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
09/14/2026	0544 24HR	Wilmington	2	0

Speed Limit 40 | Latitude | Longitude | State Police | Local Police ☒ | MBTA Police | Campus Police | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: I93NB HWY

At

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

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street

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

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

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-261-AC

Vehicle 1

License # — St. — DOB/Age —

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

Operator ROY, RONALD WILLIS (Last First Middle)

Address 21 WINSTON DR

City LAWRENCE | State MA | Zip 01843-3014

Insurance Company THE COMMERCE INSURANCE 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 # 224YZR | Reg Type PC | Reg State MA

Veh Year 2016 | Veh Make SUBARU | Veh Config. 1

Owner ROY, RONALD WILLIS (Last First Middle)

Address 21 WINSTON DR

City LAWRENCE | State MA | Zip 01843-3014

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

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	99	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 B | CDL Endorsement

Operator MARSH, STEVEN THOMAS (Last First Middle)

Address 10 S CROSS ST

City TEWKSBURY | State MA | Zip 01876-4386

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 # 4GJ774 | Reg Type PC | Reg State MA

Veh Year 2006 | Veh Make FORD | Veh Config. 1

Owner MARSH, DEBORAH ANN (Last First Middle)

Address 10 S CROSS ST

City TEWKSBURY | State MA | Zip 01876-4386

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

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

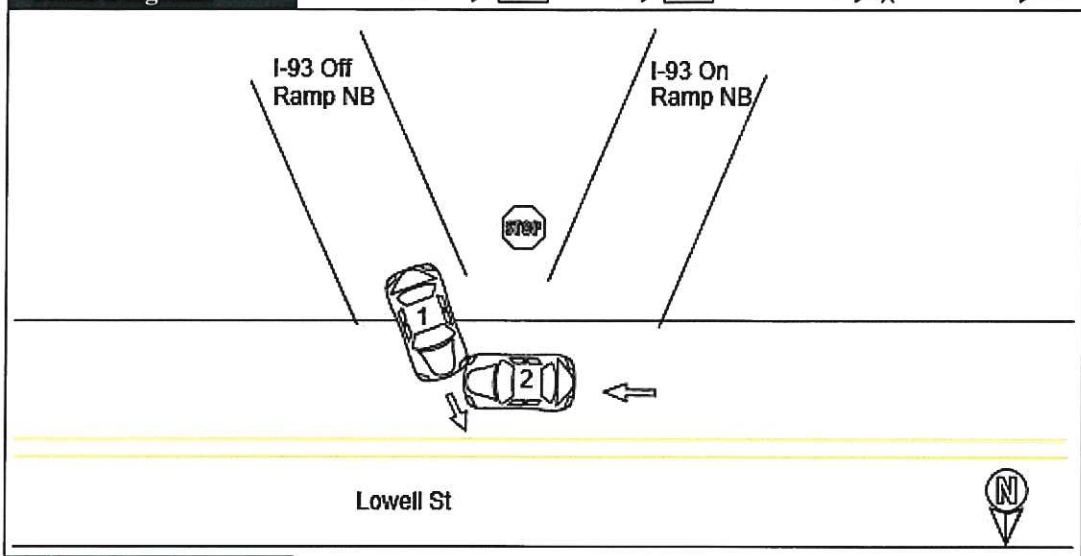
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	1	0	0	10	1	

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:

Car 1 was coming off I-93 NB ramp and stopped at stop sign. Car 1 then attempted to make a left hand turn, and collided into the front right of car 2. Car 2 was travelling East in the right hand lane when car 1 exited the off ramp and car 1 collided into the front left of car 2. Car 1 air bag deployed and both cars were towed off scene by Cains towing. Both partises refused medical attention.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

