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 Type
09/07/2026	1847 (24HR)	Wilmington	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

Route#	Direction	Name of Roadway/Street
		ALDRICH RD
At		
		FOREST ST
Also at Intersection with		

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 #Occupants 1 ☐ Hit/Run ☐ Moped — Crash Report ID# 26-251-AC

License # _____ St. _____ DOB/Age _____

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

Operator CAMERON, DEON ANTHONY (Last First Middle)

Address 38 BLANCHARD RD

City WILMINGTON State MA Zip 01887-2250

Insurance Company CONTINENTAL WESTERN INSUR

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 # X76438 Reg Type CO Reg State MA

Veh Year 2021 Veh Make CHEVROLET Veh Config. 2

Owner EK CONSTRUCTION LLC (Last First Middle)

Address 12A ERICSSON ST

City BOSTON State MA Zip 02122-3602

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: _

BAC Test Result: _

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			1	1	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 4 #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 OKEKE, MICHAEL O (Last First Middle)

Address 4 WESTDALE AVE

City WILMINGTON State MA Zip 01887-3044

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 4CBY99 Reg Type PC Reg State MA

Veh Year 2018 Veh Make TOYOTA Veh Config. 1

Owner OKEKE, MICHAEL O (Last First Middle)

Address 4 WESTDALE AVE

City WILMINGTON State MA Zip 01887-3044

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 _ _ _

Test Status: 1

Type of Test: _

BAC Test Result: _

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

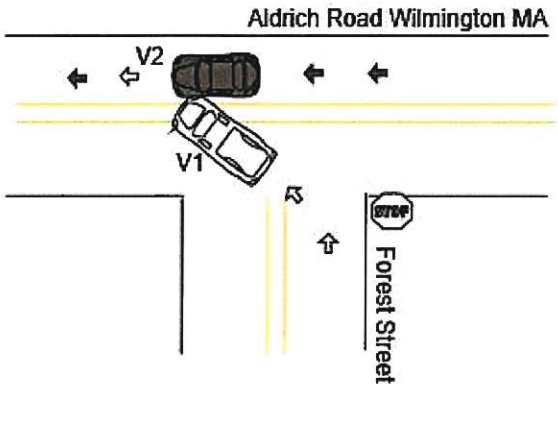
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
ISABELLA OKEKE			F	3	1	4	0	0	10	1	
			F	7	4	4	0	0	10	1	
			M	9	4	4	0	0	10	1	

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:

V2 was traveling straight on Aldrich Road in the area of Forest Street. V1 took a left onto Aldrich Road from Forest Street and the two vehicles crashed. Opr1 stated V2 must have been in his blind spot because he did not see him when he took the left. Opr2 stated V1 took the left onto Aldrich Road and crashed into him. Opr2 stated he tried to swerve to avoid the crash but he could not completely avoid it. V2 had 1 adult and two juvenile passengers. All involved operators and occupants declined medical attention. V1 sustained moderate damage to the front right corner. V2 sustained moderate damage to the left side, specifically the driver door. The driver door to V2 could not be opened properly. Neither vehicle was towed.

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:

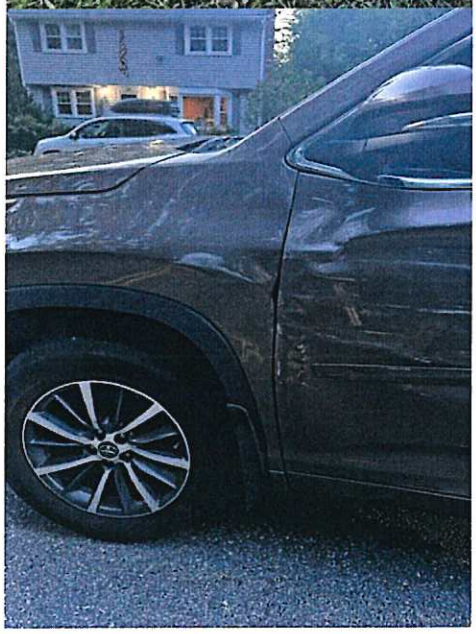
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Kathryn C Goodwin		216	Wilmington Police Department		09/07/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-251-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
09/08/2026	1453 (24HR)	Wilmington	2	0

Speed Limit 5 | Latitude | Longitude | State Police | Local Police | MBTA Police | Campus Police | Other:

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

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

10 38 | | 260 | MAIN ST
Route# | Direction | Address # | Name of Roadway/Street

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

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

Feet [N S E W] of WILMINGTON PLAZA LOT
Landmark

3 Please Select One of the Following: [X] Vehicle 1 2 #Occupants [ ] Hit/Run [ ] Moped — Crash Report ID# 26-252-AC

License # | St | DOB/Age
Sex M | Lic. Class D | Lic. Restrictions | CDL Endorsement
Operator RZEPKA, JOSEPH JOHN (Last First Middle)
4 1 Address 62 MARTIN RD
City READING | State MA | Zip 01867-1432
Insurance Company THE HANOVER INSURANCE COM
Vehicle Travel Direction: N [X] E W | Responding to Emergency? 2
5 Citation # (If Issued)
Viol. 1: Ch/Sec/Sub | Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub | Viol. 4: Ch/Sec/Sub

Reg # 1TTA98 | Reg Type PC | Reg State MA
12 1 Veh Year 2004 | Veh Make TOYOTA | Veh Config. 1
Owner SPINALE, JOSEPHINE K (Last First Middle)
Address 62 MARTIN RD
City READING | State MA | Zip 01867-1432
Vehicle Action Prior to Crash 6
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code 18 | | Driver Distracted by 0
Damaged Area Code: 2 | 27 | 27 | 27
Test Status: 1
Type of Test: 0
BAC Test Result:
13 1 Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

6 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	
JOSEPHINE SPINALE	62 MARTIN RD READING, MA 01867-1432			3	1	4	0	0	10	1	

7 1 Please Select One of the Following: [X] Vehicle 2 2 #Occupants [ ] Hit/Run [ ] Moped [ ] Vulnerable User Complete the Vulnerable User section.

