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
09/18/2026	0719 (24HR)	Wilmington	2	0	35			☐	☒	☐	☐	

LOCATION

AT INTERSECTION:

Route# ____ Direction ____ Name of Roadway/Street: RT 125

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 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-265-AC

Vehicle 1

License # ____ St ____ DOB/Age ____

Sex M Lic. Class A Lic. Restrictions 1 CDL Endorsement T

Operator (Last First Middle): JEAN PHILIPPE, EDSON

Address: 138 S COMMON ST APT 305

City: LYNN State: MA Zip: 01902-4505

Insurance Company: SAFETY INSURANCE COMPANY

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 # T77365 Reg Type CO Reg State MA

Veh Year 2018 Veh Make Other-not listed Veh Config. 8

Owner (Last First Middle): DEROCHERS TRUCKING AND COURIERS SERVICES LLC

Address: 42C MANNING RD

City: BILLERICA State: MA Zip: 01821-0000

Vehicle Action Prior to Crash: 4

Event Sequence: 1 ____ ____ ____

Most Harmful Event: 1

Driver Contributing Code: 1 ____

Driver Distracted by: 0 ____

Damaged Area Code: 6 27 27 27

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 — 3 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # ____ S ____ DOB/Age ____

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

Operator (Last First Middle): LOJA, ALEX JONATHAN

Address: 1360 MARK DR

City: LANSDALE State: PA Zip: 19446

Insurance Company ____

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 # ZXZ7333 Reg Type PC Reg State PA

Veh Year 2025 Veh Make MERCEDES-BENZ Veh Config. 2

Owner (Last First Middle): TUFF WRAP INSTALLATIONS INC

Address: 2080 DETWILER RD

City: HARLEYSVILLE State: PA Zip: 19438

Vehicle Action Prior to Crash: 4

Event Sequence: 1 ____ ____ ____

Most Harmful Event: 1

Driver Contributing Code: 1 ____

Driver Distracted by: 0 ____

Damaged Area Code: 3 27 27 27

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

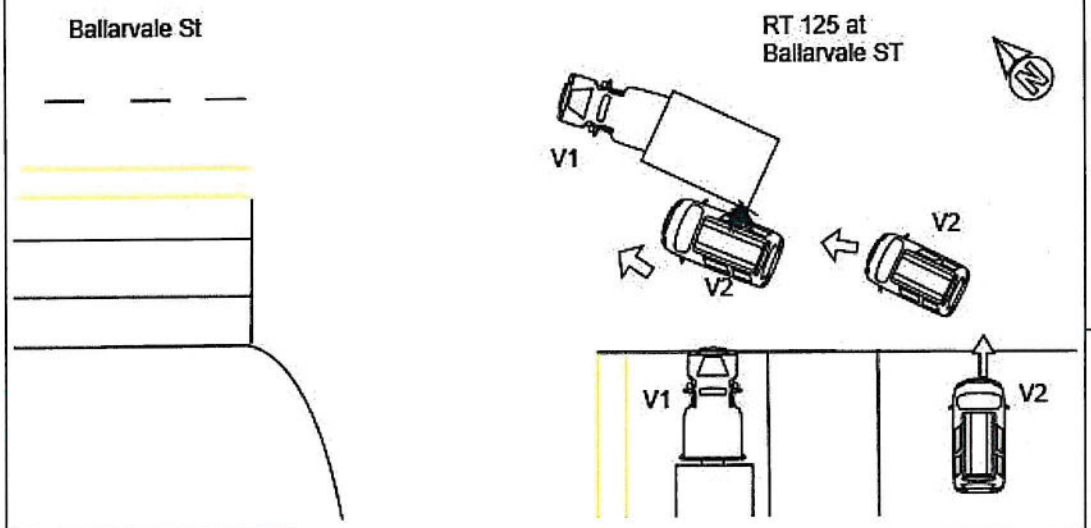
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
SHEROD ANTHONT JONES	1139 S 53RD ST PHILADELPHIA, PA 19143		M	3	1	4	0	0	10	1	
WILLIAM GAMEZ SARAVIA	10610 WINDFERN RD		M	6	1	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 making a left turn off of RT125 onto Ballarvale St when V2 came into contact with the back left bumper of V1 while attmepting to make a left turn from the far right lane. V2 operator stated they realized they meant to turn left and when they attempted turn they struck the rear of left bumper of V1 causing damage to the right side sliding pasanger door of V2. No medical attention was requested and both vehicles were driven away.

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 # T77365 (From Vehicle Section)

Carrier Name Derochers Trucking and Courier Bus Use 42

Address 42C MANNING RD City BILLERICA St MA Zip 01821

US DOT #: 1964347 State Number _____ Issuing State MA MC/MX/ICC #: 696292

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 Caleb A Wiig		237	Wilmington Police Department		09/18/2026
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	Speed Limit	Latitude	Longitude	
09/19/2026	1530 24HR	Wilmington	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

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

11 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 | 137 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# FAULKNER AVE 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# 26-268-AC

License # — St — DOB/Age:
Sex M — Lic. Class D 19 19 — Lic. Restrictions 20 — CDL Endorsement
Operator GILL, MICHAEL F (Last First Middle)
42 Address 48 PRIMROSE CIR
City TEWKSBURY — State MA — Zip 01876-1273
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Travel Direction: [N S E X] — Responding to Emergency? 2
51 Citation # (If Issued)
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub
Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 4HBN13 — Reg Type PC — Reg State MA
12 Veh Year 2024 — Veh Make HYUNDAI — Veh Config. 1 21
Owner GILL, MICHAEL F (Last First Middle)
Address 48 PRIMROSE CIR
City TEWKSBURY — State MA — Zip 01876-1273
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: 7 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
13 Susp. Alcohol: 2 31 — Susp. Drug: 2 32
Towed from scene? 2 33