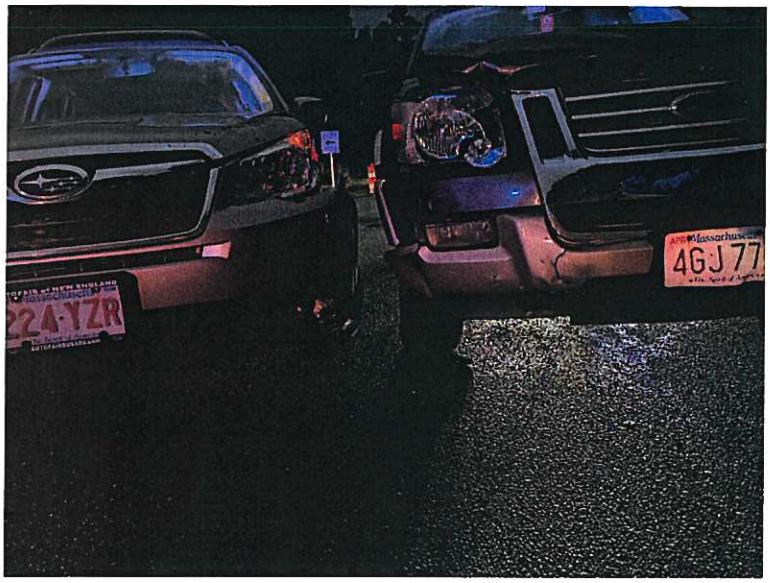
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

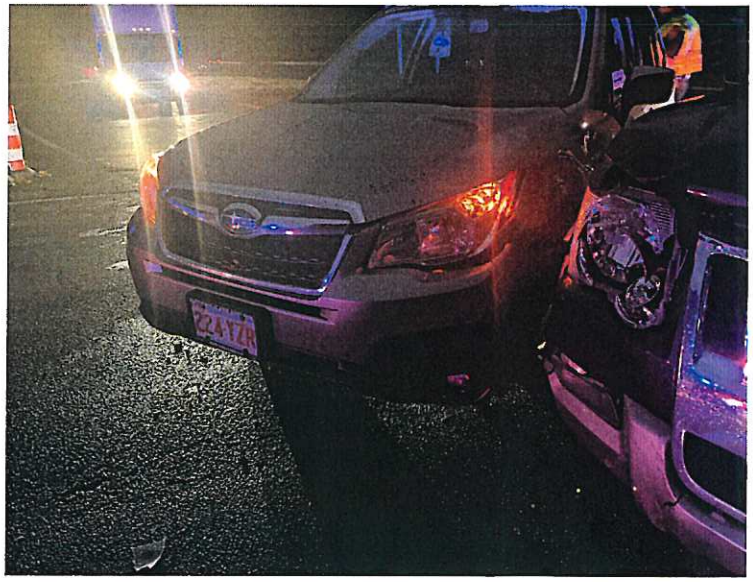
Hazmat Information:

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

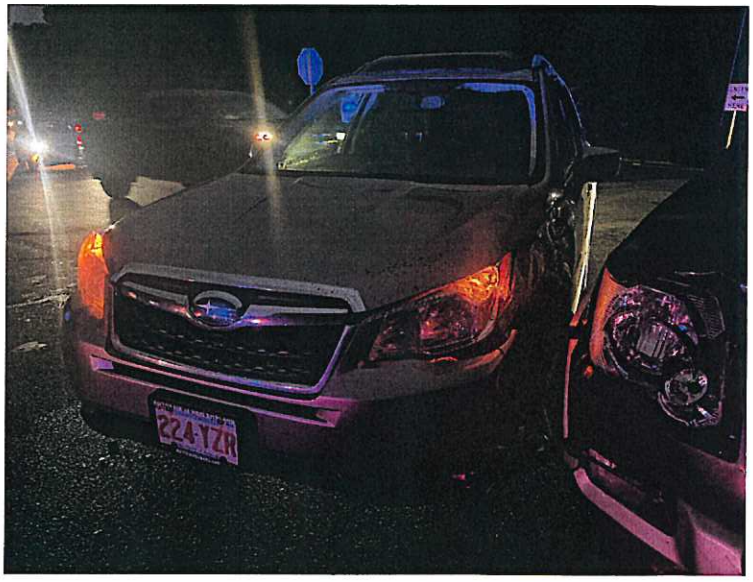
Patrol Officer Jack Rooney		243	Wilmington Police Department		09/14/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

