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
08/30/2026	0128 24HR	Wilmington	3	1

Speed Limit 25 | Latitude | Longitude

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 | 8 Address # | HARRIS 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 12 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-241-AC

Vehicle 1

License # | St | DOB/Age

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

Operator ALMEIDA, KALI ROSE (Last First Middle)

Address 9 LESLIE ST

City WILMINGTON | State MA | Zip 01887-4101

Insurance Company THE COMMERCE INSURANCE CO

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 # Y60775 | Reg Type CO | Reg State MA

Veh Year 2016 | Veh Make NISSAN | Veh Config. 2

Owner D1 DETAILING LLC (Last First Middle)

Address 9 LESLIE ST

City WILMINGTON | State MA | Zip 01887-4101

Vehicle Action Prior to Crash: 1

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1 |

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

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	3	0	0	10	1	
MAXWELL SLOAN	8 LIBERTY LN LYNNFIELD, MA 01940-2657		M	3	1	3	0	0	8	1	

Please Select One of the Following: ☒ Vehicle 20 #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 Driverless M.V. (Last First Middle)

Address

City | State | Zip

Insurance Company THE COMMERCE INSURANCE CO

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 # 7GE989 | Reg Type PC | Reg State MA

Veh Year 2018 | Veh Make HONDA | Veh Config. 1

Owner PEREZ, DIEGO LEON (Last First Middle)

Address 707 WOBURN ST APT 1

City WILMINGTON | State MA | Zip 01887-3422

Vehicle Action Prior to Crash: 11

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 1 |

Driver Distracted by: 0

Damaged Area Code: 6 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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			1	99	4	0	0	99	1	

Form No. 10364 CRA-65 08/23

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
08/30/2026	0128 24HR	Wilmington	3	1

Speed Limit 25 | Latitude | Longitude | State Police | Local Police | MBTA Police | Campus Police | Other:

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

15 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 | 8 Address # | HARRIS ST Name of Roadway/Street
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

3 Please Select One of the Following: [X] Vehicle 3 0 #Occupants | [ ] Hit/Run | [ ] Moped | Crash Report ID# 26-241-AC

License # | St | DOB/Age
Sex | Lic. Class 19 19 | Lic. Restrictions 20 | CDL Endorsement
41 Operator Driverless M.V. (Last First Middle)
Address
City | State | Zip
Insurance Company THE COMMERCE INSURANCE CO
5 Vehicle Travel Direction: [N X E W] | Responding to Emergency? 2
Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
61 Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 6BPV81 | Reg Type PC | Reg State MA
1 12 Veh Year 2021 | Veh Make VOLKSWAGEN | Veh Config. 1 21
Owner SPADER, JACOB RICHARD (Last First Middle)
Address 169 ANDOVER ST
City WILMINGTON | State MA | Zip 01887-1205
Vehicle Action Prior to Crash 11 22
Event Sequence 2 23 23 23 23
Most Harmful Event 2 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 0 26
Damaged Area Code: 6 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
2 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	X	X	1	0	4	0	0	99	1	

71 Please Select One of the Following: [ ] Vehicle 4 #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
81 Operator (Last First Middle)
Address
City | State | Zip
Insurance Company
Vehicle Travel Direction: [N S E W] | Responding to Emergency?
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 # | 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
1 14 Towed from scene? 33

Please fill out for operator and all occupants involved

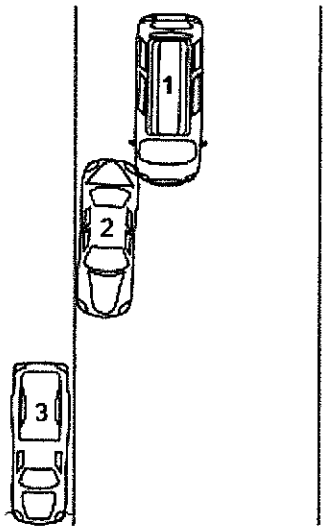
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1							

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:

Operator 1 of vehicle 1 stated she felt the steering in her vehicle come loose at which time she hit the drivers side rear wheel of vehicle 2 which was parked on the side of the road. After striking vehicle 2, Operator 1's vehicle was still in motion. Due to loss of steering, Operator 1 collided wtih the rear drivers side wheel of vehicle 3 which was parked off the road on private property. The crash sent vehicle 3 forward approximatley 6 feet before coming to a complete stop. Operator 1 showed no signs of intoxication. Operator 1 was medically cleared by Wilmington Firegighters. Operator 1 claimed no injuries and refused transport.

Approximatley 2 days after the crash I was informed by the owner of vehicle 3 that vehicle 1 had a passenger they have been identified and added to this report.

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]

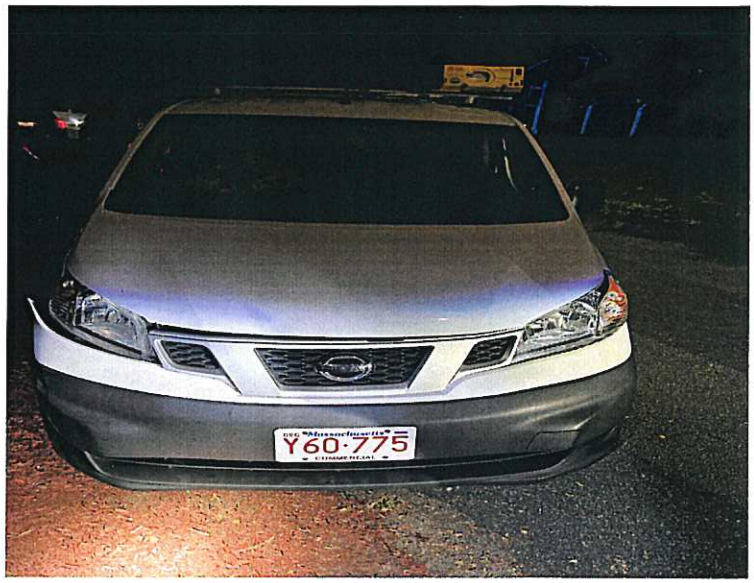
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

