

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/03/2026 Time of Crash 2137 City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 15
Latitude Longitude State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

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

Route# Direction **146** **MIDDLESEX AVE**
Address #
Name of Roadway/Street
Feet **N S E W** of or Exit Number
Mile Marker
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 ☐ MopedCrash Report ID# **26-291-AC**

License # St DOB/Age
Sex Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement

Operator Last First Middle

Address

City State Zip

Insurance Company **PROGRESSIVE DIRECT INSURA**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 # **6ARJ93** Reg Type **PC** Reg State **MA**Veh Year **2005** Veh Make **NISSAN** Veh Config. **1**Owner **HARRIS, ANTHONY CHARLES**Address **10 MIDDLESEX AVE APT 11**City **WILMINGTON** State **MA** Zip **01887-2763**Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **4** **27** **27** **27**Event Sequence **2** **23** **23** **23** **23** Test Status: **1** **28**Most Harmful Event **2** **24** Type of Test: **0** **29**Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**Driver Distracted by **99** **26** **26** 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
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Operator

See Above

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 **Driverless M.V.**

Address

City State Zip

Insurance Company **SELF INSURED**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 # **M4712A** Reg Type **DC** Reg State **MA**Veh Year **2015** Veh Make **FORD** Veh Config. **1**Owner **TOWN OF WILMINGTON**Address **146 MIDDLESEX AVE**City **WILMINGTON** State **MA** Zip **01887**Vehicle Action Prior to Crash **11** **22** Damaged Area Code: **8** **27** **27** **27**Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**Most Harmful Event **1** **24** Type of Test: **0** **29**Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**Driver Distracted by **0** **26** **26** 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
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Operator/Occupants

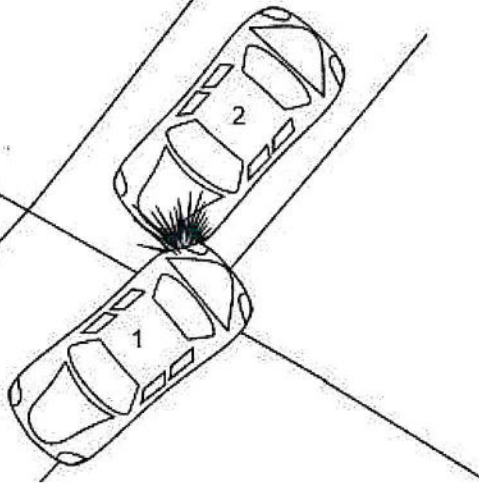
See Above

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

146 Middlesex Ave



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 attempting to back their vehicle up to turn and leave the parking lot. Vehicle 2 was unoccupied parked in a parking spot in the lot. According to the operator of vehicle 1, when attempting to back up his rear passenger side struck the front driver side of vehicle 2. Vehicle 1 then left the scene shortly after without notifying anyone. no party was injured from the 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 Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/03/2026

Date

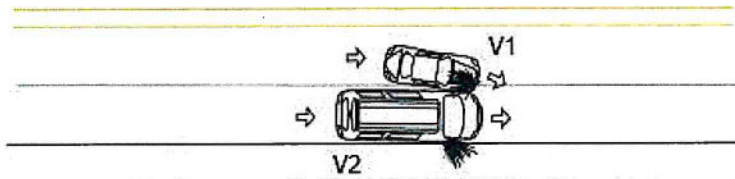
Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/03/2026	Time of Crash 2249 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other:				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street										
At			Feet N S E W of or Exit Number										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of										
Also at Intersection with			Route# Intersecting Roadway/Street										
Route# Direction Name of Intersecting Roadway/Street			Landmark										
Please Select One of the Following:			☒ Vehicle 1 Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-292-AC				
License # S DOB/Age			Reg # 6NF546		Reg Type PC		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make TOYOTA		Veh Config. 1						
Operator CUMEZ ARREAGA, JULIO CESAR			Owner ARREAGA, ESWIN ANTONIO										
Address 96 LAUREL ST APT 1			Address 20 ROANOKE ST										
City LYNN State MA Zip 01905-2041			City LYNN		State MA		Zip 01904-1856						
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 5		Damaged Area Code: 2 27 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23		Test Status: 28								
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33								
Viol. 4: Ch/Sec/Sub													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		X	X	1	1	4	0	0	10	1	
Please Select One of the Following:			☒ Vehicle 2 Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.				
License # S DOB/Age			Reg # Y23489		Reg Type CO		Reg State MA						
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017		Veh Make Freightliner		Veh Config. 6						
Operator DELGADO AGUIRRE, ANGEL LUIS			Owner FN TRANSPORTATION INC										
Address 70 SALEM ST APT 3			Address 53 CLIFF ST										
City LAWRENCE State MA Zip 01843-1832			City MALDEN		State MA		Zip 02148-1806						
Insurance Company GEICO GENERAL INSURANCE C			Vehicle Action Prior to Crash 1		Damaged Area Code: 97 27 27 27								
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 20 23 23 23		Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 1 24		Type of Test: 29								
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 30								
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33								
Viol. 4: Ch/Sec/Sub													
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above		X	X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Rt. 129 Wilmington



Parking Lot of 316 Lowell Street (Mobile)



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 and V2 were traveling westbound in the vicinity of 316 Lowell Street, Route 129, in Wilmington. V1 changed into the right lane from the left turn only lane and the vehicles crashed. Opr1 stated he did not see V2. Opr1 reported a State Trooper was behind him at the time of the crash. Opr of V2 stated V1 came into his lane, crashed into him, and pushed him into the curb which popped his tire. No injuries reported or observed in any involved party. V1 sustained major damage to the front right. V2 popped the right front tire on the curb, no visible damage to left side of V2. V1 towed by Forrest Towing. V2 towed by Coady's Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # **Y23489** (From Vehicle Section)

Carrier Name **FN Transportation INC**

Bus Use **0** ⁴²

Address _____ City _____ St _____ Zip _____

US DOT #: **3507703** 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

10/03/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-292-AC