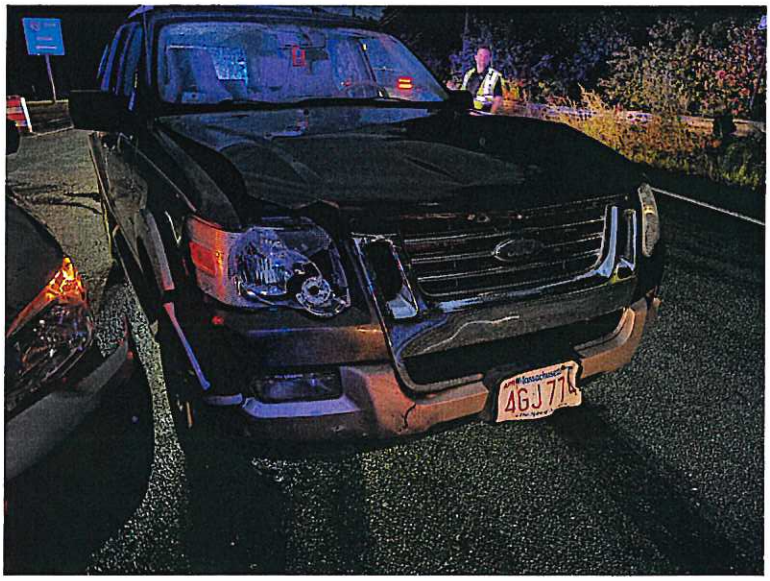
Wilmington Police Department
Images Associated with 26-261-AC













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
09/15/2026	1216 (24HR)	Wilmington	2	1	40			

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 | 200 Address # | BALLARDVALE 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# 26-262-AC

Vehicle 1

License # ___ St. ___ DOB/Age ___

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

Operator SORRENTINO, RYAN ANTHONY (Last / First / Middle)

Address 3 CREST RD

City TEWKSBURY | State MA | Zip 01876-1029

Insurance Company THE COMMERCE INSURANCE 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 # 2WET86 | Reg Type PC | Reg State MA

Veh Year 2022 | Veh Make Jeep | Veh Config. 1

Owner SORRENTINO, RICHARD ANTHONY II (Last / First / Middle)

Address 3 CREST RD

City TEWKSBURY | State MA | Zip 01876-1029

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 | 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	4	0	0	10	0	

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

Vehicle 2

License # ___ St. ___ DOB/Age ___

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

Operator BURNET, MARY HAMILTON (Last / First / Middle)

Address 25 MARSHALL ST

City NORTH READING | State MA | Zip 01864-3013

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 # 1XLJ86 | Reg Type PC | Reg State MA

Veh Year 2016 | Veh Make TOYOTA | Veh Config. 1

Owner BURNET, JAMES EDGAR (Last / First / Middle)

Address 25 MARSHALL ST

City NORTH READING | State MA | Zip 01864-3013

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | 1 | | |

Most Harmful Event: 1

Driver Contributing Code: 1 |

Driver Distracted by: 0 | 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

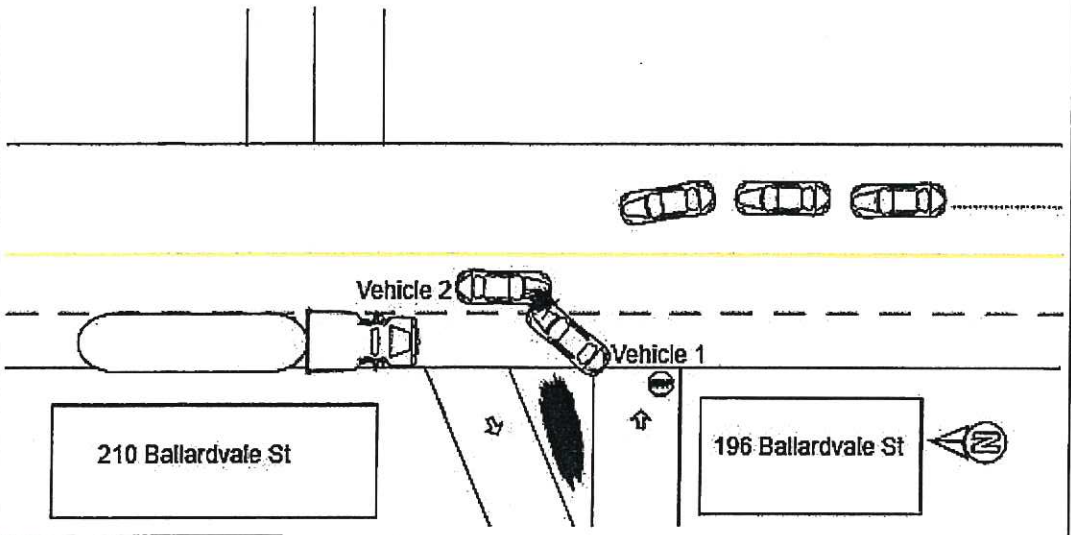
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	2	
			M	6	4	4	0	0	9	2	