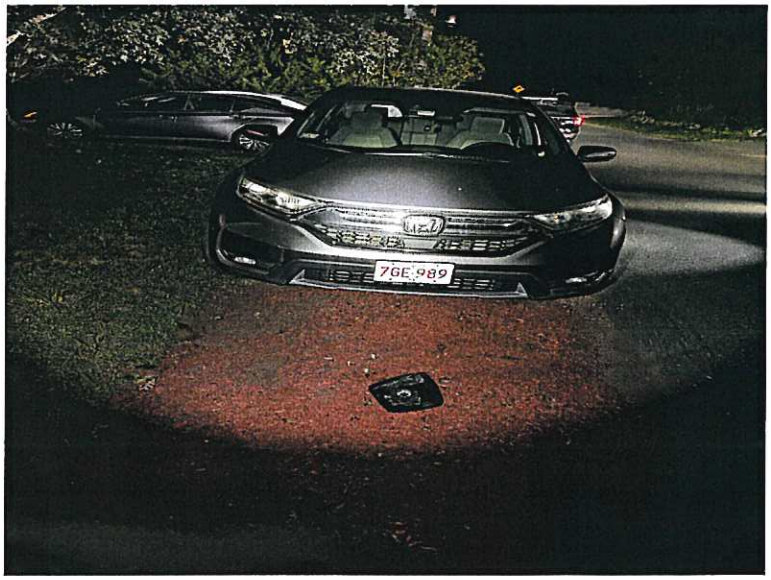
Hazmat Information:

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

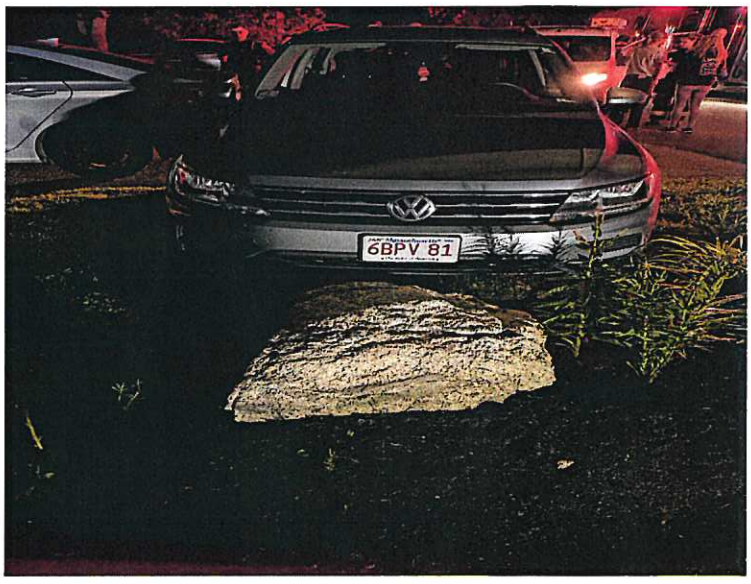
Patrol Officer Seth A Mucha-Kangas	235	Wilmington Police Department	08/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

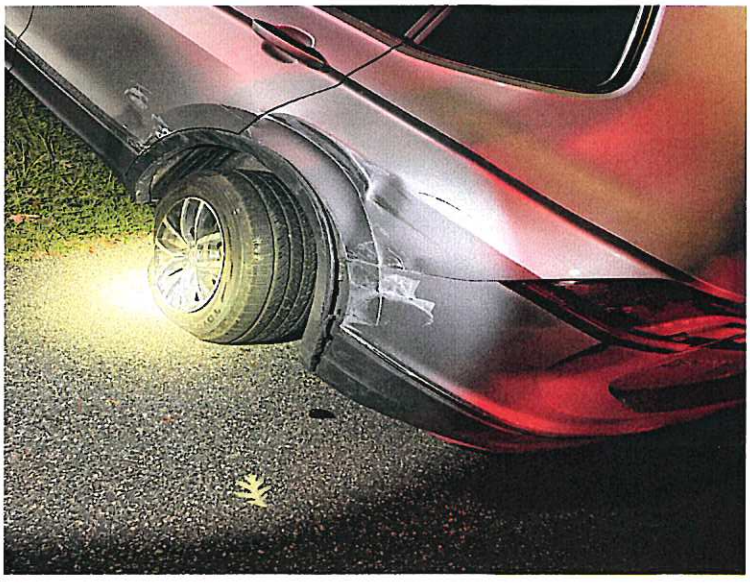
Wilmington Police Department
Images Associated with 26-241-AC



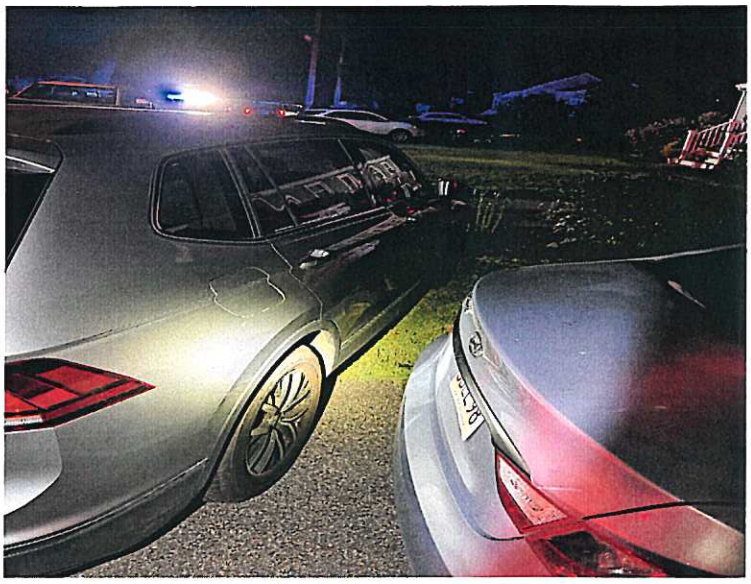


Wilmington Police Department
Images Associated with 26-241-AC





Wilmington Police Department
Images Associated with 26-241-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 Agency
08/31/2026	0728 24HR	Wilmington	2	0	35			State Police / Local Police / MBTA Police / Campus Police / Other:

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street: MASS AVE

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 — — — • — (Mile Marker) or Exit Number

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

Feet [N S E W] of Landmark

Crash Report ID#: 26-242-AC

Vehicle 1

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

License # — St — DOB/Age —

Sex: F | Lic. Class: D | Lic. Restrictions: 1 | CDL Endorsement:

Operator: PISCO, BROOKE ASHLEE (Last First Middle)

Address: 3 APPLE ST

City: BILLERICA | State: MA | Zip: 01821-6511

Insurance Company: LIBERTY MUTUAL PERSONAL I

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 #: 5TZL98 | Reg Type: PC | Reg State: MA

Veh Year: 2025 | Veh Make: HONDA | Veh Config.: 1

Owner: PISCO, BROOKE ASHLEE (Last First Middle)

Address: 3 APPLE ST

City: BILLERICA | State: MA | Zip: 01821-6511

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 3

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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	2	0	0	10	1	

Vehicle 2

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 | Lic. Restrictions: 1 | CDL Endorsement:

Operator: SAINATO, DAVID STEPHEN (Last First Middle)

Address: 36 CRESENT ST

City: WILMINGTON | State: MA | Zip: 01887-1957

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 #: 4WKW82 | Reg Type: PC | Reg State: MA

Veh Year: 2021 | Veh Make: NISSAN | Veh Config.: 1

Owner: SAINATO, SHELLEY ANN (Last First Middle)

Address: 36 CRESENT ST

City: WILMINGTON | State: MA | Zip: 01887-1957

Vehicle Action Prior to Crash: 3

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? 2

Please fill out for operator and all occupants involved

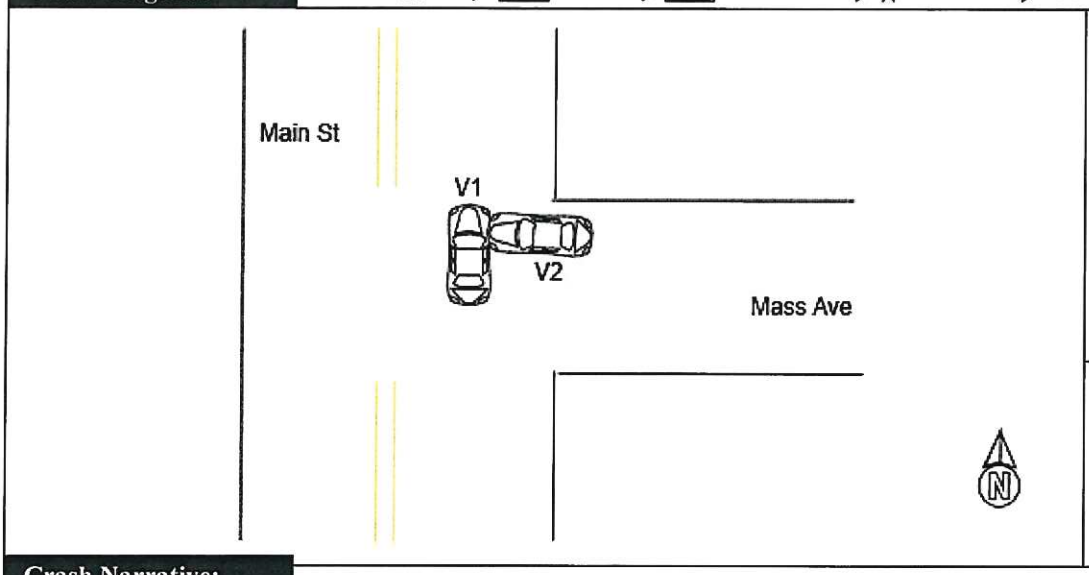
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

On Monday, August 31, 2026, Vehicle 1 was traveling northbound on Main St. Vehicle 2 was exiting from Mass Ave, trying to merge into oncoming traffic, and collided with Vehicle 1, causing a T-bone collision. Vehicle 1 sustained right-side damage from the front passenger wheel to the rear passenger wheel, as well as airbag deployment. Vehicle 2 sustained front right bumper damage. Vehicle 2 exchanged paper information with Vehicle 1 and left before officers arrived.

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]

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Kyle P Collins		239	Wilmington Police Department		08/31/2026

Wilmington Police Department
Images Associated with 26-242-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
08/31/2026	1721 (24HR)	Wilmington	2	0

Speed Limit 40 | Latitude | Longitude | 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

2 1 — Also at Intersection with | Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | 203 Address # | LOWELL ST Name of Roadway/Street

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

2 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# 26-243-AC

Vehicle 1

License # — St — DOB/Age — Sex M — Lic. Class D (19 19) — Lic. Restrictions 1 (20) — CDL Endorsement

Operator BECKER, RICHARD KENNEDY (Last First Middle)

4 1 — Address 55 KENMERE RD

City MEDFORD State MA Zip 02155-4117

Insurance Company PROGRESSIVE DIRECT INSURA

5 2 — Vehicle Travel Direction: N S ☒W — Responding to Emergency? 2

Citation # (If Issued) —

6 1 — Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 4XYV47 Reg Type PC Reg State MA

1 12 — Veh Year 2007 Veh Make HYUNDAI Veh Config. 1 (21)

Owner BECKER, RICHARD KENNEDY (Last First Middle)

Address 55 KENMERE RD

City MEDFORD State MA Zip 02155-4117

Vehicle Action Prior to Crash 1 (22)

Event Sequence 1 (23) 23 23 23

Most Harmful Event 1 (24)

Driver Contributing Code 19 (25) 20 (25)

Driver Distracted by 99 (26) (26)

Damaged Area Code: 1 (27) 2 (27) 8 (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? 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	99	1	0	0	10	1	

7 1 — Please Select One of the Following: ☒ Vehicle 2 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # — St — DOB/Age — Sex M — Lic. Class D (19 19) — Lic. Restrictions 1 (20) — CDL Endorsement

Operator ARSENAULT, MATTHEW CHARLES (Last First Middle)

