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	State Police	Local Police	MBTA Police	Campus Police	Other
09/10/2026	0734 24HR	Wilmington	2	0	40			☐	☒	☐	☐	☐

LOCATION

AT INTERSECTION:

Route# / Direction / Name of Roadway/Street: LOWELL ST

At

Route# / Direction / Name of Intersecting Roadway/Street: I93NBR31 RAMP

Also at Intersection with

Route# / Direction / Name of Intersecting Roadway/Street:

NOT AT INTERSECTION:

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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-254-AC

Vehicle 1

License # — S — DOB/Age —

Sex M — Lic. Class 99 — Lic. Restrictions B — CDL Endorsement —

Operator CLEMENTE, MATTHEW EVAN (Last / First / Middle)

Address 31 WILLIAM RD

City BILLERICA — State MA — Zip 01821-6018

Insurance Company NORFOLK & DEDHAM MUTUAL F

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 # 4674NP — Reg Type PC — Reg State MA

Veh Year 2017 — Veh Make HONDA — Veh Config. 1

Owner CLEMENTE, ELIZABETH JANE (Last / First / Middle)

Address 31 WILLIAM RD

City BILLERICA — State MA — Zip 01821-6018

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 1 — Test Status: 1 — Type of Test: 0 — BAC Test Result: 1

Susp. Alcohol: 2 — Susp. Drug: 1 — Towed from scene? 1

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	10	0	

Please fill out for operator and all occupants involved

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User — Complete the Vulnerable User section.

Vehicle 2

License — St — DOB/Age —

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

Operator PERINI, MICHAEL ANTHONY (Last / First / Middle)

Address 14 OVERBROOK DR

City NEW FAIRFIELD — State CT — Zip 06812

Insurance Company Progressive Casualty Insu

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 # AT91088 — Reg Type PC — Reg State CT

Veh Year 2018 — Veh Make NISSAN — Veh Config. 1

Owner PERINI, MARK L (Last / First / Middle)

Address 14 OVERBROOK DR

City NEW FAIRFIELD — State CT — Zip 06812-4007

Vehicle Action Prior to Crash: 4

Event Sequence: 1 — Most Harmful Event: 1

Driver Contributing Code: 4 — 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? 1

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	1	0	0	10	0	

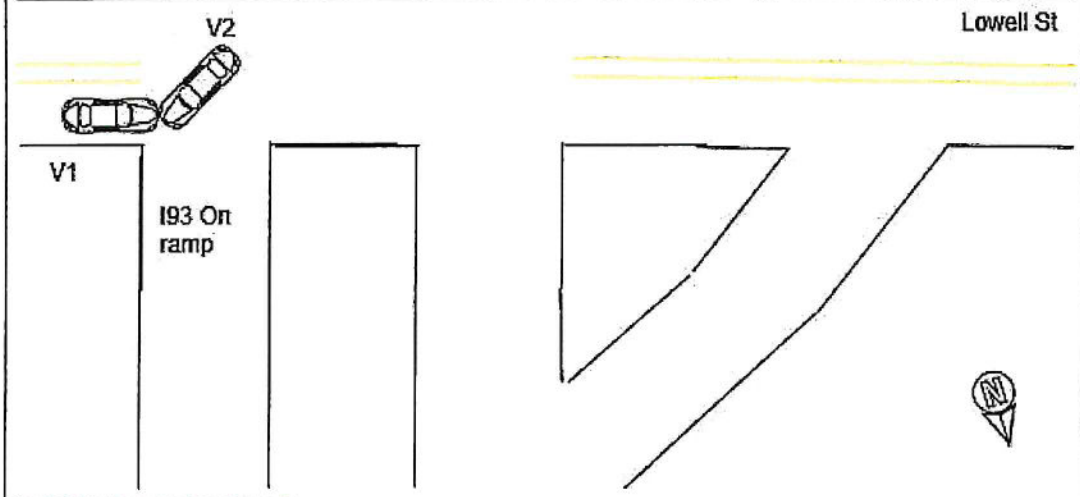
Please fill out for operator and all occupants involved

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:

On September 16, 2026, Vehicle 1 was traveling westbound on Lowell St., and Vehicle 2 was traveling eastbound. Vehicle 2 attempted to turn left onto the I-93 on-ramp but failed to yield to oncoming traffic, colliding with Vehicle 1. Both parties refused any medical attention, and the vehicles were towed from the scene.