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:

The involved white Jeep was attempting to turn left onto Ballardvale St from 196 Ballardvale St and struck the red Toyota in the left lane of the south travel lane. The white Jeep sustained major damage to the front right portion of the vehicle while the red Toyota sustained damage to the front right side.The driver of the white jeep claimed he thought both lanes were clear for travel and attempted to take the left turn, striking the red Toyota.

.The white Jeep was towed by Forrest towing to 197 Ballardvale St. The red Toyota was towed by Forrest towing and was returned to their yard.

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

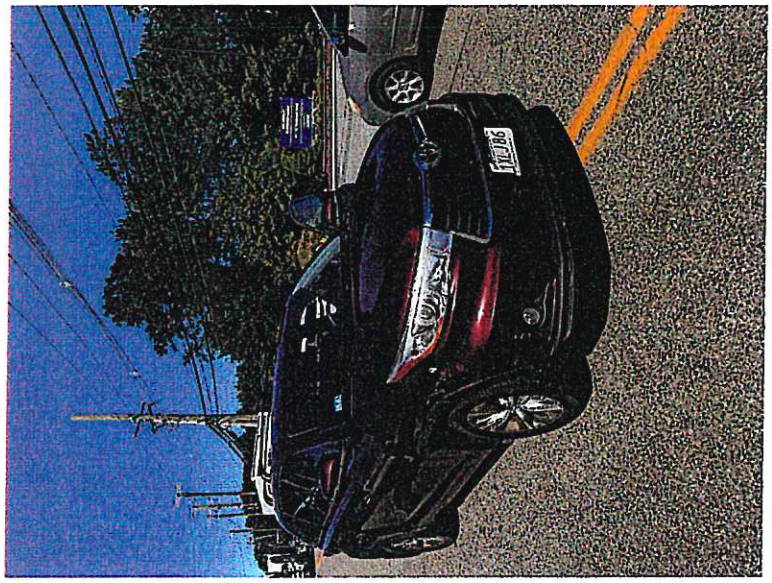
Trailer Reg #:_____ Reg Type_____ Reg State_____ Reg Year_____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Karl Saied		242	Wilmington Police Department		09/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-262-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	
09/15/2026	1442 (24HR)	Wilmington	2	0	40			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 # | Name of Roadway/Street: 316 LOWELL ST

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

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

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-263-AC

Vehicle 1

License # _ St DOB/Age

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

Operator DE AGUIAR JUNIOR, VANDERLEI G (Last First Middle)

Address 42 WELLMAN ST APT 513

City LOWELL State MA Zip 01851-5171

Insurance Company PROGRESSIVE DIRECT INSURA

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 # 2GXF45 Reg Type PC Reg State MA

Veh Year 2018 Veh Make HYUNDAI Veh Config. 1

Owner DE AGUIAR JUNIOR, VANDERLEI G (Last First Middle)

Address 42 WELLMAN ST APT 513

City LOWELL State MA Zip 01851-5171

Vehicle Action Prior to Crash 1

Event Sequence 1 — — — —

Most Harmful Event 1

Driver Contributing Code 20

Driver Distracted by 7

Damaged Area Code: 1 8 — —

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: — Susp. Drug: —

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	1	0	0	10	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 F Lic. Class D Lic. Restrictions 1 CDL Endorsement

Operator CANCRO, KATHLEEN M (Last First Middle)

Address 111 RIVERCLIFF RD

City LOWELL State MA Zip 01852-1471

Insurance Company LIBERTY MUTUAL FIRE INSUR

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 # 6HHJ23 Reg Type PC Reg State MA

Veh Year 2024 Veh Make Other-not listed Veh Config. 1

Owner CANCRO, KATHLEEN M (Last First Middle)

