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	
08/25/2026	0717 24HR	Wilmington	2	0	25			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 — Route# WISSER ST — Direction — Name of Roadway/Street
At
Route# DEWEY AVE — 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 — Mile Marker — or — Exit Number
3 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# 26-236-AC

License # — St — DOB/Age
Sex F — Lic. Class D — Lic. Restrictions 1 — CDL Endorsement
4 2 — Operator REZENDE DE MATOS MAG, ZOLIANE (Last First Middle)
Address 30 KING ST
City PEABODY — State MA — Zip 01960-4267
Insurance Company ARBELLA MUTUAL INSURANCE
5 2 — Vehicle Travel Direction: [N S ☒ W] — Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
6 1 — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 8JM429 — Reg Type PC — Reg State MA
Veh Year 2016 — Veh Make HONDA — Veh Config. 1
1 12 — Owner REZENDE DE MATOS MAG, ZOLIANE (Last First Middle)
Address 30 KING ST
City PEABODY — State MA — Zip 01960-4267
Vehicle Action Prior to Crash 1
Event Sequence 1 — 23 — 23 — 23 — 23
Most Harmful Event 1
Driver Contributing Code 13 — 25
Driver Distracted by 0 — 26
Damaged Area Code: 1 — 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
1 13 — 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	

7 2 — 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 F — Lic. Class D — Lic. Restrictions 1 — CDL Endorsement
8 1 — Operator MACHADO, CAROLINE SANTANA (Last First Middle)
Address 1 DEWEY AVE
City WILMINGTON — State MA — Zip 01887-2012
Insurance Company PROGRESSIVE CASUALTY INSU
Vehicle Travel Direction: [☒ S 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

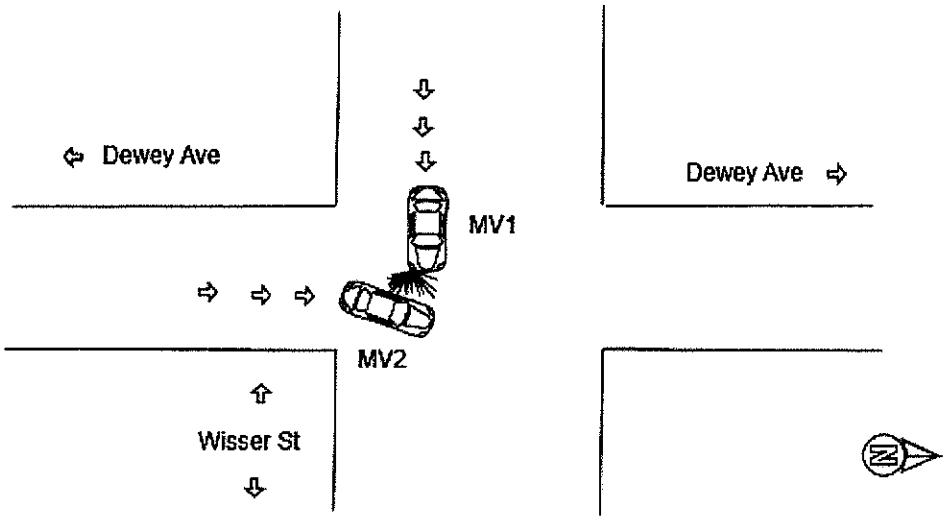
Reg # 5PPB31 — Reg Type PC — Reg State MA
Veh Year 2023 — Veh Make KIA — Veh Config. 1
1 14 — Owner MACHADO, CAROLINE SANTANA (Last First Middle)
Address 1 DEWEY AVE
City WILMINGTON — State MA — Zip 01887-2012
Vehicle Action Prior to Crash 3
Event Sequence 1 — 23 — 23 — 23 — 23
Most Harmful Event 1
Driver Contributing Code 19 — 25
Driver Distracted by 0 — 26
Damaged Area Code: 3 — 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	1	2	0	0	10	2	
			F	6	4	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:

Upon arrival, it was learned that MV1 was traveling straight down Wisser St towards Main St and that MV2 was traveling down Dewey Ave attempting to take a right hand turn onto Wisser St in the direction of Main St. Asking speaking with both parties, MV1 stated they were driving straight when a vehicle came out on Wisser St without stopping. MV1 stated with the glare from the sun and minimal time to react they collided with MV2. MV2 stated they were attempting to turn onto Wisser St and did not see anyone coming on their left. The damage is accruate to the story provided by both parties. MV1 was operable and the registered owner signed a refusal with the FD.