62 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 — 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # — DOB/Ag
Sex M — Lic. Class D 19 19 — Lic. Restrictions 20 — CDL Endorsement
Operator GALLO, JAYDIN PETER (Last First Middle)
81 Address 35 COLLINS ST APT 42
City DANVERS — State MA — Zip 01923-2690
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: [N X E W] — Responding to Emergency? 2
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 # 13JJ56 — Reg Type PC — Reg State MA
Veh Year 2016 — Veh Make LEXUS — Veh Config. 1 21
Owner BRIANA, JOANNE (Last First Middle)
Address 35 COLLINS ST APT 42
City DANVERS — State MA — Zip 01923-2690
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 6 26 26
Damaged Area Code: 2 27 27 27
Test Status: 1 28
Type of Test: 0 29
BAC Test Result: 1 30
14 Susp. Alcohol: 2 31 — Susp. Drug: 2 32
Towed from scene? 1 33

Please fill out for operator and all occupants involved

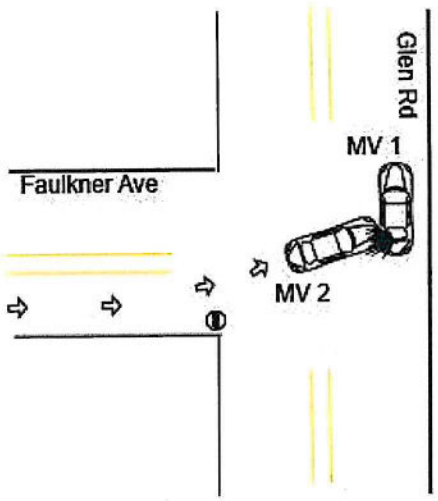
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
JULIA MATHEWS	11 CUNNINGHAM ST WILMINGTON, MA 01887-1304		F	3	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

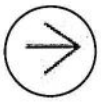
ie: → 1 → 2 → →



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:

The operator of MV 1 stated he made a left-hand turn onto Glen Rd from Main St when he was struck by MV 2 at the intersecting roadway of Glen Rd and Faulkner Ave. MV 1 stated as he passed Faulkner Ave he felt a big bump and realized he was in a crash. The operator of MV 2 stated he made a left-hand turn off Faulkner Ave onto Glen Rd when MV 1 came out of nowhere causing a 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

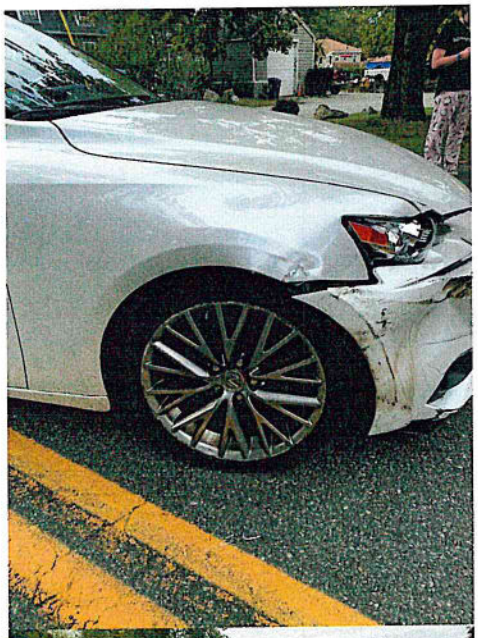
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

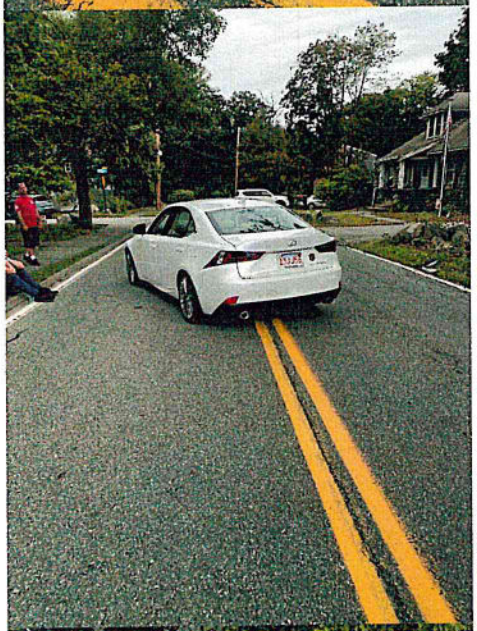
Hazmat Information:

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

Patrol Officer Robert M DeGregorio III		223	Wilmington Police Department		09/19/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-268-AC

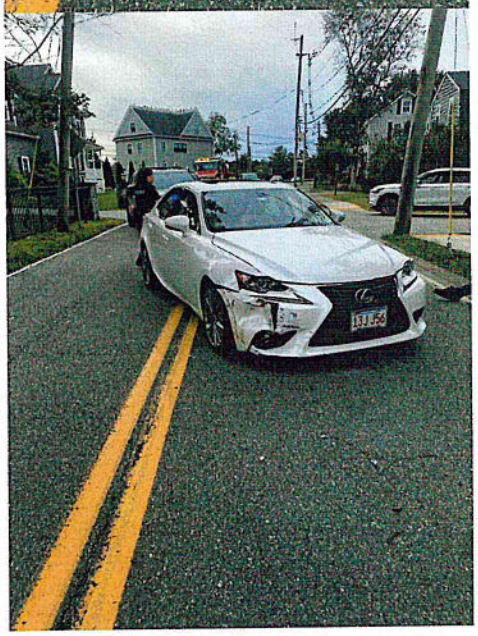












Wilmington Police Department
Images Associated with 26-268-AC

