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	
09/21/2026	0726 24HR	Wilmington	2	0	35			☐ 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	Address #	Name of Roadway/Street
		62	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 — #Occupants 1 — ☐ Hit/Run — ☐ Moped — Crash Report ID# 26-270-AC

Vehicle 1

License # _____ S _____ DOB/Age _____

Sex F — Lic. Class D — Lic. Restrictions _____ — CDL Endorsement _____

Operator MOLINA, LUCY MARITZA (Last / First / Middle)

Address 17 STANLEY AVE

City MEDFORD — State MA — Zip 02155-5617

Insurance Company PREFERRED MUTUAL INSURANC

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 _____

Reg # 2TVP11 — Reg Type PC — Reg State MA

Veh Year 2019 — Veh Make HONDA — Veh Config. 1

Owner MOLINA, LUCY MARITZA (Last / First / Middle)

Address 17 STANLEY AVE

City MEDFORD — State MA — Zip 02155-5617

Vehicle Action Prior to Crash: 2

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: 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	0	

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

Vehicle 2

License #. _____ St _____ DOB/Age. _____

Sex M — Lic. Class M — Lic. Restrictions I — CDL Endorsement _____

Operator PETERSON, COLIN BURKE (Last / First / Middle)

Address 4 WOODLAND RD

City WILMINGTON — State MA — Zip 01887

Insurance Company THE COMMERCE INSURANCE CO

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 _____

Reg # VZ2059 — Reg Type MC — Reg State MA

Veh Year 2007 — Veh Make HARLEY-DAVIDSON — Veh Config. 3

Owner PETERSON, CHAD ANDREW (Last / First / Middle)

Address 4 WOODLAND RD

City WILMINGTON — State MA — Zip 01887-3429

Vehicle Action Prior to Crash: 1

Event Sequence: 1 — Most Harmful Event: 1

Driver Contributing Code: 7 — Driver Distracted by: 0

Damaged Area Code: 1 — 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	5	5	0	0	10	0	

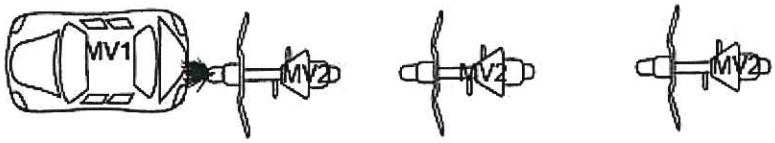
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲

Lowell Street



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 09-21-2026 MV1 was stopped on Lowell Street due to traffic, MV1 stated a school bus was stopped at a bus stop when MV2 struck the rear of MV1. MV2 stated they attempted to stop but when the breaks were applied the front wheel locked and MV2 slid into MV1. It rained earlier in the day before this event and the road conditions were slippery. MV1 sustained damage to the rear left and rear side, MV2 sustained damage to the front center (see images). Airbags did not deploy on MV1.

Both vehicles were able to be 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 # _____ (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]

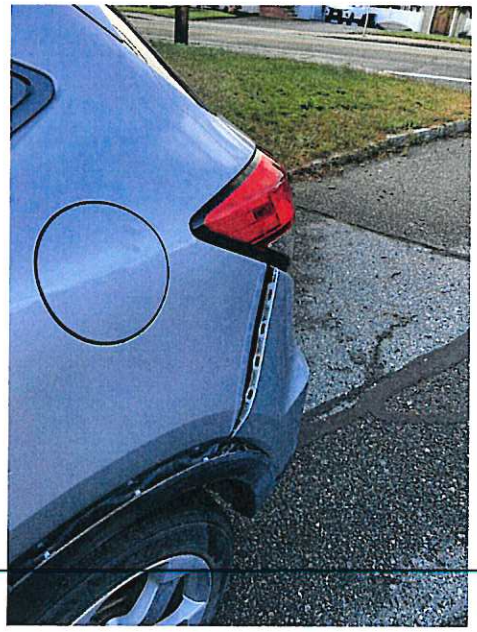
Hazmat Information:

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

Patrol Officer Joshua I DeBarros		234	Wilmington Police Department		09/21/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-270-AC







Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
09/21/2026	1230 24HR	Wilmington	2	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 — 38 N 442 MAIN ST — Route# Direction Address # Name of Roadway/Street

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

2 11 — Feet [N S E W] of — Route# — Intersecting Roadway/Street

Feet [N S E W] of — Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 — 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-271-AC

License # — S — DOB/Age

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

Operator VALANDRO, ANAMALIA G (Last First Middle)

Address 402 DANA CT

City WILMINGTON — State MA — Zip 01887

Insurance Company PROGRESSIVE DIRECT INSURA

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

4 3 — Citation # (If Issued)

Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub

Reg # 4YHX42 — Reg Type PC — Reg State MA

1 12 — Veh Year 2025 — Veh Make TOYOTA — Veh Config. 1 21

Owner VALANDRO, ANAMALIA G (Last First Middle)

Address 402 DANA CT

City WILMINGTON — State MA — Zip 01887

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

5 1 — Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 — Susp. Drug: 2 32

1 13 — Towed from scene? 2 33

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	8	2	Lahey Hospital

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

License — S — DOB/Age

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

Operator REGAS, GEORGE (Last First Middle)

Address 195 ALLEN RD

City BILLERICA — State MA — Zip 01821-5243

Insurance Company PREFERRED MUTUAL INSURANC

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

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 # 4EL619 — Reg Type PC — Reg State MA

Veh Year 2025 — Veh Make GMC — Veh Config. 1 21

Owner REGAS, GEORGE (Last First Middle)