MV2 was towed by A&S Towing.

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

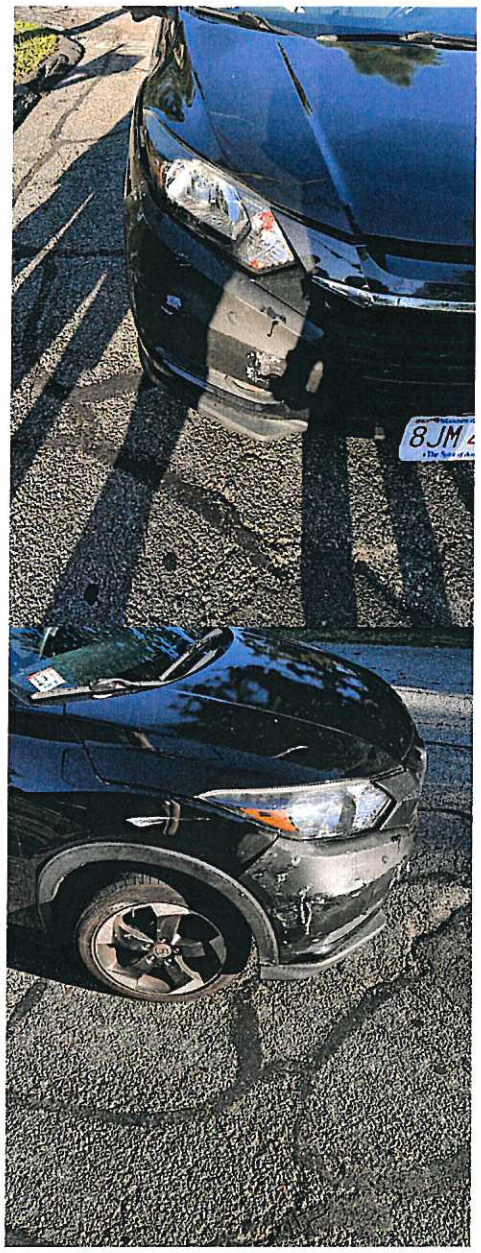
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Taylor Padulsky		238	Wilmington Police Department		08/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-236-AC



Commonwealth of Massachusetts

Motor Vehicle Crash Exchange Form

Date of Crash	Time of Crash	City/Town
08/26/2026	0009 24HR	Wilmington

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 # 7 | Name of Roadway/Street CLARK 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# 26-237-AC

License # _____ St _____ DOB/Age _____

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

Operator BENOIT, CONNOR (Last, First, Middle)

Address 8 SENECA LN

City WILMINGTON State MA Zip 01887-1980

Insurance Company GEICO GENERAL INSURANCE C

Reg # 2SSW83 Reg Type PC Reg State MA

Veh Year 2018 Veh Make RAM Veh Config. 1 21

Owner BENOIT, SEAN W (Last, First, Middle)

Address 8 SENECA LN

City WILMINGTON State MA Zip 01887-1980

Instructions

M.G.L. Chapter 90, Section 26 requires a person who was operating a motor vehicle involved in a crash in which (i) any person was killed or (ii) injured or (iii) in which there was damage in excess of $1,000 to any one vehicle or other property, to complete and file a ***Crash Operator Report*** with the Registrar **within five (5) days after such a crash.** If the operator is not the owner of the motor vehicle and is incapacitated, the owner is required to file a crash report within five days of the motor vehicle crash, based on the knowledge and information he/she can obtain regarding the crash.

Please obtain a copy of the operator crash report from your local police department, Registry branch office or from the RMV Website www.massrmv.com and submit the original to:

MassDOT Registry of Motor Vehicles Division
P.O. Box 55889
Boston, MA 02205-5889
Attn: Crash Records

Also, be sure to forward a copy to your insurance agency, the local police department where the crash occurred, and retain a copy for yourself.