8 2 — Address 109 ALDRICH RD

City WILMINGTON State MA Zip 01887-2205

Insurance Company ARBELLA MUTUAL INSURANCE

9 2 — Vehicle Travel Direction: N S ☒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 # 4DHY43 Reg Type PC Reg State MA

Veh Year 2022 Veh Make Other-not listed Veh Config. 1 (21)

Owner ARSENAULT, MATTHEW CHARLES (Last First Middle)

Address 109 ALDRICH RD

City WILMINGTON State MA Zip 01887-2205

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)

1 14 — Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

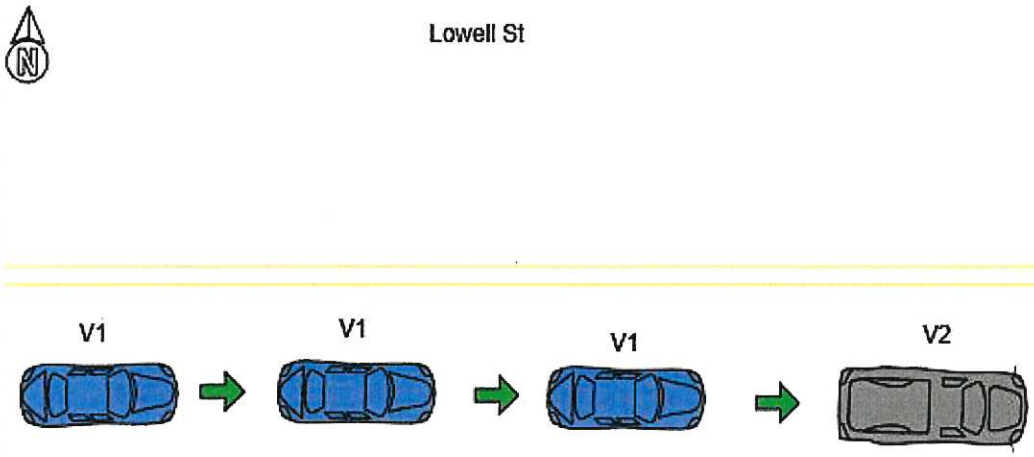
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	
			F	6	4	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

ie: → 1 → 2 → →

Crash Diagram:



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:

V1 was travelling eastbound on Lowell St towards Reading when in collided with the rear of V2. Both vehicles were facing the same direction as this was a rear-end collision. V2 was slowing or stopped in traffic when the collision occurred. V1 had one occupant and he stated he was not distracted nor on his phone. He said he "looked down" and that V2 must've "slammed on the brakes." V2 had 2 occupants (one juvenile in the backseat). All parties denied medical treatment and were not transported to the hospital. V1 sustained major front damage and was towed to A&S Towing in Wilmington. V2 sustained minor rear damage and was able to be driven away. There was one witness who stated he had dashcam footage of the collision.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
WESTBROOK JOHN WILLIAM	121 HANCOCK ST Apt. #4 SOMERVILLE MA 02144-2654		

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

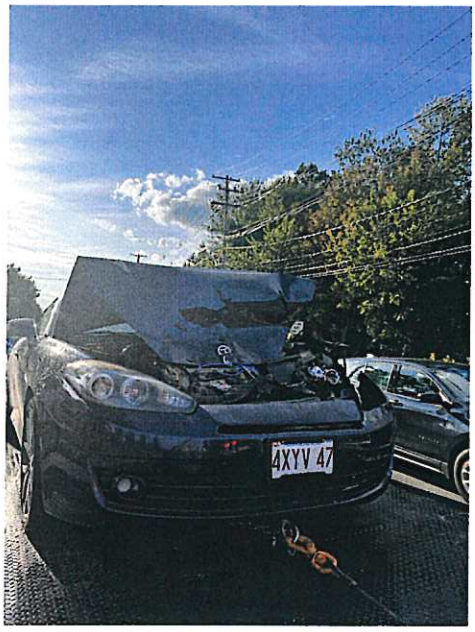
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael W Powers		231	Wilmington Police Department		08/31/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-243-AC



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Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
09/02/2026	0727 24HR	Wilmington	1	0	10			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 # 195 | Name of Roadway/Street: BALLARDVALE 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#: 26-244-AC

License # _____ St _____ DOB/Age _____

Sex: M | Lic. Class: A | Lic. Restrictions: 1 | CDL Endorsement: _____

Operator: FELTRIN, SERGIO (Last, First, Middle)

Address: 175 COTTAGE ST APT 207

City: CHELSEA | State: MA | Zip: 02150-3311

Insurance Company: PROGRESSIVE CASUALTY INSU

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 # 95894 | Reg Type: AP | Reg State: MA

Veh Year: 2006 | Veh Make: VOLVO | Veh Config.: 10

Owner: FELTRIN ENTERPRISES INC (Last, First, Middle)

Address: 175 COTTAGE ST APT 207

City: CHELSEA | State: MA | Zip: 02150-3311

Vehicle Action Prior to Crash: 1

Event Sequence: 97 | | | |

Most Harmful Event: 97

Driver Contributing Code: 1 |

Driver Distracted by: 0 |

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test: 1

BAC Test Result: 1

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	1	4	0	0	10	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 _____ 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: 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

Please fill out for operator and all occupants involved

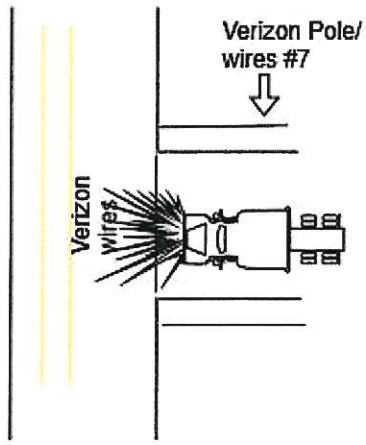
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1							

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



195 Ballardvale Street-
Inc Ritchie and Sons
Parking lot

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:

According to the operator of the tractor trailer, after raising the truck body to clear the water off of it from the night before, the operator was leaving the parking lot when he realized he forgot to lower the truck body and made contact with the wires from Verizon pole #7 (see images). The operator immediately exited the tractor trailer and notified the employees of 195 Ballardvale Street (Ritchie & Son). There was no damage to the tractor trailer and the operator didn't sustain any injuries from the crash. Verizon was notified of the damage to the wires.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	WIRES

Truck and Bus Information:

Registration # 95894 (From Vehicle Section)

Carrier Name Feltrin Enterprises INC Bus Use 42

Address 175 COTTAGE ST City CHELSEA St MA Zip 01887

US DOT #: 2593637 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

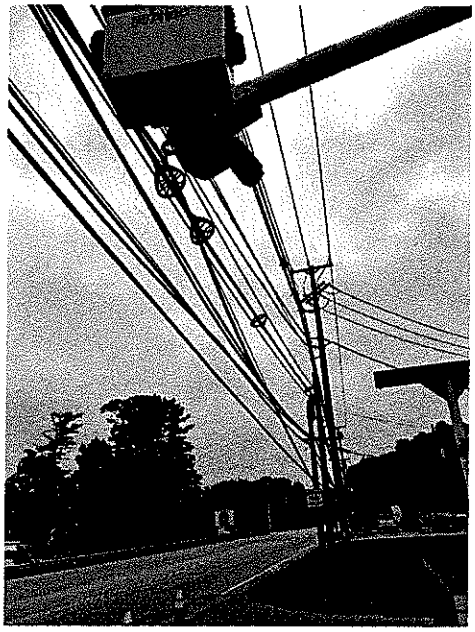
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton		227	Wilmington Police Department		09/02/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-244-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
09/03/2026	1723 (24HR)	Wilmington	2	1	25			☐	☒	☐	☐	☐

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

1 1 — Route# | Direction | Name of Roadway/Street: | At | Route# | Direction | Name of Intersecting Roadway/Street

2 1 — Also at Intersection with: Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # 2 | Name of Roadway/Street: LOWELL ST

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

9 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 | 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-247-AC

4 1 — License # _____ St _____ DOB/Age _____ | Sex M | Lic. Class D 19 19 | Lic. Restrictions 20 | CDL Endorsement

Operator (Last First Middle): HERNANDEZ LARA, FRANCIS

Address: 173 ENNELL ST

City: LOWELL | State: MA | Zip: 01850

Insurance Company: PROGRESSIVE CASUALTY INSU

5 — Vehicle Travel Direction: ☒ S E W | Responding to Emergency? 2

Citation # (If Issued) -

6 1 — Viol. 1: Ch/Sec/Sub _____ | Viol. 2: Ch/Sec/Sub _____ | Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____

Reg # X71553 | Reg Type CO | Reg State MA

1 12 — Veh Year 2013 | Veh Make Other-not listed | Veh Config. 6 (21)

Owner (Last First Middle): RIVAS TRANSPORTATION AND DELIVERY INC

Address: 279 HOWARD ST APT 1

City: LAWRENCE | State: MA | Zip: 01841-2983

Vehicle Action Prior to Crash (22): 9

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 9 | |

Driver Distracted by (26): 0 | |

Damaged Area Code (27): 10 | | |

Test Status (28): 1

Type of Test (29): 0

BAC Test Result (30): 1

Susp. Alcohol (31): 2 | Susp. Drug (32): 2

1 13 — Towed from scene? (33): 2

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	
MANUEL BERNARD DE LA HOZ	32 TREMONT ST LAWRENCE, MA 01841-3635		M	3	1	4	0	0	10	1	

7 3 — Please Select One of the Following: ☒ Vehicle 2 | 2 #Occupants | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

8 2 — License # _____ St _____ DOB/Age _____ | Sex F | Lic. Class D 19 19 | Lic. Restrictions 20 | CDL Endorsement

Operator (Last First Middle): KORDOSKY, AMANDA LEE

Address: 14 LEE ST

City: WILMINGTON | State: MA | Zip: 01887-1863

Insurance Company: LIBERTY MUTUAL INSURANCE

Vehicle Travel Direction: N ☒ E W | Responding to Emergency? 2

9 1 — Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ | Viol. 2: Ch/Sec/Sub _____ | Viol. 3: Ch/Sec/Sub _____ | Viol. 4: Ch/Sec/Sub _____

Reg # 6BCX48 | Reg Type PC | Reg State MA

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

Owner (Last First Middle): KORDOSKY, AMANDA LEE

Address: 14 LEE ST

City: WILMINGTON | State: MA | Zip: 01887-1863

1 14 — Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1 | | | |

Most Harmful Event (24): 1

Driver Contributing Code (25): 1 | |

Driver Distracted by (26): 0 | |

Damaged Area Code (27): 1 | | |

Test Status (28): 1

Type of Test (29): 0

BAC Test Result (30): 1

Susp. Alcohol (31): 2 | Susp. Drug (32): 2

Towed from scene? (33): 1

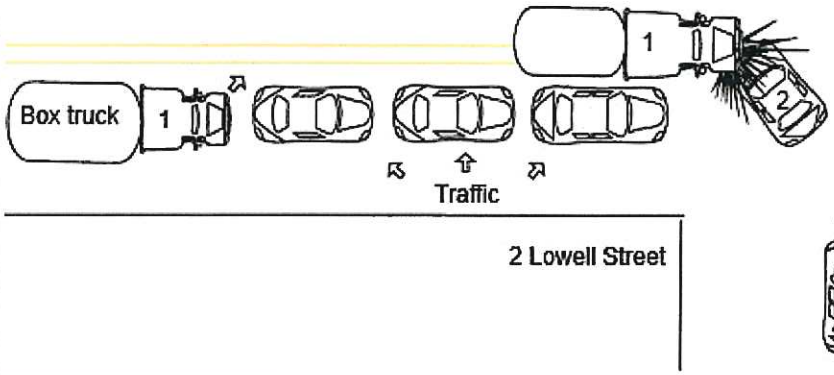
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	1	0	0	7	2	
			F	6	4	4	0	0	10	2	