License # | S | DOB/Age
Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Operator JI, SHAOXIA (Last First Middle)
8 1 Address 400 DUNSTABLE RD APT 17
City TYNGSBORO | State MA | Zip 01879-1917
Insurance Company PROGRESSIVE DIRECT INSURA
Vehicle Travel Direction: N S [X] 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 # 8WJ343 | Reg Type PC | Reg State MA
Veh Year 2019 | Veh Make TOYOTA | Veh Config. 2
Owner JI, SHAOXIA (Last First Middle)
Address 400 DUNSTABLE RD APT 17
City TYNGSBORO | State MA | Zip 01879-1917
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 | 27 | 27 | 27
Test Status: 1
Type of Test: 0
BAC Test Result:
14 1 Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

Please fill out for operator and all occupants involved

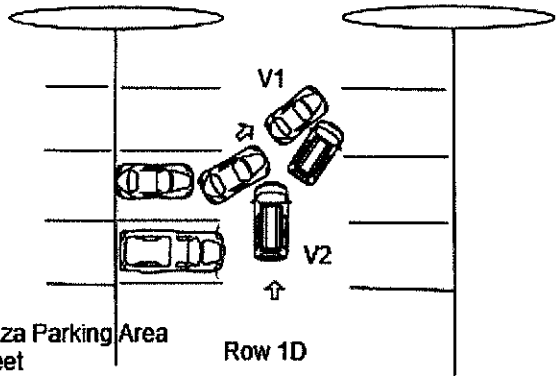
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
XIAOYING ZENG	400 DUNSTABLE RD TYNGSBORO, MA 01879-1917		F	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →

Plaza Thru-Way closest to Main Street



Market Basket Plaza Parking Area
222-260 Main Street

Row 1D

N

Facing Main Street/RT38N—S

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 (MA-1TTA98) exited parking space (Row 1-D()in the Wilmington Plaza lot. Collision occured with V2(MA-8WJ243)travelling straight in the thru-way between the rows of parked cars. V1 Opr stated, he was well into left turn when v2 hit him in the thru-way area & pointed to plastic parts on ground to show same. However, vehicles were moved post collison & before police arrival to show POI. In addition, V1 had large pick up truck in adjacent spot partially obstructing view of V2 approaching left. V2 opr. claimed he was going straight when V1 exited in front of him. V2 opr. also claimed initial collison occured right where vehicle exited space & the cars continued forward towards area referenced by V1 opr. Absent reliable video footage or independant witnesses basic rules of road apply in which vehicles traveling straight typically have ROW & vehs maneuvering have higher safety. Absent more, V1 obstructed view/fail to yield likely cause of crash.

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 Richard DiPerri		173	Wilmington Police Department		09/08/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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
09/09/2026	1117 24HR	Wilmington	2	0

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 | 960 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# 26-253-AC

License #. ____ St ____ DOB/Age.

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

Operator BRAGG, CAROL ANN (Last First Middle)

Address 45 WINTER ST

City WOBURN State MA Zip 01801-1235

Insurance Company LM GENERAL INSURANCE COMP

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 # 53TF31 Reg Type PC Reg State MA

Veh Year 2017 Veh Make FORD Veh Config. 1

Owner BRAGG, CAROL ANN (Last First Middle)

Address 45 WINTER ST

City WOBURN State MA Zip 01801-1235

Vehicle Action Prior to Crash 2

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? 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			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.

License #. ____ St ____ DOB/Age.

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

Operator AHMED, SHAFIQUE (Last First Middle)

Address 5 CALVIN ST

City SOMERVILLE State MA Zip 02143-3803

Insurance Company FARMERS PROPERTY & CASUAL

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 # 435PB5 Reg Type PC Reg State MA

Veh Year 2007 Veh Make TOYOTA Veh Config. 1

Owner AHMED, SHAFIQUE (Last First Middle)