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

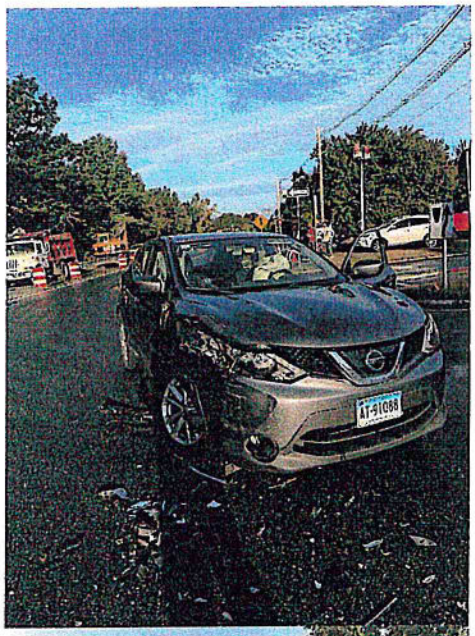
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

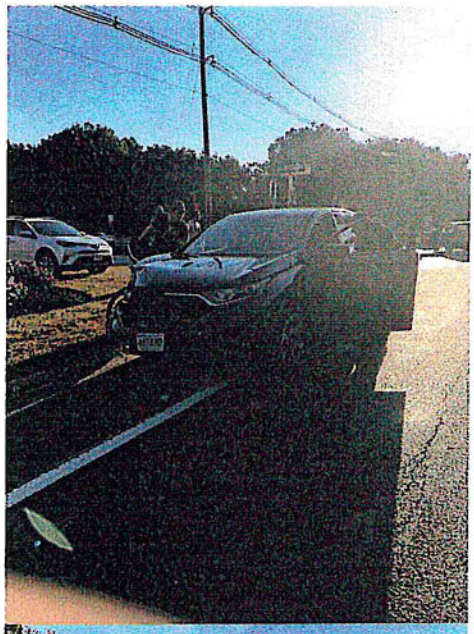
Hazmat Information:

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

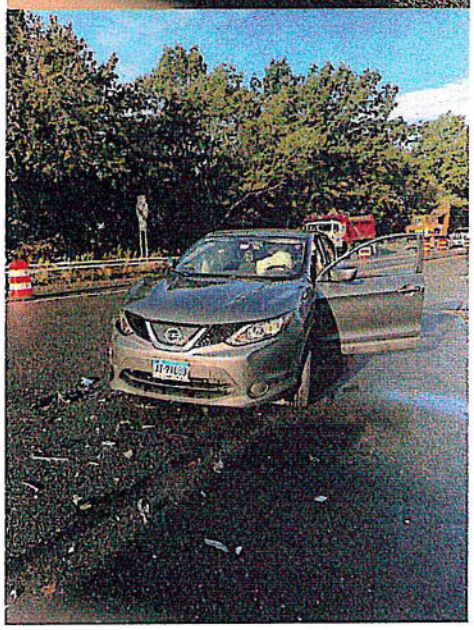
Patrol Officer Kyle P Collins		239	Wilmington Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

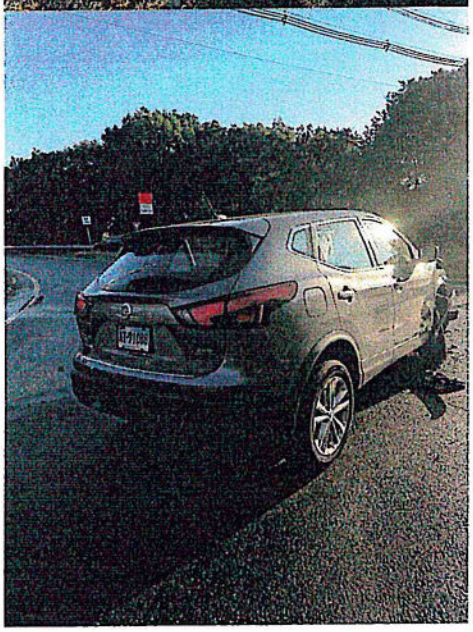
Wilmington Police Department
Images Associated with 26-254-AC