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 was waiting in traffic in the area of 2 Lowell Street. Vehicle 2 was waiting to exit the parking lot of 2 Lowell Street. The vehicle closest to the parking lot entrance was seen by multiple witnesses signaling vehicle 2 to pull out of the parking lot. According to the operator of vehicle 1, he attempted to go around the traffic as he was trying to get in the left turn lane at the intersection of Main Street at Lowell Street. The lane of travel vehicle 1 was in on Lowell street does not split into two lanes until the very end of the road which he had not yet reached. Vehicle 1 was seen by multiple witnesses driving over the double yellow line placing his truck in the opposite lane of travel before straddling the line moving past traffic approaching the entrance of the parking lot. Vehicle 2 began to turn left when Vehicle 1's tire drove up over the hood of vehicle 2 causing significant damage to its front end. Vehicle 2 was towed from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ROONEY DENNIS P III	36 LOWELL ST WILMINGTON MA 01887-3223		
DAVIDIAN BETTY OHANS	4 WEDGEWOOD AVE WILMINGTON MA 01887-3747		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # X71553 (From Vehicle Section)

Carrier Name rivas trans & delivery inc — Bus Use 42

Address 279 HOWARD ST — City LAWRENCE — St MA — Zip 01841

US DOT #: 4407776 — State Number — Issuing State — MC/MX/ICC #:

Interstate 43: 0 — Cargo Body Type Code 44: 97 — GVWR/GCWR 45: 1

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:

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Thomas Lawrenson		222	Wilmington Police Department		09/03/2026

Wilmington Police Department
Images Associated with 26-247-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
09/03/2026	2000 (24HR)	Wilmington	3	0

Speed Limit 35 | Latitude | Longitude

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 | 72 Address # | MAIN 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 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-248-AC

Vehicle 1

License #: _ S DOB/Age

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

Operator WALKER, VICTORIA ANNE (Last First Middle)

Address 45 COLBORNE RD APT 6

City BOSTON | State MA | Zip 02135-4110

Insurance Company USAA CASUALTY INSURANCE C

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 # 2MHV72 | Reg Type PC | Reg State MA

Veh Year 2021 | Veh Make MAZDA | Veh Config. 1

Owner WALKER, VICTORIA ANNE (Last First Middle)

Address 45 COLBORNE RD APT 6

City BOSTON | State MA | Zip 02135-4110

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 5

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator — See Above			1	1	4	0	0	10	1	

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

Vehicle 2

License #: _ S DOB/Age

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

Operator SIEGERT, ANDREW HERBERT (Last First Middle)

Address 39 CHESTNUT ST

City WOBURN | State MA | Zip 01801-2903

Insurance Company THE STANDARD FIRE INSURAN

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 # 2EKT67 | Reg Type PC | Reg State MA

Veh Year 2018 | Veh Make TOYOTA | Veh Config. 1

Owner SIEGERT, ANDREW HERBERT (Last First Middle)

Address 39 CHESTNUT ST

City WOBURN | State MA | Zip 01801-2903

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 4

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

Name (Last First Middle) / Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Occupants — See Above			1	1	4	0	0	10	1	

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 Agency
09/03/2026	2000 (24HR)	Wilmington	3	0	35			☒ Local Police; ☐ State 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 72 Address # MAIN 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 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-248-AC

License # ____ S DOB/Age ____

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

Operator LEONARD GENDRON, JOSHUA (Last First Middle)

Address 86 BELMONT AVE

City LOWELL State MA Zip 01852-3756

Insurance Company NATIONAL GENERAL INSURANC

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 # 7HWE97 Reg Type PC Reg State MA

Veh Year 2004 Veh Make SATURN Veh Config. 1

Owner MORENO, EVELYN (Last First Middle)

Address 86 BELMONT AVE

City LOWELL State MA Zip 01852-3756

Vehicle Action Prior to Crash 1

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 0

Damaged Area Code: 8 2

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 Sent 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 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

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: ____

Test Status: ____

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: ____ Susp. Drug: ____

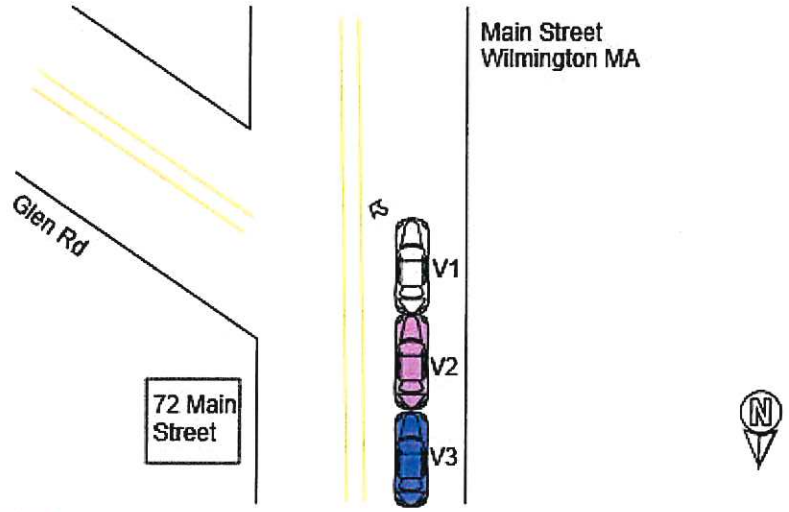
Towed from scene? ____

Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Sent 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:

All three vehicles were traveling southbound on Main Street. V1 and V2 were stopped in traffic. V3 then struck V2, then V2 struck V1 as a result.

Opr1 stated she was stopped waiting to take a left onto Glen Rd. Opr2 stated he was stopped behind V1 then V3 crashed into him which forced him into V1. Opr3 stated he tried to hit his breaks to stop but he could not stop in time and he had no way to avoid the crash.

V1 sustained moderate damage to the center rear. V2 sustained minor damage to the front center and moderate damage to the right rear. V3 sustained moderate damage to the front.V2 and V3 towed by Forrest Towing. No injuries observed or reported with any involved party.