Address 111 RIVERCLIFF RD

City LOWELL State MA Zip 01852-1471

Vehicle Action Prior to Crash 1

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: 0

BAC Test Result: 1

Susp. Alcohol: — Susp. Drug: —

Towed from scene? 2

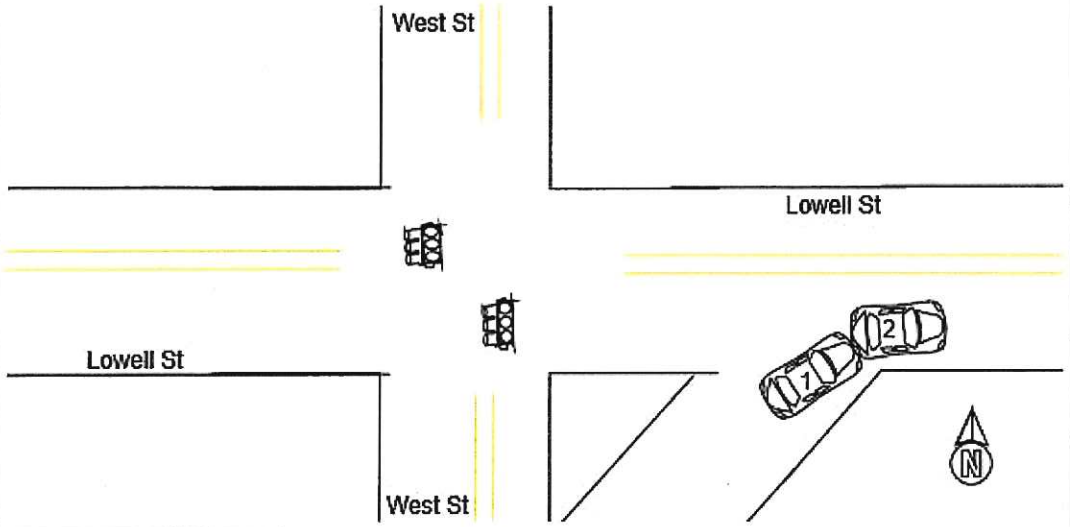
Please fill out for operator and all occupants involved

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	
		M	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Car 1 was driving Northbound on West St and entered the right hand lane in order to merge onto Lowell St. Car 1 began to merge onto Lowell St and then crashed into the rear of Car 2 causing damage to the front of Car 1 and front airbags to deploy. Car 2 was driving straight on Lowell St and after passing the intersection began to apply their brakes due to traffic and was then crashed into by car 1, causing damage to the rear of Car 2. Op 1 stated that he was looking left for oncoming traffic and did not notice that Car 2 had braked.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

Hazmat Information:

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

Patrol Officer Jack Rooney		243	Wilmington Police Department		09/15/2026
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
09/15/2026	1715 (24HR)	Wilmington	2	1

Speed Limit 40 | Latitude | Longitude | 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: EAMES 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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-264-AC

License # — St — DOB/Age —

Reg # VE39TL — Reg Type PC — Reg State MA

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

Veh Year 2025 — Veh Make BMW — Veh Config. 1

Operator REDFORD, JOHN L (Last First Middle)

Address 25 NORFOLK RD

City ARLINGTON — State MA — Zip 02476-8041

Insurance Company FARMERS PROPERTY & CASUALTY

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 —

Owner REDFORD, JOHN L (Last First Middle)

Address 25 NORFOLK RD

City ARLINGTON — State MA — Zip 02476-8041

Vehicle Action Prior to Crash: 4

Event Sequence: 1 — —

Most Harmful Event: 1

Driver Contributing Code: 4

Driver Distracted by: 0

Damaged Area Code: 1 — 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	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 —

Reg # 2BEB88 — Reg Type PC — Reg State MA

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

Veh Year 2024 — Veh Make VOLKSWAGEN — Veh Config. 1

Operator FARIA, MICHAEL (Last First Middle)

Address 15 WOLCOTT ST

City TEWKSBURY — State MA — Zip 01876-4152

Insurance Company THE COMMERCE INSURANCE CO

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 —

Owner FARIA, MICHAEL (Last First Middle)