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 _____

Reg # _____ Reg Type _____ Reg State _____

Veh Year _____ Veh Make _____ Veh Config. 21

Owner _____ (Last, First, Middle)

Address _____

City _____ State _____ Zip _____

Obtaining Crash Report Copies

If you would like to obtain a copy of the police report please send a letter to the address above with a check for $20.00 for each requested report made payable to: MassDOT. Reports may be obtained @www.massrmv.com. Please note that the $20.00 fee is a search fee, not for the crash report itself and therefore is non-refundable.

In addition to your name and address, the following items should be included in your letter to identify the report you are requesting:

- Date of the crash
- Time of the crash
- City/Town where crash occurred
- Registration number and/or license number of at least one vehicle involved

Please allow at least 4 weeks from the date of the crash before submitting your request

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
08/28/2026	1036 24HR	Wilmington	2	0

Speed Limit 35
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 # 457 Name of Roadway/Street SALEM 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

Margin boxes: 1: 1, 2: 1, 10: 2, 11: 2

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

Crash Report ID# **26-239-AC**

License #: St: DOB/Age:
Sex F Lic. Class D 19 99 19 Lic. Restrictions 1 20 CDL Endorsement
Operator LYONS, ALANNA ROSE (Last First Middle)
Address 19 CARLE DR
City DRACUT State MA Zip 01826-5263
Insurance Company PLYMOUTH ROCK ASSURANCE C
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 # 1PTC75 Reg Type PC Reg State MA
Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21
Owner LYONS, ALANNA ROSE (Last First Middle)
Address 19 CARLE DR
City DRACUT State MA Zip 01826-5263
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

Margin boxes: 3: , 4: 1, 5: , 6: 1, 12: 1, 13: 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	X	X	1	1	4	0	0	10	0	

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 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator MAIO, SYLVIA LORRAINE (Last First Middle)
Address 200 MARTINS LNDG APT 208
City N READING State MA Zip 01864-0000
Insurance Company THE COMMERCE INSURANCE CO
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 # 20LC02 Reg Type PC Reg State MA
Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21
Owner MAIO, SYLVIA LORRAINE (Last First Middle)
Address 200 MARTINS LNDG APT 208
City N READING State MA Zip 01864-0000
Vehicle Action Prior to Crash 1 22
Event Sequence 1 23 | 23 | 23 | 23
Most Harmful Event 1 24
Driver Contributing Code 5 25 | 1 25
Driver Distracted by 99 26 | 26
Damaged Area Code: 1 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

Margin boxes: 7: 1, 8: 1, 9: 2, 14: 1

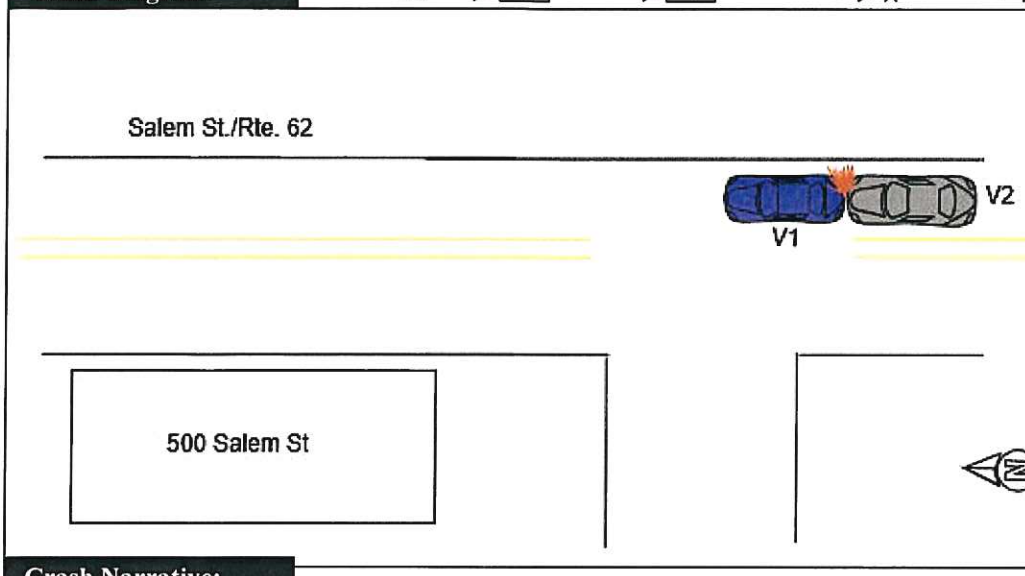
Please fill out for operator and all occupants involved