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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
09/11/2026	0745 (24HR)	Wilmington	2	2	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

Route# | Direction | Name of Roadway/Street: MAIN ST

At

Route# | Direction | Name of Intersecting Roadway/Street: BRIDGE LN

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 — 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-257-AC

License # — S — DOB/Age

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

Operator TREANOR, ASHLEY ELIZABETH (Last, First, Middle)

Address 180 SALEM RD REAR

City BILLERICA | State MA | Zip 01821-1431

Insurance Company SAFETY INSURANCE COMPANY

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 # 6BWV42 | Reg Type PC | Reg State MA

Veh Year 2021 | Veh Make CHEVROLET | Veh Config. 1 (21)

Owner TREANOR, ASHLEY ELIZABETH (Last, First, Middle)

Address 180 SALEM RD REAR

City BILLERICA | State MA | Zip 01821-1431

Vehicle Action Prior to Crash: 4 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 4 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 7 (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? 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	2	0	2	8	2	Lahey Hospital

Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User — Complete the Vulnerable User section.

License # — S — DOB/Ag

Sex M | Lic. Class D 19 M 19 | Lic. Restrictions 1 20 | CDL Endorsement

Operator STROB, CHRISTOPHER ANTHONY (Last, First, Middle)

Address 12 FAULKNER AVE

City WILMINGTON | State MA | Zip 01887-3526

Insurance Company SAFETY INSURANCE COMPANY

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 # 3G7751 | Reg Type MC | Reg State MA

Veh Year 2017 | Veh Make HARLEY-DAVIDSON | Veh Config. 3 (21)

Owner STROB, CHRISTOPHER ANTHONY (Last, First, Middle)

Address 12 FAULKNER AVE

City WILMINGTON | State MA | Zip 01887-3526

Vehicle Action Prior to Crash: 1 (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: 11 (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? 1 (33)

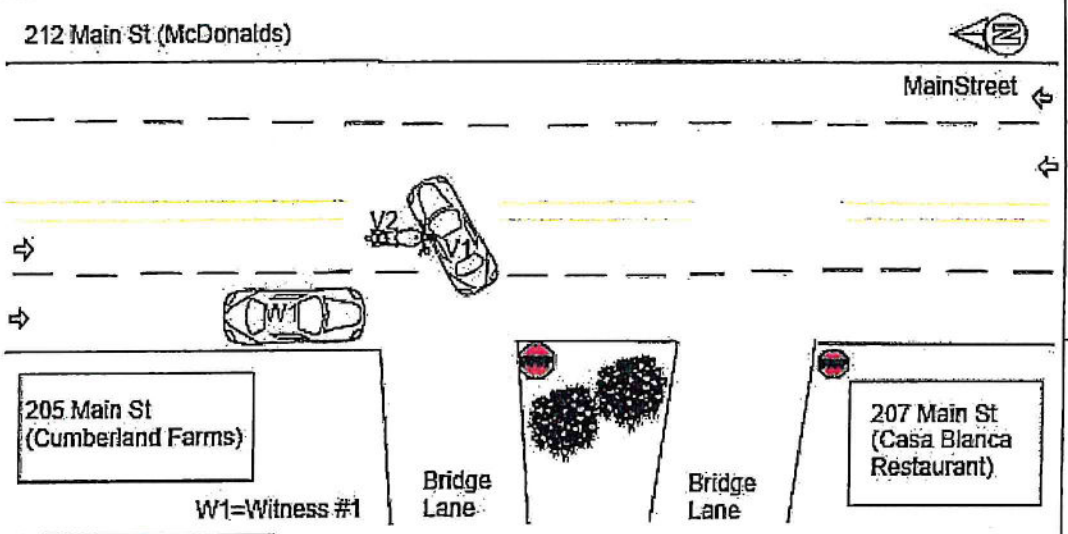
Please fill out for operator and all occupants involved — Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants / See Above			1	5	5	3	2	7	2	Lahey Hospital