Address 5 CALVIN ST

City SOMERVILLE State MA Zip 02143-3803

Vehicle Action Prior to Crash 10

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 0

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

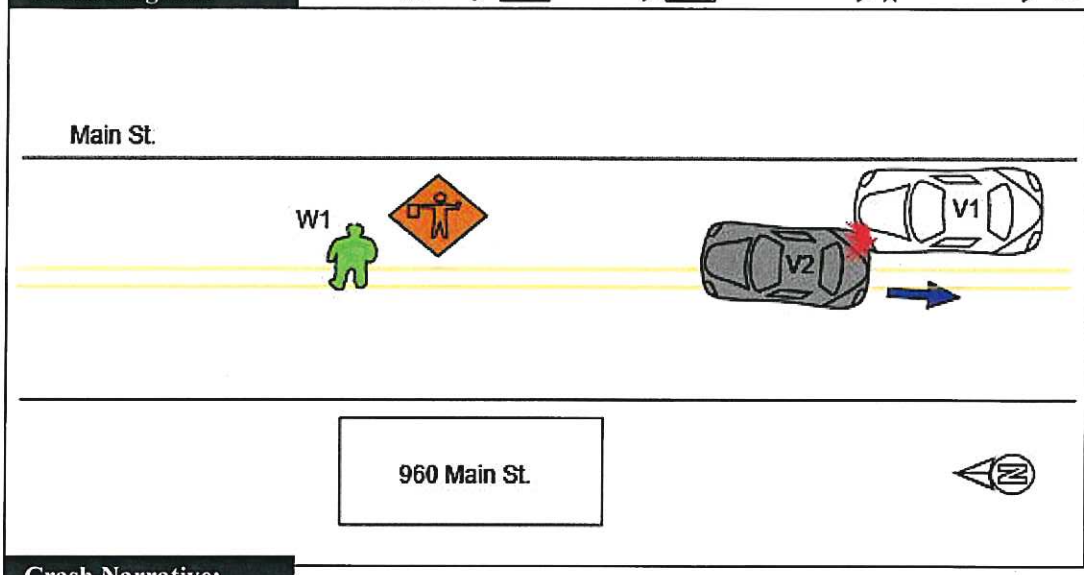
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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 Wednesday, September 9th, 2026, at 1139hrs. I responded to 960 Main St. for report of a 2 car Motor Vehicle crash with no injuries. Upon my arrival, Operator of V1 stated she was stopped in line. Then V2 passed her on the left. She stated V2 was then stopped by the flagger who was directing traffic. The flagger then directed V2 to back up. While V2 backed up, Operator of V1 was using her horn to signal her presence behind V2. Despite this, Operator of V1 reported V2 backed into her vehicle. The Flagger stated the Operator of V2 passed several cars while driving on the wrong side of the road. The flagger directed V2 to stop and back up so opposing traffic could proceed. Flagger stated that V2 then backed into V1. Operator of V2 stated he was attempting to proceed through the construction area when he was stopped by the flagger and directed to back up. Operator of V2 stated that while backing up he struck the front of V1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DASILVA FRANCISCO PAULO	47 THOMPSON ST NEW BEDFORD MA 02740-4700		

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		09/09/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-253-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
09/10/2026	1611 (24HR)	WILMINGTON	2	1	35			State Police / Local Police / MBTA Police / Campus Police / Other:

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: ROUTE 125 HWY

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street: BALLARDVALE ST

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 ____

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

Crash Report ID# 26-255-AC

License #: ____ St: ____ DOB/Age: ____

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: 1 (20) CDL Endorsement: ____

Operator: CARPENITO, RICHARD ALBERT (Last First Middle)

Address: 45 FAIRWAY DR

City: TEWKSBURY State: MA Zip: 01876-4528

Insurance Company: AMICA MUTUAL 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 #: 3DP646 Reg Type: PC Reg State: MA

Veh Year: 2027 Veh Make: HONDA Veh Config: 1 (21)

Owner: CARPENITO, RICHARD ALBERT (Last First Middle)

Address: 45 FAIRWAY DR

City: TEWKSBURY State: MA Zip: 01876-4528

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) 6 (27) 4 (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
MARIE CARPENITO	45 FAIRWAY DR TEWKSBURY, MA 01876-4528		F	3	1	4	0	0	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 #: ____ St ____ DOB/Age: ____

Sex: F Lic. Class: D (19) (19) Lic. Restrictions: B (20) CDL Endorsement: ____

Operator: BACA, NATALIE (Last First Middle)

Address: 6 LIBERTY AVE

City: WOBURN State: MA Zip: 01801-4319

Insurance Company: PROGRESSIVE DIRECT INSURA

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 #: 6PFB37 Reg Type: PC Reg State: MA

Veh Year: 2004 Veh Make: HONDA Veh Config: 1 (21)

Owner: BACA, THOMAS JR (Last First Middle)

Address: 130 ABBOTT ST FL APT 2

City: LAWRENCE State: MA Zip: 01843-1806

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) (23) (23) (23)

Most Harmful Event: 1 (24)

Driver Contributing Code: 19 (25) (25)

Driver Distracted by: 0 (26) (26)

Damaged Area Code: 1 (27) (27) (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

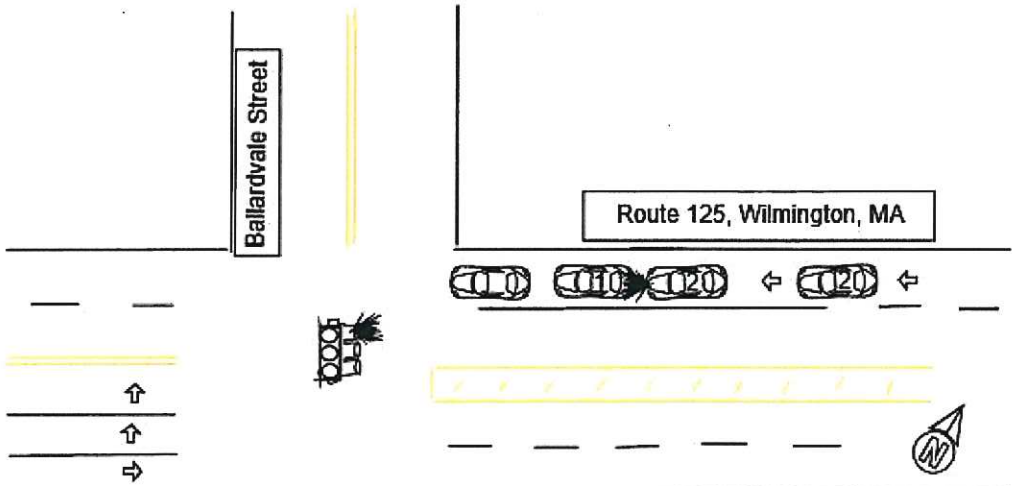
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