Address 195 ALLEN RD

City BILLERICA — State MA — Zip 01821-5243

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 5 25 25

Driver Distracted by 99 26 26

9 2 — Damaged Area Code: 99 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

Susp. Alcohol: 1 31 — Susp. Drug: 99 32

1 14 — Towed from scene? 2 33

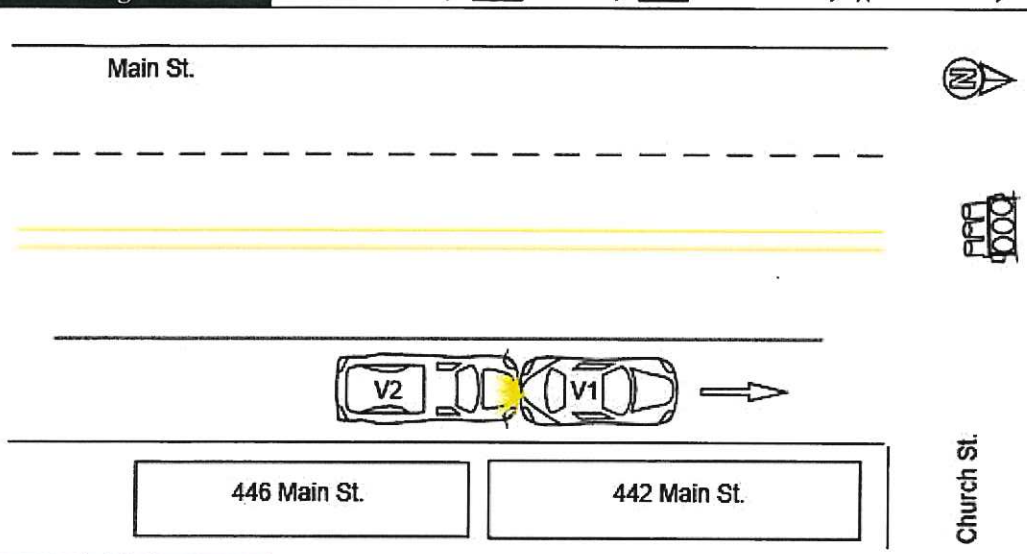
Please fill out for operator and all occupants involved

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

Form No. 10364 CRA-65 08/23

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

Crash Diagram: ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

On Monday, September 21st, 2026, at approximaltey 1315hrs. I took report of a motor vehicle crash that occurred in the area of 442 Main St. Operator of V1 stated she had been travelling north on Main St. when she stopped in traffic due to the traffic light being red. Operator of V1 stated that she was stopped in traffic when she was rear-ended by V2. She reported that she then exchanged information with the Operator of V2. She then went to the Wilmington Police Department to report the crash.

Minor damage was sustained to the rear end of V1. Unknown injuries to Operator of V2, and unknown damage to V2. On Tuesday, September 22nd, 2026, Operator of V1 came to the Police Department and reported that the accident occurred at approximatley 1230hrs, not at 1300hrs.

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 David C Ings		244	Wilmington Police Department		09/21/2026
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	State Police	Local Police	MBTA Police	Campus Police	Other
09/21/2026	2104 (24HR)	Wilmington	2	0	35				X			

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 | 195 Address # | MAIN ST Name of Roadway/Street
Feet [N S E W] of — — — • — or Exit Number (Mile Marker)
11 — Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 — Please Select One of the Following: [X] Vehicle 1 — 1 #Occupants | [ ] Hit/Run | [ ] Moped | Crash Report ID# 26-272-AC

Vehicle 1

License # ( ) S DOB/Age
Sex F Lic. Class D (19) (19) Lic. Restrictions B (20) CDL Endorsement
Operator LIRIANO, NERALIS CAMILA (Last First Middle)
43 — Address 70 BERNARD AVE APT 70
City LAWRENCE State MA Zip 01841-5000
Insurance Company NATIONAL GENERAL INSURANC
Vehicle Travel Direction: N [X] E W — 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 # 5SWF94 Reg Type PC Reg State MA
Veh Year 2019 Veh Make ACURA Veh Config. 1 (21)
12 — Owner LIRIANO, NERALIS CAMILA (Last First Middle)
Address 70 BERNARD AVE APT 70
City LAWRENCE State MA Zip 01841-5000
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: 2 (27) (27) (27)
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
13 — Towed from scene? 2 (33)

61 — 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	99	4	0	0	10	1	

72 — 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 M Lic. Class D (19) (19) Lic. Restrictions B (20) CDL Endorsement
82 — Operator CALDERON, DENIS A (Last First Middle)
Address 1008 WHIPPLE RD
City TEWKSBURY State MA Zip 01876-3753
Insurance Company GEICO GENERAL INSURANCE C
Vehicle Travel Direction: [X] S 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 # 1VLK69 Reg Type PC Reg State MA
Veh Year 2014 Veh Make HONDA Veh Config. 1 (21)
Owner MENDOZA, DEANA J (Last First Middle)
Address 1008 WHIPPLE RD
City TEWKSBURY State MA Zip 01876-3753
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: 8 (27) (27) (27)
Test Status: 1 (28)
Type of Test: (29)
BAC Test Result: (30)
Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)
14 — Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