Address 15 WOLCOTT ST

City TEWKSBURY — State MA — Zip 01876-4152

Vehicle Action Prior to Crash: 4

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: 0

BAC Test Result: 1

Susp. Alcohol: 2 — Susp. Drug: 2

Towed from scene? 1

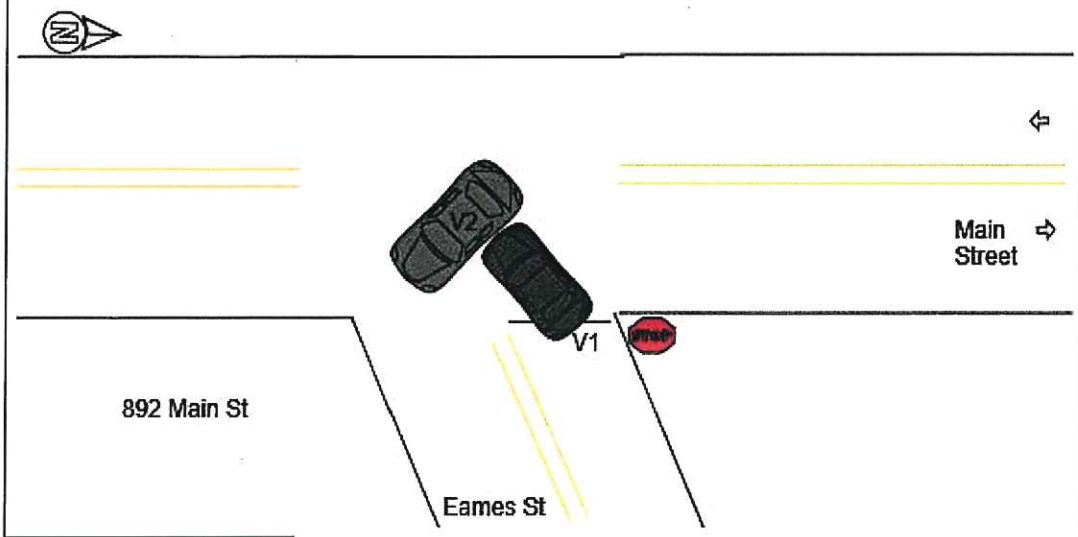
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	0	2	0	0	8	2	Lahey Hospital

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) was stopped at the stop sign on Eames Street waiting to turn left to travel southbound on Main St. Vehicle 2 (V2) was traveling southbound and began to turn left to travel east on Eames Street. As V2 was turning, V1 proceeded forward into the intersection and colliding with V2. V1 did not have airbag deployment, V2 had side airbag deployment.

V1 was driven from the scene. V2 was towed by Forest Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

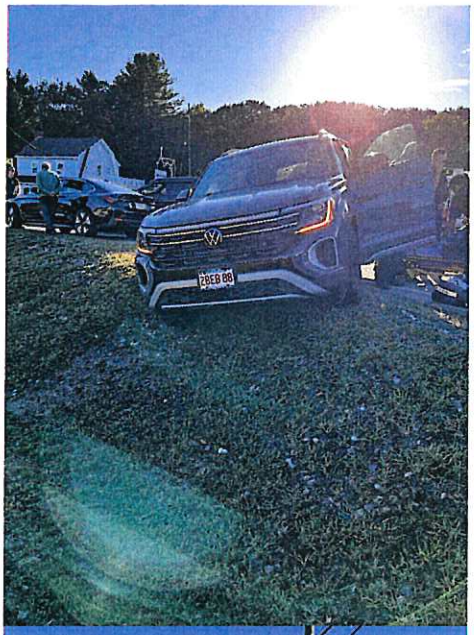
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

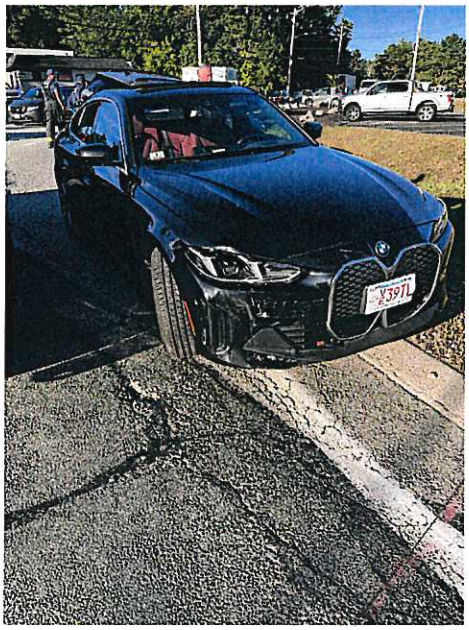
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Michael R DiLorenzo		217	Wilmington Police Department		09/15/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-264-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	Police Type
09/17/2026	0740 (24HR)	Wilmington	2	0	25	Local Police ☒