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:

Vehicle 1 (V1) was stationary at the stop sign on the northern most Bridge Lane exit waiting to take a left turn to travel northbound on Main St. A vehicle in the right most southbound lane came to a stop to allow v1 to exit Bridge Lane. This vehicle is witness 1's (W1) vehicle. V1 proceeded out into the southbound travel lanes and proceeds to begin to turn left. Vehicle 2 (V2, motorcycle) was traveling southbound in the left most lane (adjacent to the center double yellow line). V1 crosses V2's path causing V2 to collide into the side of V1. Both vehicles came to rest on the center double yellow line.

Both vehicles were towed by Forest Towing. Only side airbags were deployed on V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FIGUEIREDO SARA ROSE	1233 WHIPPLE RD TEWKSBURY MA 01876-3824		1
OSORIO ASHLEY MARIE	230 BURLINGTON AVE WILMINGTON MA 01887-3153		1

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]

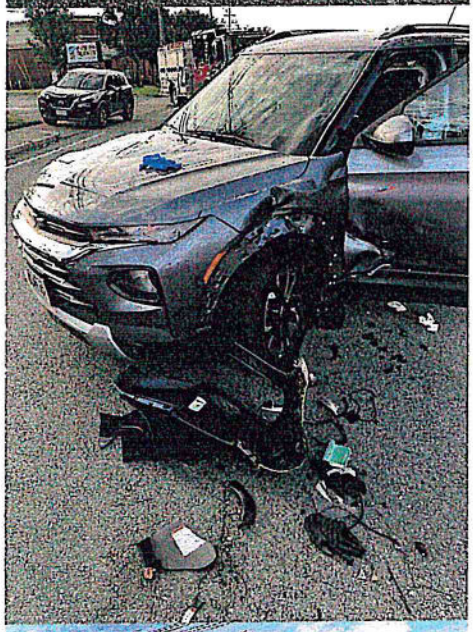
Hazmat Information:

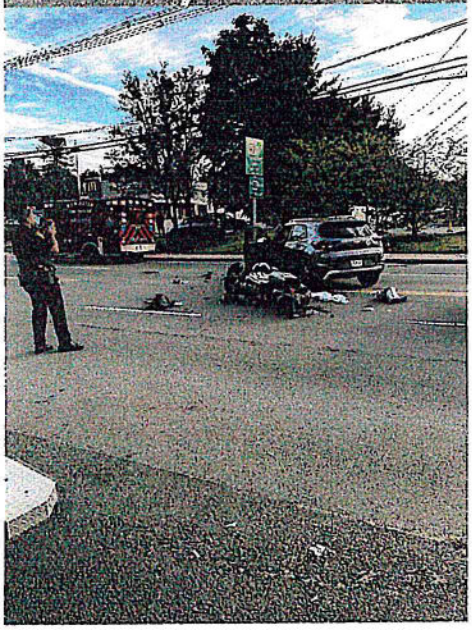
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Michael R DiLorenzo		217	Wilmington Police Department		09/11/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

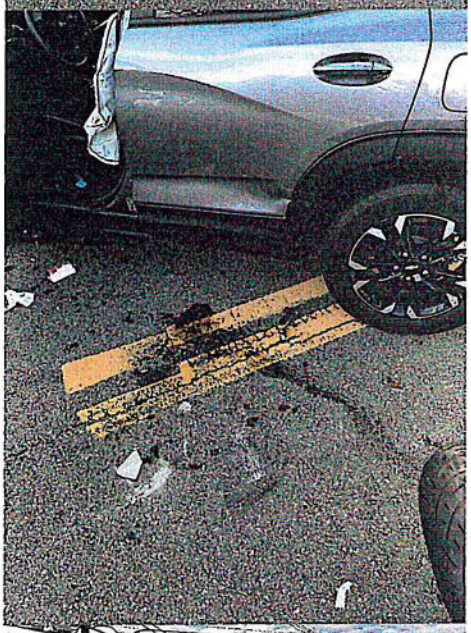
Wilmington Police Department
Images Associated with 26-257-AC