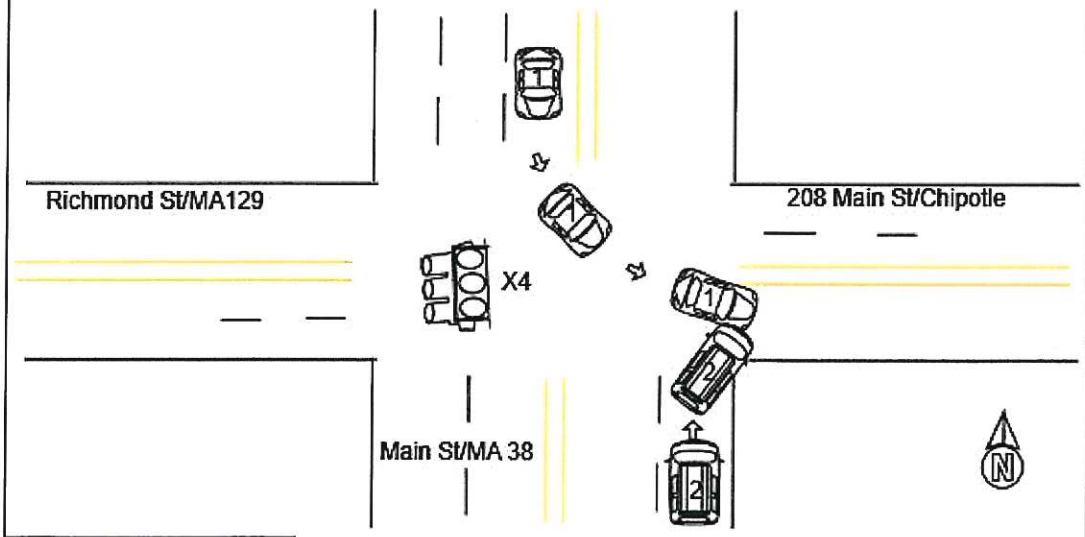
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	99	4	0	0	10	1	
DEANA MENDOZA	1008 WHIPPLE RD TEWKSBURY, MA 01876-3753		F	3	99	4	0	0	10	1	

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:

09/21/2026 appx 2104hrs, Main/Richmond St, 2-car MVC. OP1 stated, headed S-bound on Main St and turned L into Chipotle (208 Main St). MV2 struck MV1 as they were in the enterance to the lot. OP2 stated, headed N-bound on Main St towards Tewksbury. Intended to go straight. MV1 cut infront of MV2 while following another MV into 208 Main St. OP2 swerved left to avoid colision. Minor damage to both MVs (photos). No tows and no injury 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

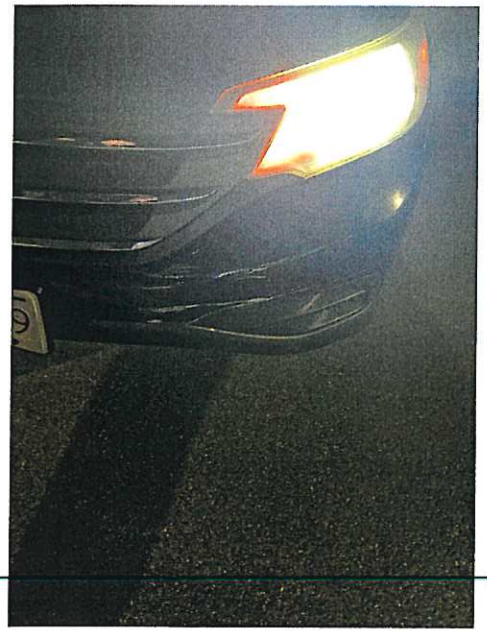
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

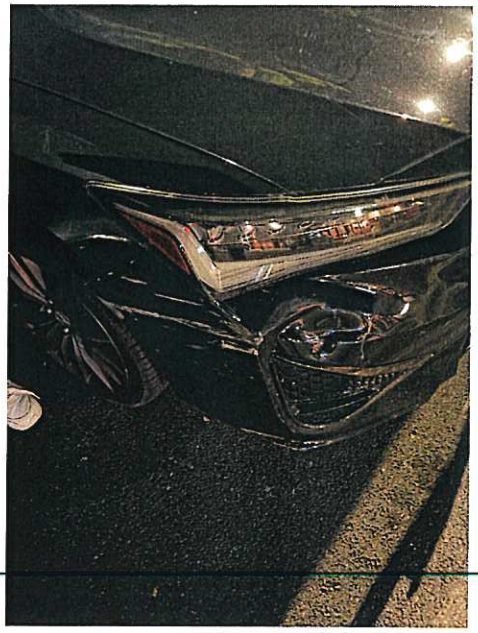
Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald		215	Wilmington Police Department		09/21/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-272-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
09/22/2026	1601 (24HR)	Wilmington	1	0

Speed Limit 30 | Latitude | Longitude | State Police | Local Police | MBTA Police | Campus Police | Other:

LOCATION

AT INTERSECTION:

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

NOT AT INTERSECTION:

Route# | Direction | 135 Address # | ANDOVER 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 #Occupants | [ ] Hit/Run | [ ] Moped

Crash Report ID# 26-274-AC

Vehicle 1

License # — St — DOB/Age —
Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Operator LYONS, NICHOLLE K (Last First Middle)
Address 96 RIVER ST
City ANDOVER | State MA | Zip 01810-5910
Insurance Company ARBELLA MUTUAL INSURANCE
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 # 6TFD58 | Reg Type PC | Reg State MA
Veh Year 2025 | Veh Make VOLKSWAGEN | Veh Config. 1
Owner LYONS, NICHOLLE K (Last First Middle)
Address 96 RIVER ST
City ANDOVER | State MA | Zip 01810-5910
Vehicle Action Prior to Crash 1
Event Sequence 40 | 22 | — | —
Most Harmful Event 22
Driver Contributing Code 9 | —
Driver Distracted by 99 | —