Operator of MV 1 stated that he had stopped for a red light at the intersection of Route 125 and Ballardvale Street and was rear ended by MV 2. MV 2 operator stated that she believed MV 1 stopped short and she rear ended him.

MV 1 and MV 2 operators denied injuries. Both vehicles were in driveable condition. Minor damage to the rear of MV 1. No apparent damage to MV 2, stated left front damage to bumper was pre-existing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

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

Hazmat Information:

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

Patrol Officer James R Hill		225	Wilmington Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-255-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
09/10/2026	1710 (24HR)	Wilmington	2	0	35			☒ Local Police

Police Agency: ☐ 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 | 220 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 (1 #Occupants) ☐ Hit/Run ☐ Moped

Crash Report ID# 26-256-AC

License # ____ St ____ DOB/Age ____

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

Operator BULLOCK, SARAH A (Last, First, Middle)

Address 198 ANDOVER RD

City BILLERICA | State MA | Zip 01821-1953

Insurance Company THE COMMERCE INSURANCE CO

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 # 647LF7 | Reg Type PC | Reg State MA

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

Owner BULLOCK, SARAH A (Last, First, Middle)

Address 198 ANDOVER RD

City BILLERICA | State MA | Zip 01821-1953

Vehicle Action Prior to Crash: 6

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 | |

Driver Distracted by: 0 | |

Damaged Area Code: 6 | | |

Test Status: 1

Type of Test: ____

BAC Test Result: ____

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			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.

License # ____ St ____ DOB/Age ____

Sex ____ | Lic. Class | Lic. Restrictions | CDL Endorsement ____

Operator unknown (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 # unknown | 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

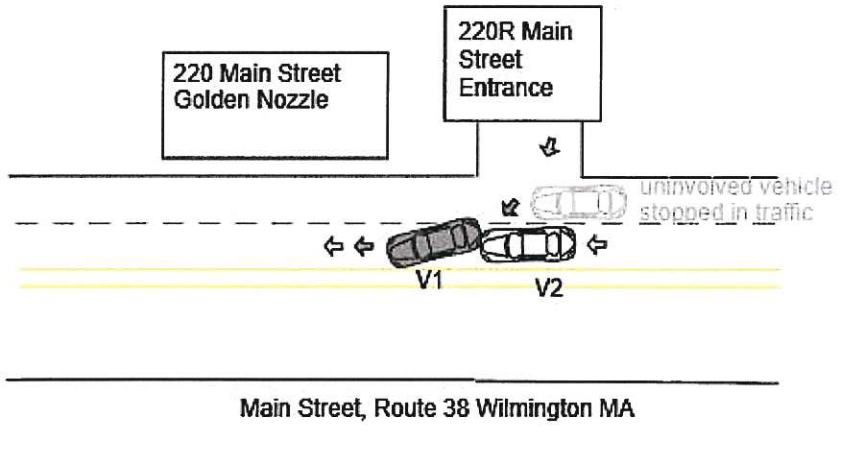
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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 of V1 stated she exited the parking lot of 220R Main Street, the Learning Experience. She stated a vehicle stopped to let her into traffic (uninvolved vehicle pictured above) therefore she pulled out into the first lane (the right lane). She stated she slowly inched around the vehicle to change into the left lane. She stated that when she pulled into that left lane, V2 crashed into her from behind and sustained damage to the front. V2 did not stop after the crash and continued north on Main Street. Operator of V1 described V2 as a white car, possibly a Volkswagon. I checked the area for V2 and was not able to locate it. No injuries observed or reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

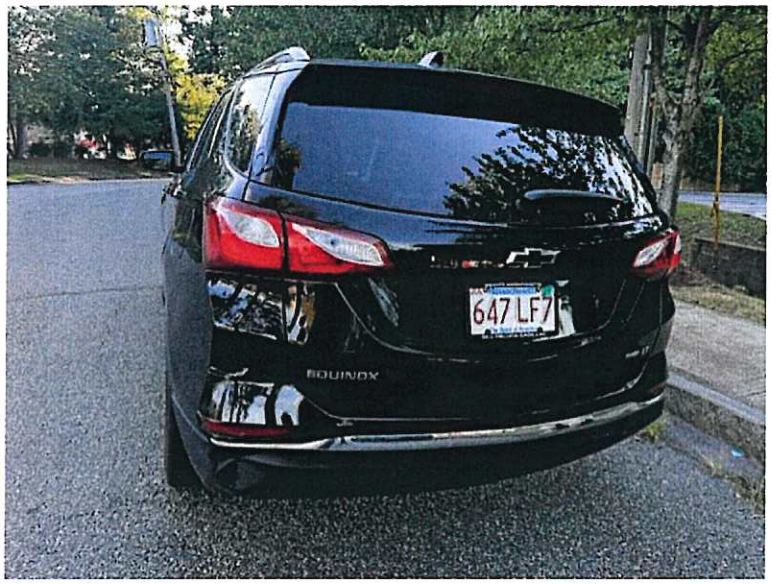
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