Latitude: ____ Longitude: ____ Other: ____

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐

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 159 Address # CHURCH 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# 26-267-AC

Vehicle 1

License # ____ St ____ DOB/Age ____

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

Operator SEZNEC, GAELLE MARIE (Last First Middle)

Address 14 EASTERN AVE

City BURLINGTON State MA Zip 01803-2204

Insurance Company THE COMMERCE INSURANCE CO

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 # 146A10 Reg Type PC Reg State MA

Veh Year 2016 Veh Make MAZDA Veh Config. 1

Owner SEZNEC, GAELLE MARIE (Last First Middle)

Address 14 EASTERN AVE

City BURLINGTON State MA Zip 01803-2204

Vehicle Action Prior to Crash: 1

Event Sequence: 1 ____ ____ ____ ____

Most Harmful Event: 1

Driver Contributing Code: 99 ____

Driver Distracted by: 0 ____

Damaged Area Code: 4 ____ ____ ____

Test Status: 1

Type of Test: 0

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	X	X	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 # ____ 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 X] 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 # unknown Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. 4

Owner ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash: 4

Event Sequence: 1 ____ ____ ____ ____

Most Harmful Event: 1

Driver Contributing Code: 99 ____

Driver Distracted by: 99 ____

Damaged Area Code: 99 ____ ____ ____

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 99 Susp. Drug: 99

Towed from scene? 2

Please fill out for operator and all occupants involved

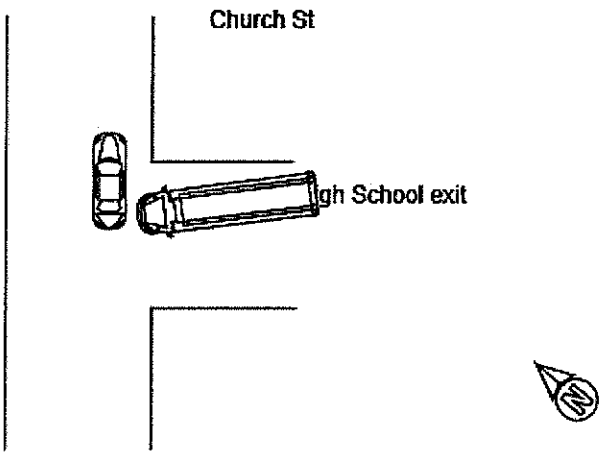
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	99	99	0	0	99	99	

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:

MV1 travelling on Church St eastbound. School bus exiting High School parking lot around 740AM and crashed into rear passenger side of MV1. School bus did not stop and continued operating westbound on Church St. Crash occured on Thursday 9-17-26 around 740AM. Reported on Saturday 9-19-26.

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
Detective Ronald J Alpers Jr		163	Wilmington Police Department		09/19/2026

Commonwealth of Massachusetts

Motor Vehicle Crash Exchange Form

Date of Crash	Time of Crash	City/Town
09/19/2026	1728 24HR	Wilmington

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

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

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | 320 Address # | SALEM ST Name of Roadway/Street

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

400 Feet [X] [S] [E] [W] of ____ Route# ANDOVER ST 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# 26-269-AC

License # ____ St. __ DOB/Age __/__/__ __

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

Operator SIMS, BRENDA JEAN (Last First Middle)

Address 17 CHURCH ST

City WILMINGTON State MA Zip 01887-1814

Insurance Company NORFOLK & DEDHAM MUTUAL F

Reg # 1ZKR82 Reg Type PC Reg State MA

Veh Year 2018 Veh Make DODGE Veh Config. 2 21

Owner SIMS, BRENDA JEAN (Last First Middle)

Address 17 CHURCH ST

City WILMINGTON State MA Zip 01887-1814

Instructions

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

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

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

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

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

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement ____

Operator ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

Reg # ____ Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. 21

Owner ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Obtaining Crash Report Copies

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

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

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

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