Damaged Area Code: 2 | 3 | 4
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	X	X	1	1	4	0	0	10	1	

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

Vehicle 2

License # — St — DOB/Age —
Sex — | Lic. Class — | Lic. Restrictions — | CDL Endorsement
Operator — (Last First Middle)
Address —
City — | State — | Zip —
Insurance Company —
Vehicle Travel Direction: [N S E W] | Responding to Emergency? —
Citation # (If Issued) —
Viol. 1: Ch/Sec/Sub — | Viol. 2: Ch/Sec/Sub —
Viol. 3: Ch/Sec/Sub — | Viol. 4: Ch/Sec/Sub —

Reg # — | Reg Type — | Reg State —
Veh Year — | Veh Make — | Veh Config.
Owner — (Last First Middle)
Address —
City — | State — | Zip —
Vehicle Action Prior to Crash
Event Sequence | — | — | —
Most Harmful Event
Driver Contributing Code | —
Driver Distracted by | —

Damaged Area Code: 27 | 27 | 27
Test Status: 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 31 | Susp. Drug: 32
Towed from scene? 33

Please fill out for operator and all occupants involved

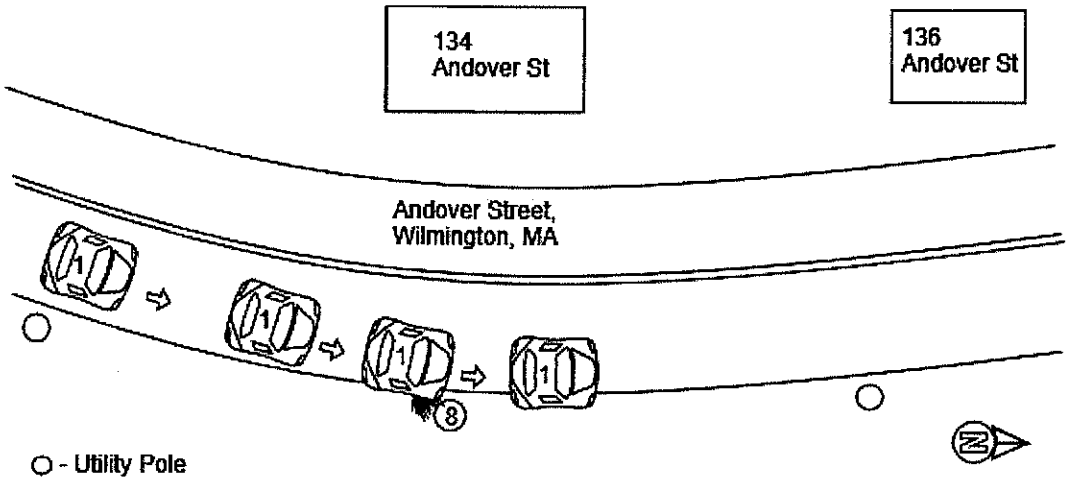
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1							

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



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 she was traveling North on Andover Street and veered off the road, striking a utility pole. MV 1 stated she was not sure how it happened, saying she must have been driving too close to the fog line. MV 1 stated she then picked up her son from school and returned to the scene to notify Police approximately 30 minutes after the crash. MV 1 stated no injuries. MV 1 stated she was comfortable driving the vehicle home in its current condition; damage to passenger side & mirror.

The pole that was struck was Verizon pole 8, directly across the street from 134 Andover St. There was no apparent fresh damage to the pole. Verizon was notified and will assess for damage.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN Apt. #1 DRACUT MA 0182		4	UTILITY POLE #8

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]

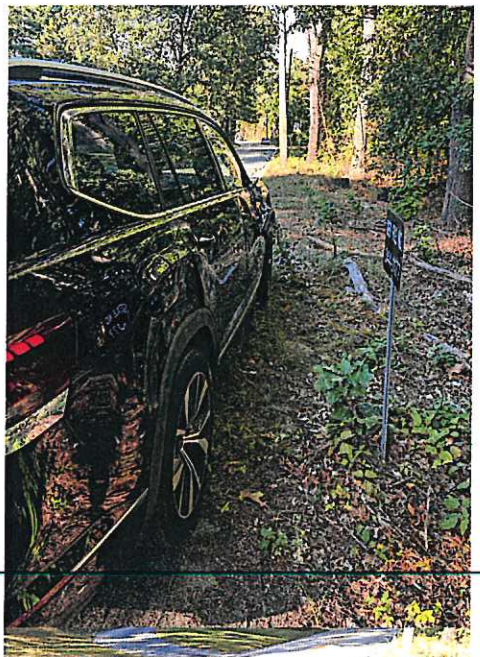
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

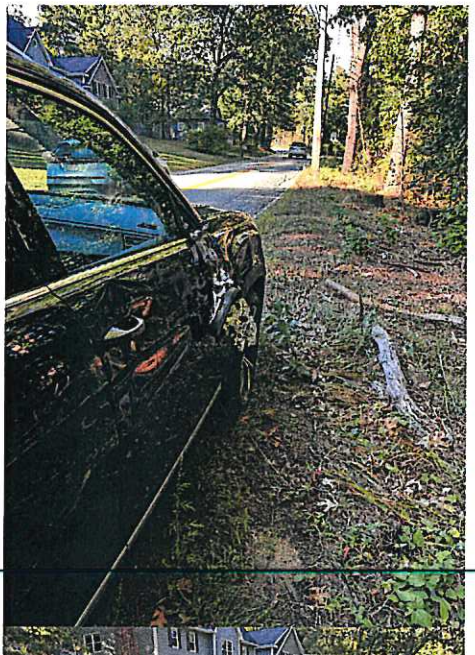
Hazmat Information:

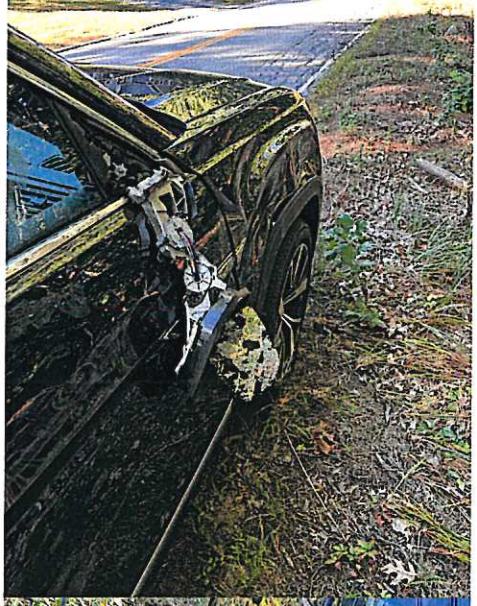
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

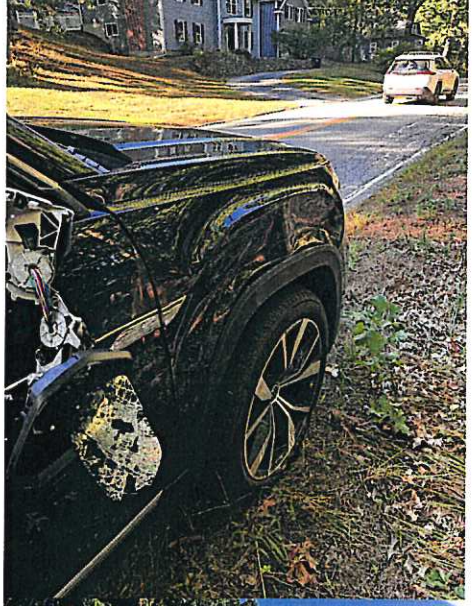
Patrol Officer James R Hill		225	Wilmington Police Department		09/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-274-AC

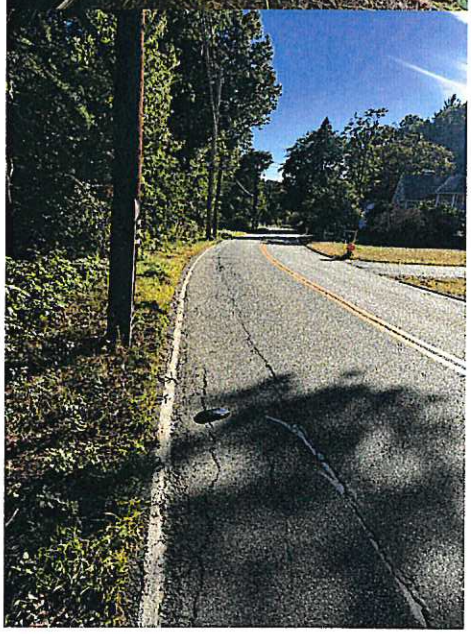












Wilmington Police Department
Images Associated with 26-274-AC





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
09/23/2026	1543 (24HR)	Wilmington	2	0

Speed Limit 30 | Latitude | Longitude

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

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# | Direction | Address # | Name of Roadway/Street — 2 10
Feet [N S E W] of — — — • — or Exit Number (Mile Marker)
Feet [N S E W] of Route# | Intersecting Roadway/Street — 3 11
Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 | 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-275-AC

Vehicle 1

License # | St | DOB/Age | Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator (Last First Middle): ANDRUSZ, BEATA AGNIESZKA
4 2 — Address: 18 RIDGE ST FL APT 4
City: ANDOVER | State: MA | Zip: 01810-3722
Insurance Company: USAA
5 1 — 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 # 5637116 | Reg Type PC | Reg State NH
Veh Year 2018 | Veh Make CHEVROLET | Veh Config. 1 — 1 12
Owner (Last First Middle): CAVANAUGH, JACQUELYNE JOYCE
Address: 4 PORTSIDE DR APT 4
City: MOULTONBOROUGH | State: NH | Zip: 032542576
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 — 1 13
Towed from scene? 1

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	
			F	11	1	4	0	0	10	1	

7 3 — 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 1 | CDL Endorsement

Operator (Last First Middle): NIXON, TYLER JOHN
8 1 — Address: 23 WHITETAIL WAY
City: LITTLETON | State: MA | Zip: 01460-1129
Insurance Company: LIBERTY MUTUAL FIRE INSUR
9 2 — Vehicle Travel Direction: ☐ N ☐ 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 # 7XJY67 | Reg Type PC | Reg State MA
Veh Year 2008 | Veh Make TOYOTA | Veh Config. 1
Owner (Last First Middle): NIXON, TYLER JOHN
Address: 23 WHITETAIL WAY
City: LITTLETON | State: MA | Zip: 01460-1129 — 1 14
Vehicle Action Prior to Crash: 3
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 19
Driver Distracted by: 0
Damaged Area Code: 1
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 2