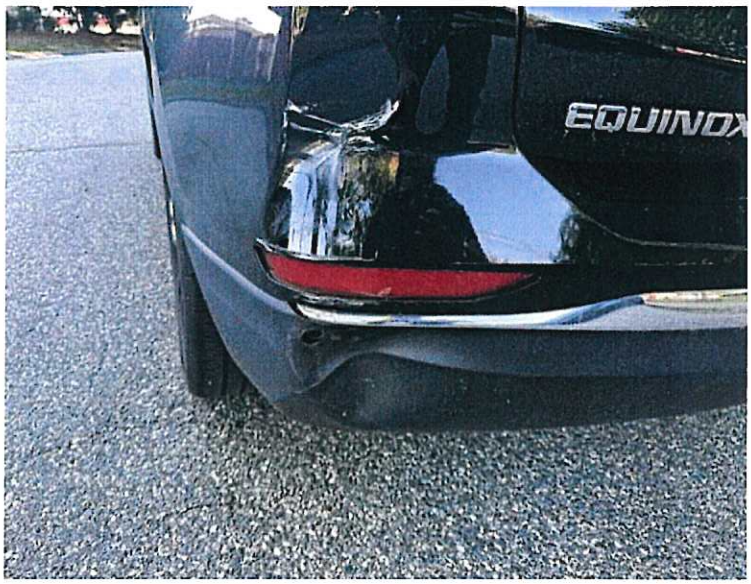
Hazmat Information:

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

Patrol Officer Kathryn C Goodwin		216	Wilmington Police Department		09/10/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-256-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
09/11/2026	0920 24HR	Wilmington	2	0	35			☐	☒	☐	☐	

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 #: 355 Name of Roadway/Street: MIDDLESEX AVE

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

8 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# 26-258-AC

Vehicle 1

License #: _____ St: _____ DOB/Age: _____ Reg #: 5HNK12 Reg Type: PC Reg State: MA

Sex: M Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement: _____ Veh Year: 2014 Veh Make: CHRYSLER Veh Config: 1 (21)

4 1 — Operator: SKEHAN, GREGORY TIMOTHY JR (Last First Middle) Owner: SKEHAN, GREGORY TIMOTHY (Last First Middle)

Address: 7 JESSICA DR Address: 7 JESSICA DR

City: BURLINGTON State: MA Zip: 01803-1351 City: BURLINGTON State: MA Zip: 01803-1351

Insurance Company: PLYMOUTH ROCK ASSURANCE C

5 1 — 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: _____

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: 2 (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)

1 13

6 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	

7 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: _____ Reg #: C6BVHB Reg Type: PC Reg State: NJ

Sex: F Lic. Class: D (19) (19) Lic. Restrictions: (20) CDL Endorsement: _____ Veh Year: 2018 Veh Make: SUBARU Veh Config: 1 (21)

8 2 — Operator: KARMAKAR, CHINMOYEE O (Last First Middle) Owner: KARMAKAR, CHINMOYEE O (Last First Middle)

Address: 247 RIDGE LN APT 311 Address: 247 RIDGE LN APT 311

City: WALTHAM State: MA Zip: 02451 City: WALTHAM State: MA Zip: 02451

Insurance Company: _____

9 2 — 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: _____

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: 4 (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)

1 14

Please fill out for operator and all occupants involved

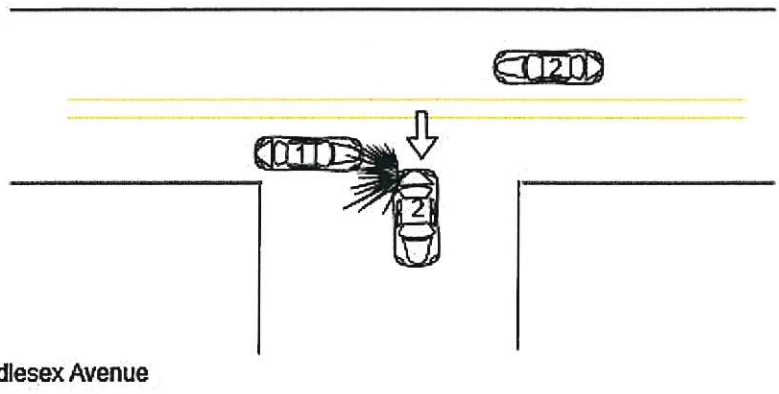
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



355 Middlesex Avenue

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:

While traveling East on Middlesex Avenue, motor vehicle 1 collided with motor vehicle 2, who was attempting to make a left turn into the parking lot of 355 Middlesex Avenue. Both vehicles pulled into the parking lot to exchange information. Motor vehicle 1 had minor damage to the front right side and motor vehicle 2 had minor damage to the back right side (see images). No air bags were deployed and no injuries were sustained during the crash. Both vehicles were still in driveable condition.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Zachary A Leighton		227	Wilmington Police Department		09/11/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-258-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	
09/11/2026	1317 (24HR)	Wilmington	1	1	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

1 1 — Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | Address # | Name of Roadway/Street: 580 MAIN ST

