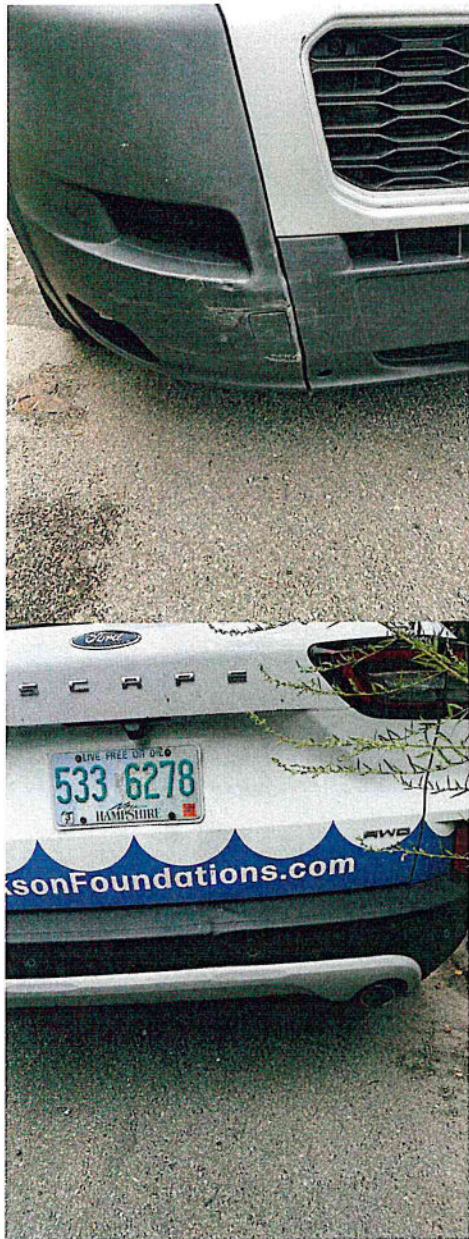
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Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-234-AC



[illegible]

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

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on a Public Way:

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

Indicate North by Arrow



180 Middlesex
Ave

Middlesex Ave

sidewalk

Nichols Funeral
Home (187
Middlesex Ave)

Wildwood St

Crash Narrative:

On Thursday, August, 20th, 2026, Operator of V1 reported they were travelling on Wildwood St. and attempted to take a left turn onto Middlesex Ave. Operator reported they were travelling too fast (35 mph in a 25 mph zone) and took the turn too wide. Operator impacted the curb and completely overrode the sidewalk on Middlesex Ave for several feet. This caused V1 to become disabled due to front right tire damage. Operator then stopped in front of 180 Middlesex Ave. V1 sustained significant front end damage on the right side including wheel assembly and broken control arm. There is also damage to the right fender and possible undercarriage damage. Highest contributing factor to the crash is most likely negligent operation as result of excessive speed leading to failure to stay within marked lanes. No injuries 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 # _____ (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 David C Ings

Police Officer Name (Please Print)

Signature

244

ID/Badge #

Wilmington Police Department

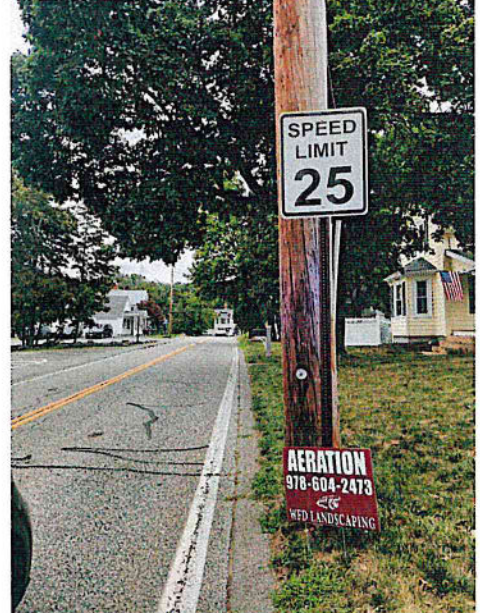
Department

Precinct/Barracks

08/22/2026

Date

Wilmington Police Department
Images Associated with 26-235-AC



Wilmington Police Department
Images Associated with 26-235-AC