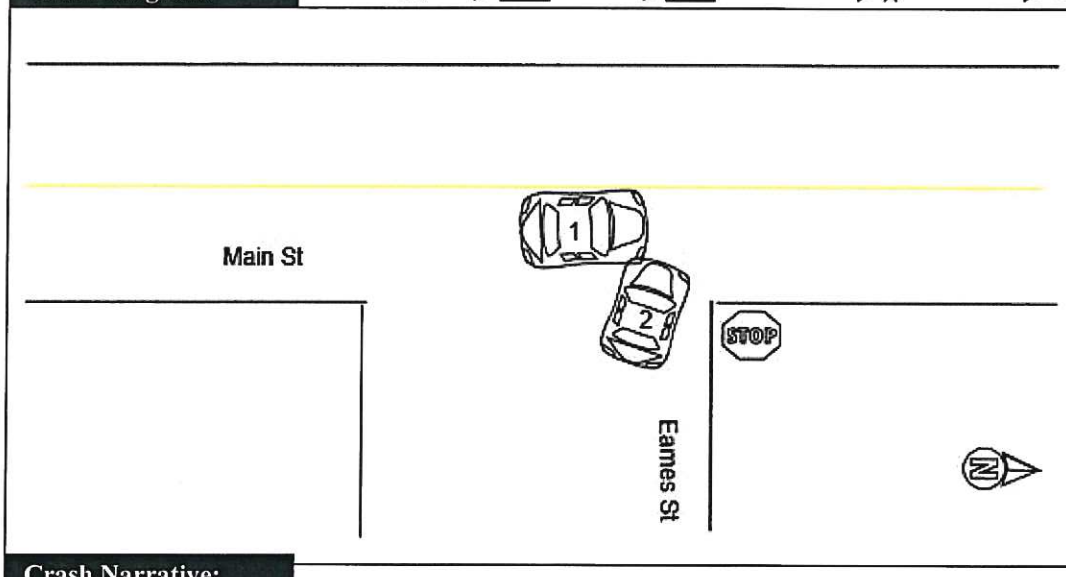
Please fill out for operator and all occupants involved

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	

= 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 September 23, 2026, I Officer Parsons #236, responded to the intersection of Eames St. and Main St. for report of a mv crash. Upon my arrival, I ensured that there were no injuries. I then spoke with OP #1 who told me that she was driving northbound on Main St. and as she passed the intersection at Eames St. she saw that MV#2 pulled out onto Main St., attempting to turn right. The front end and passenger side of MV#1 was significantly damaged and would require a tow. I then spoke with OP#2 who said that he stopped at the sign and saw that MV#1 had their right turn indicator activated. OP#2 assumed that MV#1 was going to turn right onto Eames St. and began to pull onto Main St. It was at this time, the two cars crashed. MV#2 was still in drivable condition, but sustained front end damage. MV#1 was towed by A&S. No injuries, information was exchanged.

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 Dale H Parsons		236	Wilmington Police Department		09/23/2026
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	State Police / Local Police / MBTA Police / Campus Police / Other
09/24/2026	1033 24HR	Wilmington	2	0	40			

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

I 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

1 10

Route# | Direction | 940 Address # | MAIN ST Name of Roadway/Street

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

2 11

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

_____ Feet [N S E W] of _____ Landmark

3 — Please Select One of the Following: [X] Vehicle 1 1 #Occupants [ ] Hit/Run [ ] Moped — Crash Report ID# 26-276-AC

License #: _____ St: _____ DOB/Age: _____ Reg # 8EFD70 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year 2006 Veh Make HONDA Veh Config. 1 21

1 12

4 1 Operator BAGNELL-CHARBONI, ANGEL G (Last First Middle)

Address 78 WASHINGTON ST APT 1

City WOBURN State MA Zip 01801-4634

Insurance Company THE HANOVER INSURANCE COM

Owner BAGNELL-CHARBONI, ANGEL G (Last First Middle)

Address 78 WASHINGTON ST APT 1

City WOBURN State MA Zip 01801-4634

5 — Vehicle Travel Direction: [N X E W] Responding to Emergency? 2

Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Vehicle Action Prior to Crash 2 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 5 27 27 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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

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	X	X	1	1	4	0	0	10	1	

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

License #: _____ St: _____ DOB/Age: _____ Reg # LZM4361 Reg Type PC Reg State NY

Sex F Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement — Veh Year 2026 Veh Make FORD Veh Config. 1 21

8 2 Operator EDEN, YONA (Last First Middle)

Address 635 MAIN ST APT 212

City WILMINGTON State MA Zip 01887

Insurance Company FOR HIRE SELF-INSURER

Owner PV HOLDING CORP (Last First Middle)

Address 23-45 87TH ST

City EAST ELMHURST State NY Zip 11369

1 14

9 2 — 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 _____

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 99 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	X	X	1	1	4	0	0	10	1	

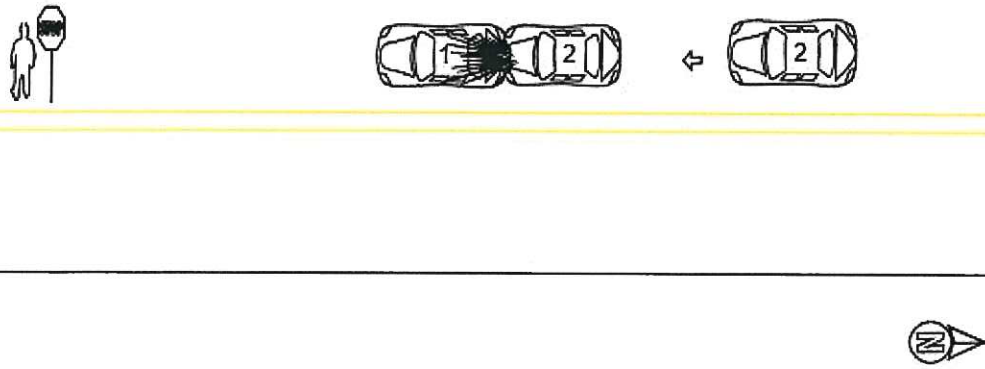
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →

940 Main Street



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 stopped in by a flag man directing traffic around a construction sight in the area of 940 Main Street. Vehicle 2 was following behind in traffic. According to the operator of vehicle 1, both vehicles were stopped in traffic when vehicle 2 suddenly accelerated forward and rear ended vehicle 1. The operator of vehicle 2 stated that she was driving along but was unable to stop because her brakes were not working. It was later discovered the brakes were still functional on vehicle after a test. Only vehicle 1 was towed from the scene. Neither party was injured from the crash and declined medical. The flag man was looking away at the time of the crash and did not see what had caused it.

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		09/24/2026
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
09/24/2026	1109 (24HR)	Wilmington	2	0

Speed Limit 25 | Latitude +042.5686 | Longitude -071.159

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

LOCATION

AT INTERSECTION:

62 | Route# | Direction | MIDDLESEX AVE | Name of Roadway/Street
At
Route# | Direction | SHADY LANE DR | 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
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# 26-277-AC

Vehicle 1

License # _ St _ DOB/Age _
Sex M | Lic. Class D | Lic. Restrictions B | CDL Endorsement
Operator LAWRENSON, STEPHEN F (Last First Middle)
Address 3 WHITEFIELD TER
City WILMINGTON | State MA | Zip 01887-1913
Insurance Company SAFETY INSURANCE COMPANY
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 # 744ZJE | Reg Type PC | Reg State MA
Veh Year 2019 | Veh Make RAM | Veh Config. 2
Owner LAWRENSON, STEPHEN F (Last First Middle)
Address 3 WHITEFIELD TER
City WILMINGTON | State MA | Zip 01887-1913
Vehicle Action Prior to Crash: 4
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 4
Driver Distracted by: 0
Damaged Area Code: 8
Test Status: 1
Type of Test: 0
BAC Test Result: 1
Susp. Alcohol: 2 | Susp. Drug: 2
Towed from scene? 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 F | Lic. Class D | Lic. Restrictions | CDL Endorsement
Operator CONNOLLY, CATHERINE DOROTHY (Last First Middle)
Address 15 HILLCREST RD
City READING | State MA | Zip 01867-3306
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 # 5SMH82 | Reg Type PC | Reg State MA
Veh Year 2025 | Veh Make VOLKSWAGEN | Veh Config. 1
Owner CONNOLLY, CHRISANNE (Last First Middle)
Address 15 HILLCREST RD
City READING | State MA | Zip 01867-3306
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
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

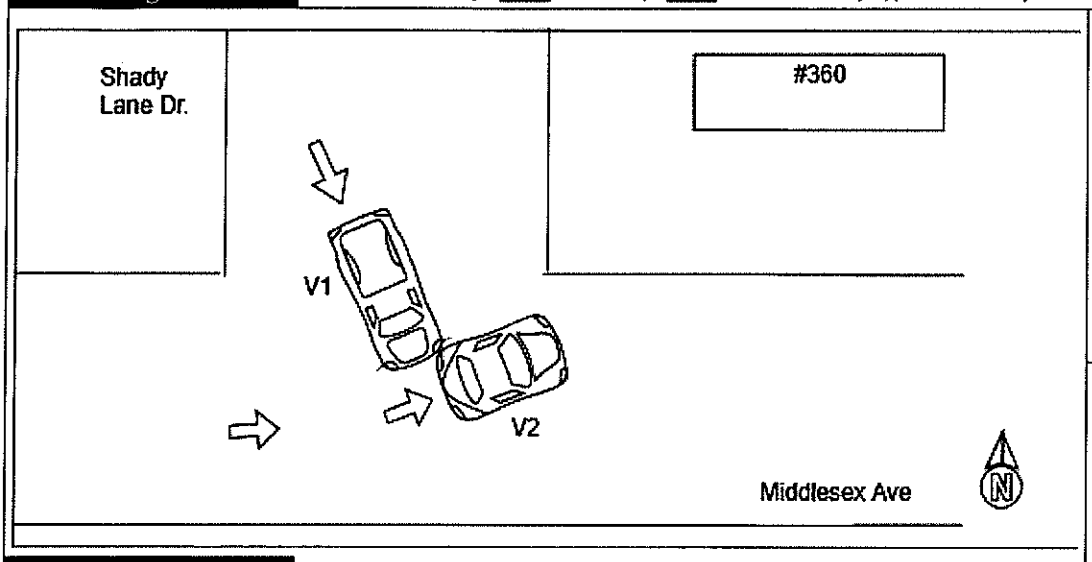
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	1	4	0	0	10	1	

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:

V1 was turning traveling south on Shady Lane Drive and was turning left (east) onto Middlesex Ave. V2 was traveling east on Middlesex Ave and was turning left into the parking lot of 360 Middlesex Ave. V1 struck the left rear of V2. The operator of V1 stated that he did not realized V2 was turning into the parking lot. V1 sustained very minor damage to the front left corner. V2 sustained moderate left rear damage. No parties complained of injury. 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

Lieutenant Matthew D Stavro		180	Wilmington Police Department		09/24/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