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

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#: 26-259-AC

License # _ S _ DOB/Age _

Sex: F | Lic. Class: D | Lic. Restrictions: 20 | CDL Endorsement

Operator (Last First Middle): MATTAR, JULIE ANNA

Address: 19 WYMAN RD

City: BILLERICA | State: MA | Zip: 01821-3725

Insurance Company: MERCHANTS MUTUAL INSURANC

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

4 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 # 5NCL39 | Reg Type: PC | Reg State: MA

Veh Year: 2020 | Veh Make: LEXUS | Veh Config.: 1 (21)

1 12

Owner (Last First Middle): INLINE MECHANICAL LLC

Address: 226 LOWELL ST APT E A3

City: WILMINGTON | State: MA | Zip: 01887-3073

5 2 — Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 22 (23) 23 23 23

Most Harmful Event: 22 (24)

Driver Contributing Code: 97 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 1 (27) 2 (27) 7 (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

Susp. Alcohol: 2 (31) | Susp. Drug: 1 (32)

Towed from scene? 1 (33)

22 13

6 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	8	2	Lahey Hospital

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 _ | Lic. Restrictions: 20 | CDL Endorsement

Operator (Last First Middle) _

Address _

City _ State _ Zip _

Insurance Company _

Vehicle Travel Direction: [N S E W] | Responding to Emergency? _

8 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

9 2 — Please fill out for operator and all occupants involved

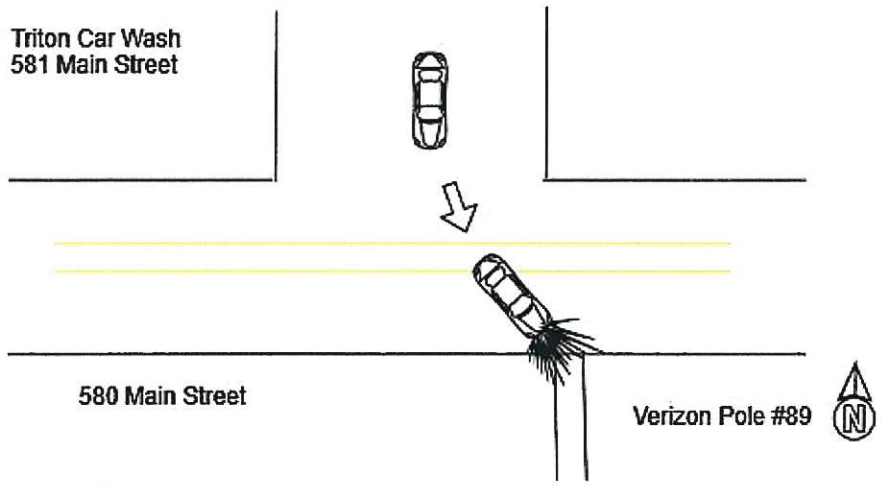
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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:

After exiting the car wash, the opertor of the motor vehicle stated that while trying to put her car from neutral to drive, she lost control of the vehicle and went over the double yellow line of 581 Main Street and crashed into a verizon pole on the sidewalk. The vehicle sustained major damage to the front center, left and right side (see images).

Due to the nature of the crash, airbags were deployed from the steering wheel,and inside of the vehicle on left and right side.

The witness, Stephen Murphy, did confirm that the vehicle came straight out of the car wash at a high rate of speeed and crashed into the pole. The vehicle was towed off scene by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
MURPHY STEPHEN MATTHEW	5 GREEN ST BILLERICA MA 01821-5408		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE #89

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

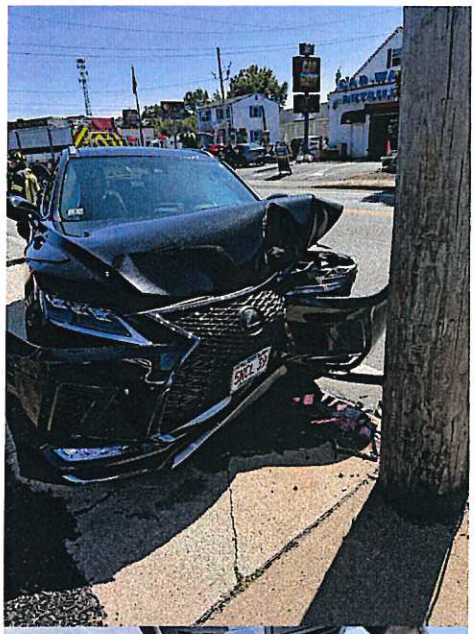
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

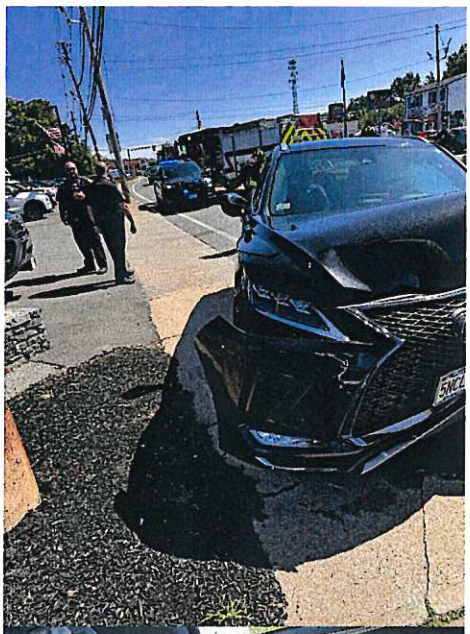
Hazmat Information:

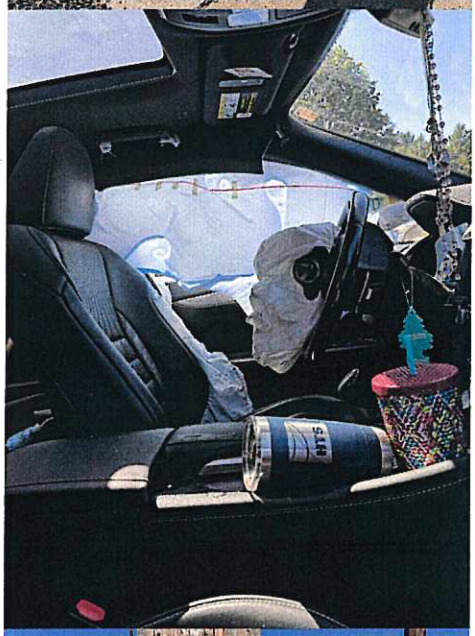
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
Patrol Officer Zachary A Leighton		227	Wilmington Police Department		09/11/2026

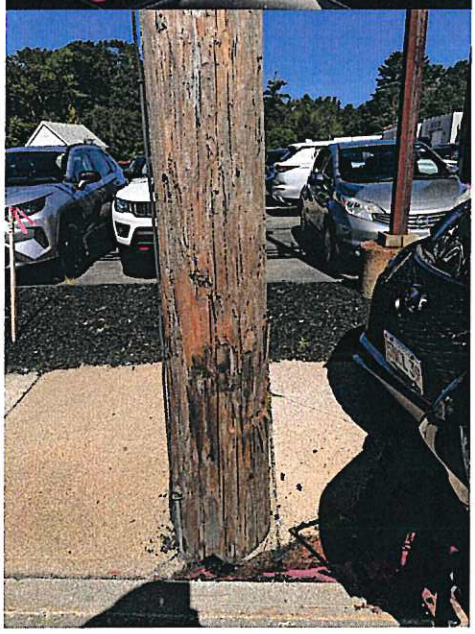
Wilmington Police Department
Images Associated with 26-259-AC

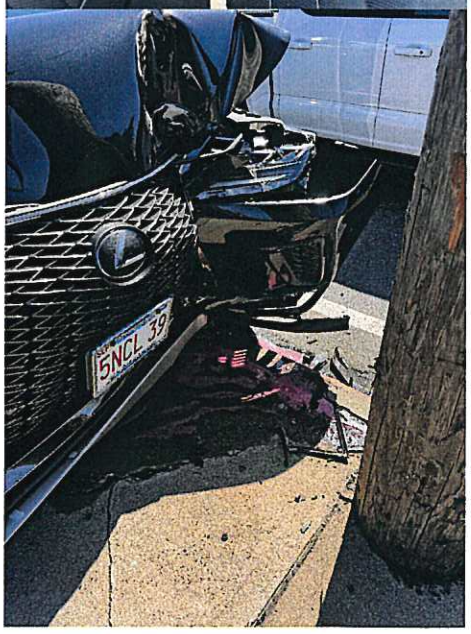




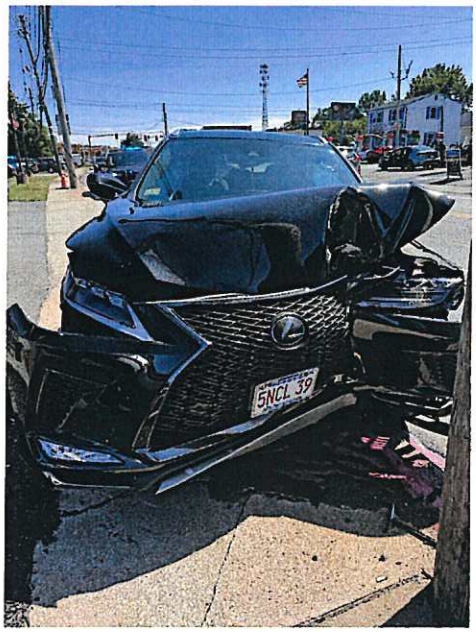


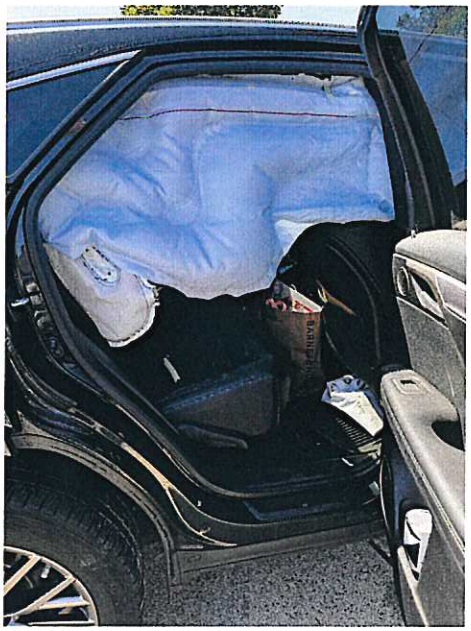






Wilmington Police Department
Images Associated with 26-259-AC





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
09/12/2026	2042 24HR	Wilmington	1	0

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

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

14 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 | 103 Address # | GLEN RD 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: ☒ Vehicle 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-260-AC

