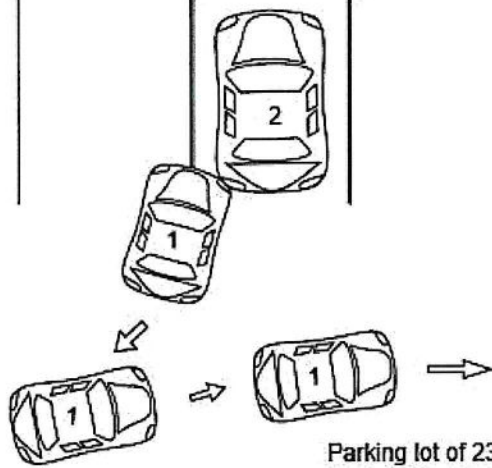


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/11/2026	Time of Crash 1741 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit Latitude Longitude	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 231 MAIN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-229-AC							
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Reg # 269IFW Reg Type PC Reg State MA							
Operator MOLVAR, ELIZABETH Last First Middle			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21							
Owner MOLVAR, PAUL J Last First Middle			Address 54 ALDRICH RD							
Address 54 ALDRICH RD			City WILMINGTON State MA Zip 01887							
City WILMINGTON State MA Zip 01887			Vehicle Action Prior to Crash 11 22							
Insurance Company QUINCY MUTUAL FIRE INSURA			Event Sequence 2 23 23 23 23							
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Most Harmful Event 2 24							
Citation # (If Issued)			Driver Contributing Code 99 25 25							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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			1 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 20 #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			Reg # 4DCF18 Reg Type PC Reg State MA							
Operator Driverless M.V. Last First Middle			Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21							
Owner VOJIR, JHUNG WON Last First Middle			Address 150 SINGLETARY LN							
Address			City FRAMINGHAM State MA Zip 01702-6100							
City State Zip			Vehicle Action Prior to Crash 11 22							
Insurance Company USAA CASUALTY INSURANCE C			Event Sequence 1 23 23 23 23							
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Most Harmful Event 1 24							
Citation # (If Issued)			Driver Contributing Code 25 25							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1							

→ = 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:

08/11/26, approx 1741hrs, MV1 backed out of parking spot at Dollar Tree. MV1 struck left side of MV2 rear bumper with front right bumper. MV1 left scene, MV2 remained on scene. Unknown witness saw MV1 strike MV2 and drive away. UNK WIT provided license plate. MV1 located at 54 Aldrich road. At approx 2138hrs, spoke with OP1. OP1 admitted was at Dollar Tree in MV1 and stated unaware of crash. OP1 provided information. Informed both parties information exchange at station.

Vivian Hwang in position of MV2 at time of crash. No injuries reported, 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 Jack Rooney

Police Officer Name (Please Print)

Signature

243

ID/Badge #

Wilmington Police Department

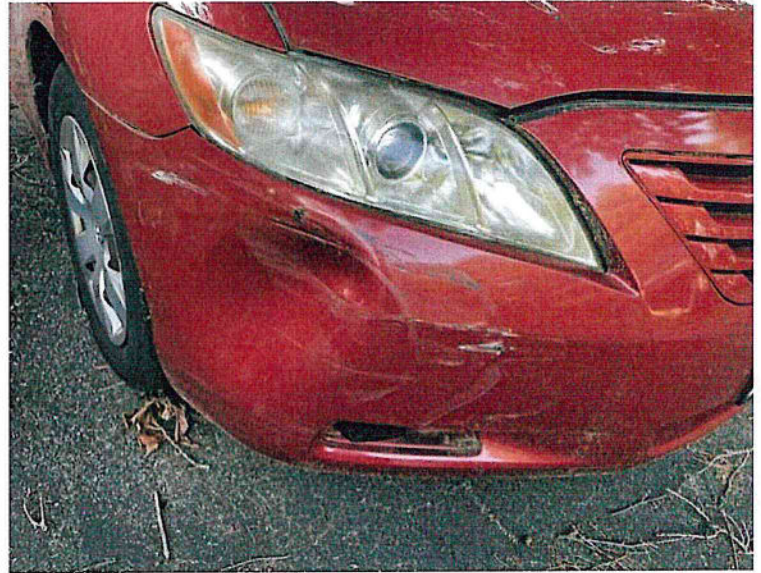
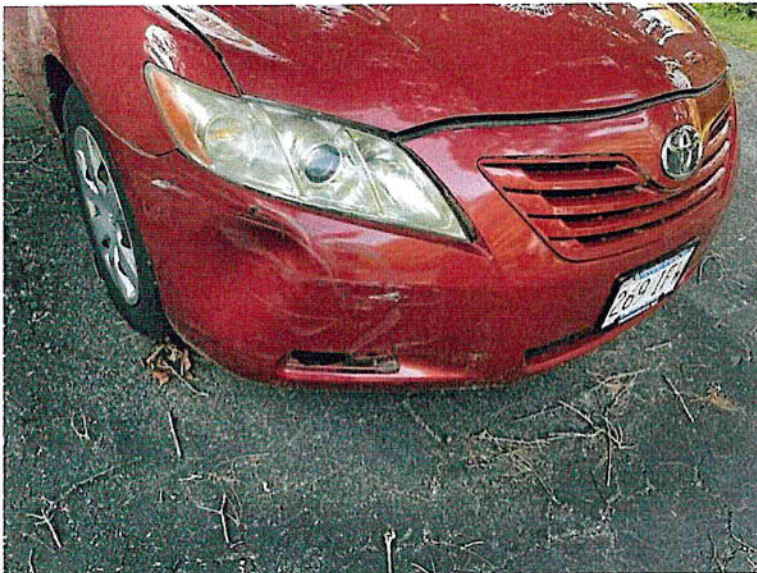
Department

Precinct/Barracks

08/11/2026

Date

Wilmington Police Department
Images Associated with 26-229-AC



Wilmington Police Department
Images Associated with 26-229-AC