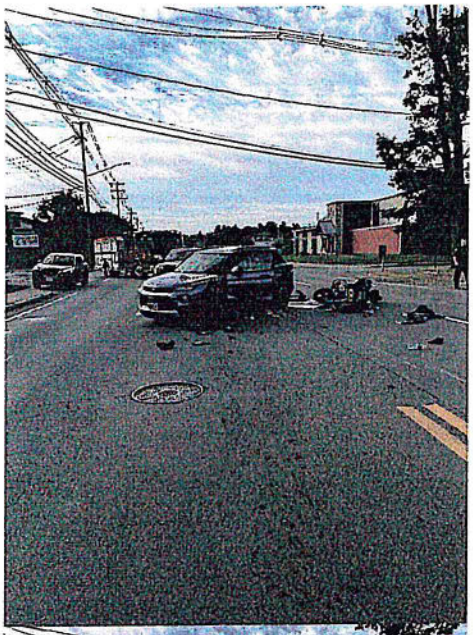


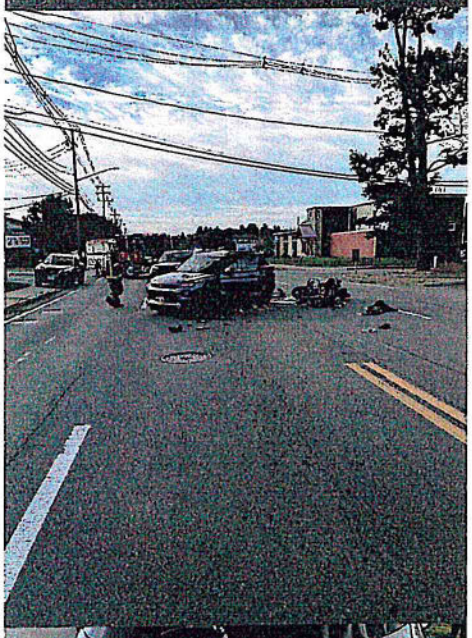


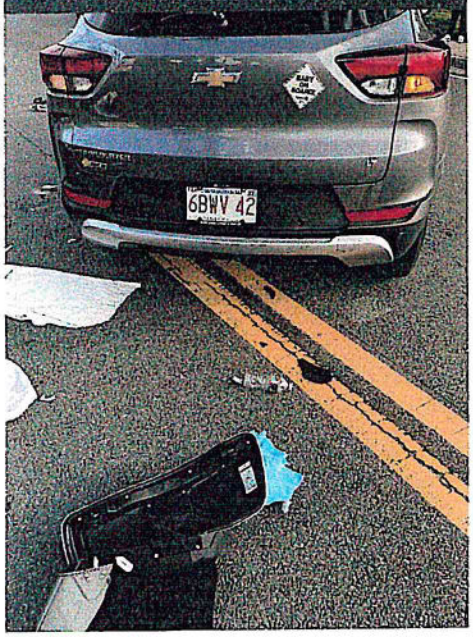


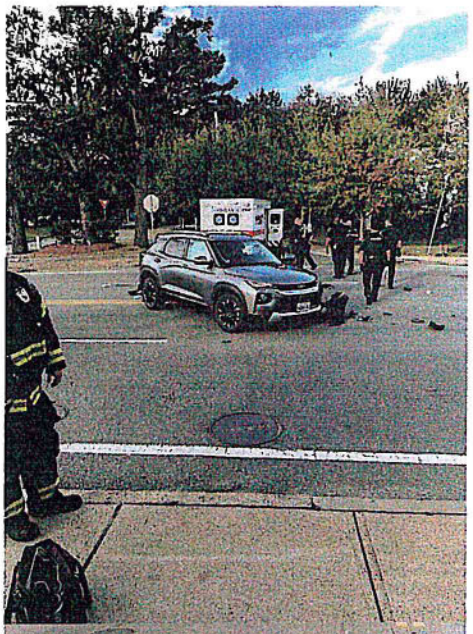


Wilmington Police Department
Images Associated with 26-257-AC













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