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

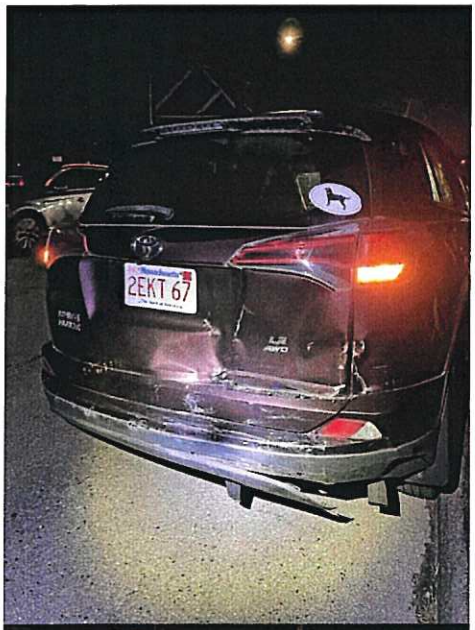
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

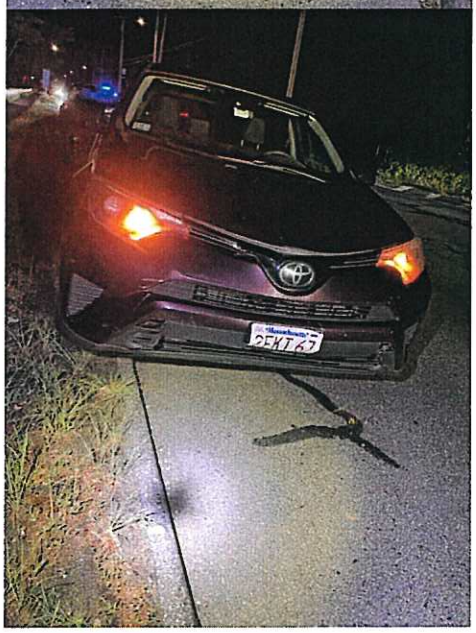
Hazmat Information:

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

Patrol Officer Kathryn C Goodwin		216	Wilmington Police Department		09/03/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-248-AC





Wilmington Police Department
Images Associated with 26-248-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
09/04/2026	1503 (24HR)	Wilmington	1	0

Speed Limit 30 | Latitude | Longitude | 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 | 482 (Address #) | WOBURN 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: [X] Vehicle 1 — 1 #Occupants | [ ] Hit/Run | [ ] Moped

Crash Report ID# 26-249-AC

Vehicle 1

License # _ St DOB/Age

Sex M | Lic. Class D | Lic. Restrictions B | CDL Endorsement

Operator FLEMING, RUSSELL WILLIAM (Last First Middle)

Address 2 INWOOD DR APT 3016

City WOBURN | State MA | Zip 01801-5197

Insurance Company THE COMMERCE INSURANCE CO

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 # 599EY6 | Reg Type PC | Reg State MA

Veh Year 2026 | Veh Make NISSAN | Veh Config. 1

Owner FLEMING, RUSSELL WILLIAM (Last First Middle)

Address 2 INWOOD DR APT 3016

City WOBURN | State MA | Zip 01801-5197

Vehicle Action Prior to Crash: 1

Event Sequence: 35

Most Harmful Event: 35

Driver Contributing Code: 19

Driver Distracted by: 99

Damaged Area Code: 1 9

Test Status:

Type of Test: 0

BAC Test Result: 1

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	1	4	0	0	10	1	

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:

Test Status:

Type of Test:

BAC Test Result:

Susp. Alcohol: | Susp. Drug:

Towed from scene?

Please fill out for operator and all occupants involved

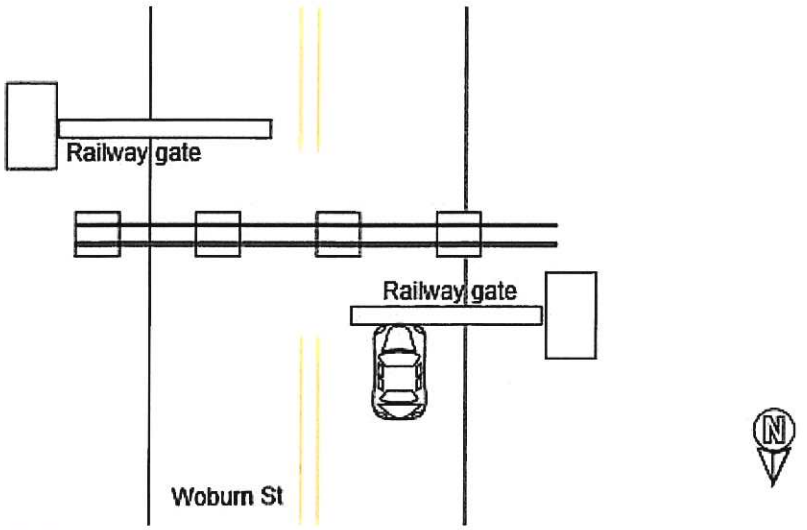
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1							

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 was driving southbound on Woburn St towards Rt. 129 and crashed into the railway gate and continued driving. Op1 stated that the railway gate was in the up position and fell onto his car suddenly and there was no lights on while approaching the gate. Wit1 was a worker for Keolis who was working on the gates during the accident. Wit1 stated that the railway gates were down and lights were flashing before the accident. Wit1 explained that op1 drove through the gate while it was down and continued to drive through it, spinning the gate on its axis until it was facing the complete opposite direction. Keolis has since repaired the gate and is completely functional.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FERINO MICHAEL A	7 OAK AVE HUDSON NH 03051		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KEOLIS	53 STATE ST BOSTON MA 02109			RAILWAY GATE