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/Occupants	See Above	X	X	1	1	4	0	0	10	0	

= 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 Friday, August 28th, 2026, Operator of V1 reported she had been travelling north on Salem St and was stopped in the lane. Operator of V1 stated she was waiting to take a left turn into the parking lot of 500 Salem St. Operator of V1 reported that she was then struck from behind by V2. Operator of V2 reported she was travelling north on Salem St when she struck V1 from behind with the front of her car. Minor damage occurred to both vehicles. Wilmington FD evaluated both parties for injuries. Both parties denied transportation by the FD.

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

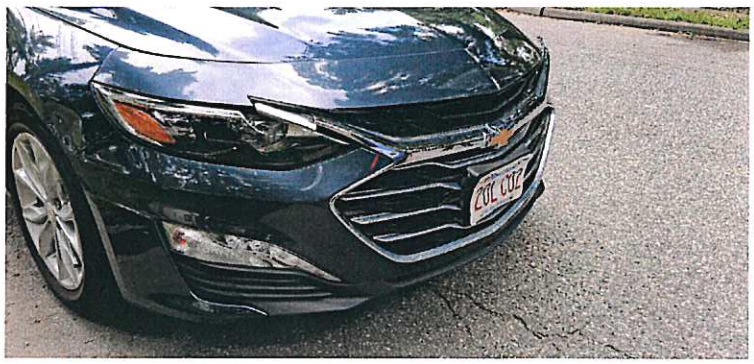
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer David C Ings		244	Wilmington Police Department		08/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-239-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	State Police	Local Police	MBTA Police	Campus Police	Other
08/28/2026	1257 24HR	Wilmington	1	0	10				☒			

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 | 210 Address # | BALLARDVALE ST Name of Roadway/Street
_____ Feet [N S E W] of — — — • — or Exit Number (Mile Marker)
1 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 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-240-AC

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____
4 1 — Operator GAFFNEY, BRENDON MICHAEL (Last First Middle)
Address 12 WEST CIR
City SALEM State MA Zip 01970-5429
Insurance Company ACE AMERICAN INSURANCE CO
5 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
6 1 — Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # Y63946 Reg Type CO Reg State MA
7 12 — Veh Year 2024 Veh Make ISUZU Veh Config. 8 21
Owner CORCENTRIC CAPITAL EQUIPMENT SOLUTIONS LLC (Last First Middle)
Address 200 LAKE DR E ST APT 200
City CHERRY HILL State NJ Zip 08002-1171
Vehicle Action Prior to Crash 4 22
Event Sequence 35 23 23 23 23
Most Harmful Event 35 24
Driver Contributing Code 1 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? 2 33
30 13

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 #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 _____
8 1 — Operator _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
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 # _____ 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
1 14

Please fill out for operator and all occupants involved

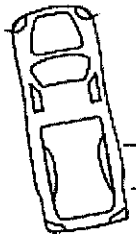
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♀ = Pedestrian = Bicycle

Crash Diagram:

ie: → [1] → [2] → ♀ → 🚲

Target



Cart Return

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:

On Friday, August 28, 2026, I, Officer Parsons #236, responded to 210 Ballardvale for report of a mv accident which occurred on Wednesday August 26. Loss Prevention showed me a video of a box truck, which had a Doritos logo on the side, attempt to turn left around the building and clip the cart return. I was able to read the license plate from the video provided, and contacted the company. The company was able to get me in touch with their driver, MR. BRENDON GAFFNEY. MR. GAFFNEY said that he didn't report the accident because he believed the damage was very minor. I explained to him that he needs to report the accident regardless of his estimates. Target was not interested in pursuing any criminal charges, and information was exchanged between Target and the Frito-Lay.

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 Dale H Parsons		236	Wilmington Police Department		08/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date