License #. _____ St. _ DOB/Age
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
42 Operator AYOUB, RICHARD G JR (Last First Middle)
Address 56 RHODES ST
City WILMINGTON State MA Zip 01887-1827
Insurance Company PROGRESSIVE DIRECT INSURA
51 Vehicle Travel Direction: [N S E X] Responding to Emergency? 2
Citation # (If Issued) _____
61 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # EVFN85 Reg Type PC Reg State MA
Veh Year 2024 Veh Make HYUNDAI Veh Config. 1 21
1 12 Owner AYOUB, RICHARD G JR (Last First Middle)
Address 56 RHODES ST
City WILMINGTON State MA Zip 01887-1827
Vehicle Action Prior to Crash 1 22
Event Sequence 4 23 23 23 23
Most Harmful Event 4 24
Driver Contributing Code 19 25 25
Driver Distracted by 0 26 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
4 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	

72 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
82 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			1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User

Type: 2 (VU1) | Action: 2 (VU2) | Location: 8 (VU3)

VU: Last First Middle

Address

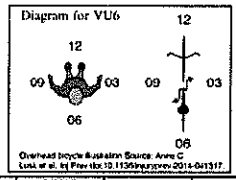
City State Zip

License # St DOB/Age

Traffic Control Device: 0 (VU4)

Origin/Destination: 2 (VU5)

Contact Point: 12 (VU6)



Primary Injury Area: 4 (VU7)

Event Sequence: 13 (VU8) | VU8 | VU8 | VU8

Contributing Code: 16 (VU9) | VU9

Distracted by: 99 (VU10) | VU10

Test Status: 1 (VU11)

Type of Test: 0 (VU12)

BAC Test Result: 1 (VU13)

Susp. Alcohol: 2 (VU14)

Susp. Drug: 2 (VU15)

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User	M	97	6	3	0	7	2	

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: Last First Middle

Address

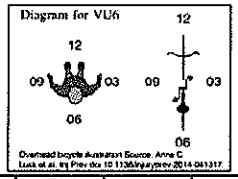
City State Zip

License # St DOB/Age

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

Vulnerable User

Type: VU1 | Action: VU2 | Location: VU3

VU: Last First Middle

Address

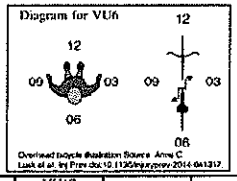
City State Zip

License # St DOB/Age

Traffic Control Device: VU4

Origin/Destination: VU5

Contact Point: VU6



Primary Injury Area: VU7

Event Sequence: VU8 | VU8 | VU8 | VU8

Contributing Code: VU9 | VU9

Distracted by: VU10 | VU10

Test Status: VU11

Type of Test: VU12

BAC Test Result: VU13

Susp. Alcohol: VU14

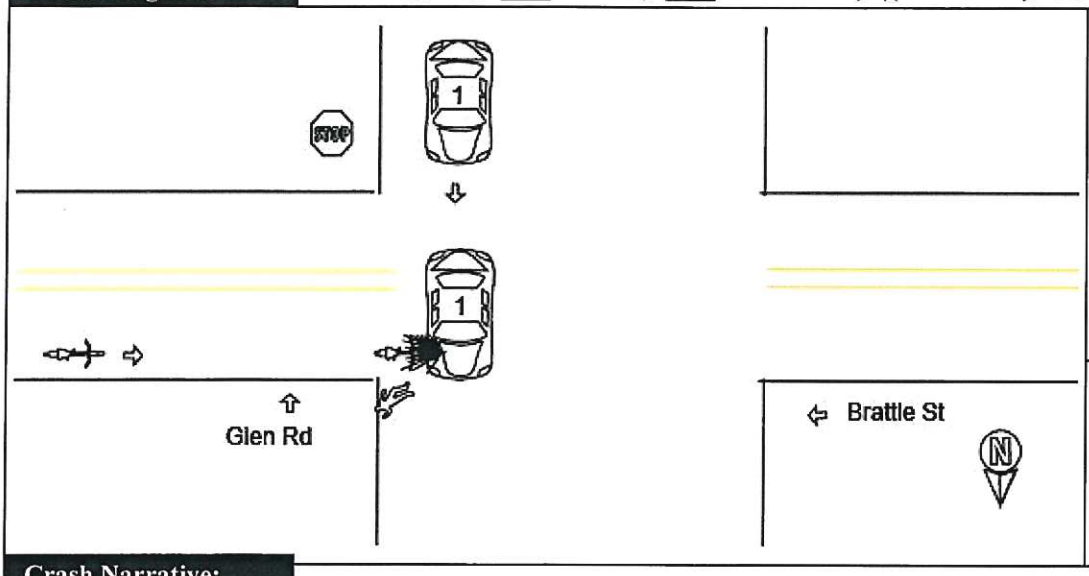
Susp. Drug: VU15

	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility
Vulnerable User								

= 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 at the intersection of Glen Road at Brattle Street. The juvenile riding an electric bicycle was traveling west on Glen Road when it approached the intersection. Vehicle 1 reported not seeing the E-bike before attempting to travel straight across. The juvenile on the bike reported not remembering seeing the vehicle cross the street The operator of vehicle 1 stated the juvenile slammed hard into the front passenger side of his vehicle operator of vehicle 1 was unharmed Vehicle 1 was still in driveable condition.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson		222	Wilmington Police Department		09/12/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-260-AC