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

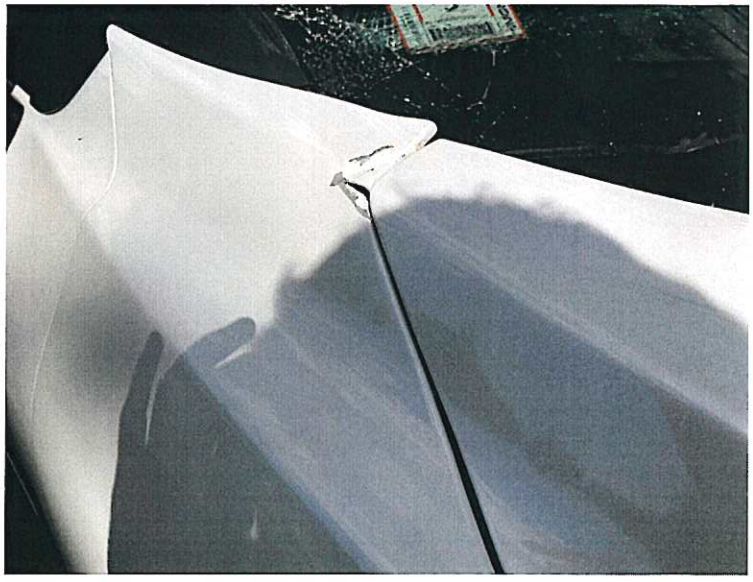
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

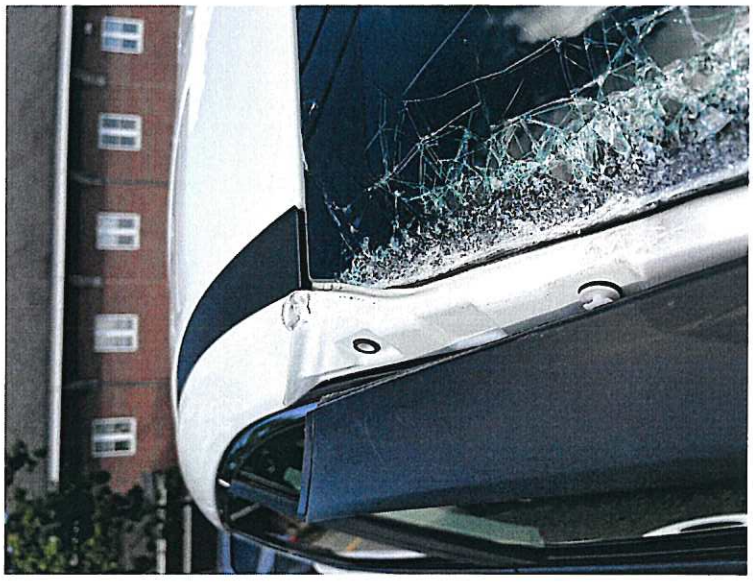
Hazmat Information:

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

Patrol Officer Jack Rooney		243	Wilmington Police Department		09/04/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-249-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
09/04/2026	1708 (24HR)	Wilmington	2	1	30			☐	☒	☐	☐	☐

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 # 40 | Name of Roadway/Street: CONCORD ST

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

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

Landmark

Please Select One of the Following: ☒ Vehicle 1 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-250-AC

Vehicle 1

License # ____ St ____ DOB/Age ____

Sex M | Lic. Class 99 | Lic. Restrictions | CDL Endorsement

Operator CHAVEZ HERNANDEZ, MARIO ISRAEL (Last, First, Middle)

Address 15 ADAMS AVE

City SAUGUS | State MA | Zip 01906

Insurance Company MIDVALE INDEMNITY CO.

Vehicle Travel Direction: [X 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 # Y77047 | Reg Type CO | Reg State MA

Veh Year 2007 | Veh Make ISUZU | Veh Config. 8

Owner YOC LANDSCAPING AND CONSTRUCTION INC (Last, First, Middle)

Address 24 LANDER ST APT 1

City LYNN | State MA | Zip 01902-3015

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

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

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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	1	
			M	3	1	4	0	0	10	1	

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 | CDL Endorsement

Operator VICTOR, GELAIN (Last, First, Middle)

Address 34 WALNUT ST APT 1

City MALDEN | State MA | Zip 02148-7049

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 5YEB64 | Reg Type PC | Reg State MA

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

Owner VICTOR, GELAIN (Last, First, Middle)

Address 34 WALNUT ST APT 1

City MALDEN | State MA | Zip 02148-7049

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 4 | | Driver Distracted by: 0 | |

Damaged Area Code: 8 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

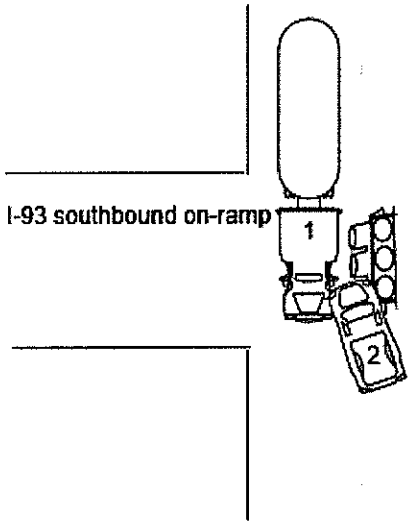
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	3	0	0	8	1	

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:

Operator 1 of Vehicle 1 stated he was going northbound through the green light when vehicle 2 crossed in front of him to drive onto 1-93 southbound ramp, further stating he did not have ample time to stop and avoid the crash.

Operator 2 of vehicle 2 stated he was saw a blinking green arrow (the arrow does not blink green it just turns yellow) at which time he turned onto the I-93 southbound ramp and was hit by vehicle 1.

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 # Y77047 (From Vehicle Section)

Carrier Name Yoc Landscaping, construction — Bus Use (42) 0

Address 24 LANDER ST — City LYNN — St MA — Zip 01902

US DOT #: 3439895 — State Number — Issuing State MA — MC/MX/ICC #:

Interstate (43) 0 — Cargo Body Type Code (44) 97 — GVWR/GCWR (45) 1

Trailer Reg #: TZ2410B — Reg Type TR — Reg State MA — Reg Year 2007 — Trailer Length (46) 97

Hazmat Information:

Placard (47) 2 — Material 1 digit # (48) — Material Name — Material 4 digit # — Release code (49)

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Seth A Mucha-Kangas		235	Wilmington Police Department		09/04/2026

Wilmington Police Department
Images Associated with 26-250-AC

Wilmington Police Department
Images Associated with 26-250-AC

Wilmington Police Department
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