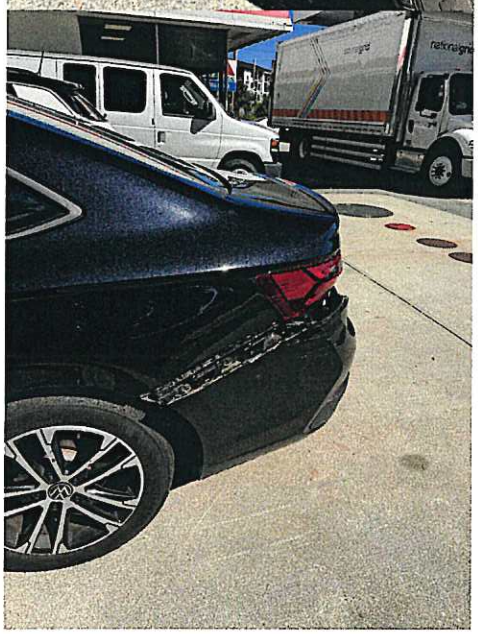
Wilmington Police Department
Images Associated with 26-277-AC











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
09/25/2026	1025 (24HR)	Wilmington	1	0	30			

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 | 47 Address # | GRACE DR Name of Roadway/Street
Feet [N S E W] of — — — • — Mile Marker or Exit Number
11 Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

3 Please Select One of the Following: [X] Vehicle 1 #Occupants | [ ] Hit/Run | [ ] Moped | Crash Report ID# 26-278-AC

4 1 License: _ St _ DOB/Age
Sex F | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement
Operator PASQUARIELLO, KATHRYN E (Last First Middle)
Address 174 GROVER ST
City EVERETT | State MA | Zip 02149-4310
Insurance Company PLYMOUTH ROCK ASSURANCE C
Vehicle Travel Direction: [N X E W] | Responding to Emergency? 2
5 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 # 1TBP66 | Reg Type PC | Reg State MA
12 3 Veh Year 2017 | Veh Make BUICKS | Veh Config. 1
Owner PASQUARIELLO, KATHRYN E (Last First Middle)
Address 174 GROVER ST
City EVERETT | State MA | Zip 02149-4310
Vehicle Action Prior to Crash 1
Event Sequence 41 | 22 | | |
Most Harmful Event 22
Driver Contributing Code 11 | 25
Driver Distracted by 0 | 26
Damaged Area Code: 8 | 27 | 27 | 27
Test Status: 1 | 28
Type of Test: 29
BAC Test Result: 30
Susp. Alcohol: 2 | 31 | Susp. Drug: 2 | 32
Towed from scene? 2 | 33
13 22

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	X	X	1	99	4	0	0	10	1	

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 | CDL Endorsement
8 2 Operator _ (Last First Middle)
Address _
City _ | State _ | Zip _
Insurance Company _
Vehicle Travel Direction: [N S E W] | Responding to Emergency? _
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 # _ | 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
14 1

Please fill out for operator and all occupants involved

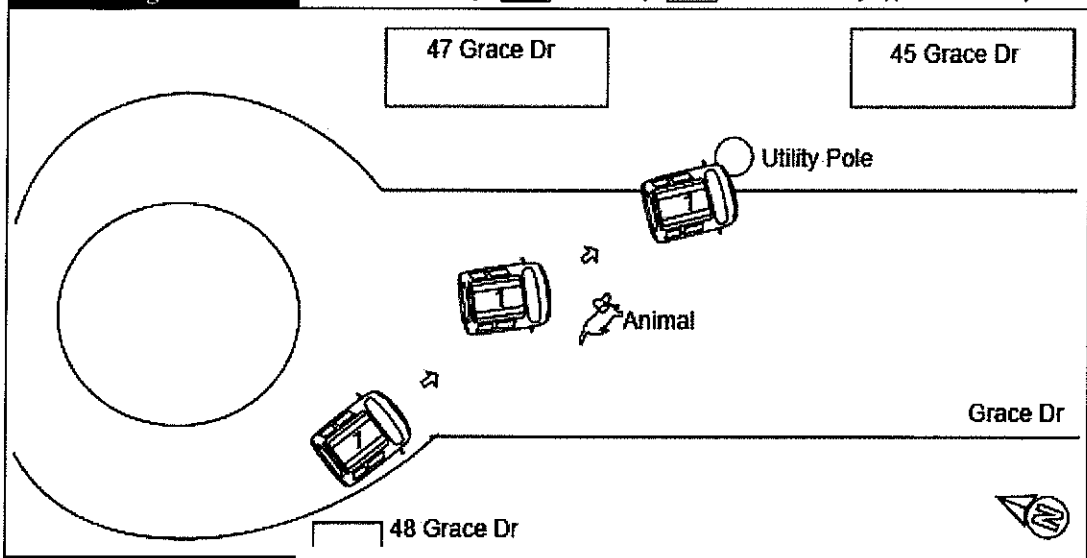
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1							

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

09/25/26 appx 1030hrs, reported past H&R damage to pole from past evening. According to damage, MV1 headed Sbound on Grace Dr left roadway, tire marks in grass, and struck pole, indent in pole with spinters on ground. Headlight in grass and part of fender. Through investigation vehicle and operator identenfied as MV1 and OP1.

Via phone, OP1 stated left 48 Grace Dr, swearved when coyote ran out infront of MV1. OP1 struck pole. OP1 did not know there was damage to pole and left.

Witnesses:

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

Property Damage:

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

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 Joseph A Fitzgerald		215	Wilmington Police Department		09/25/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-278-AC

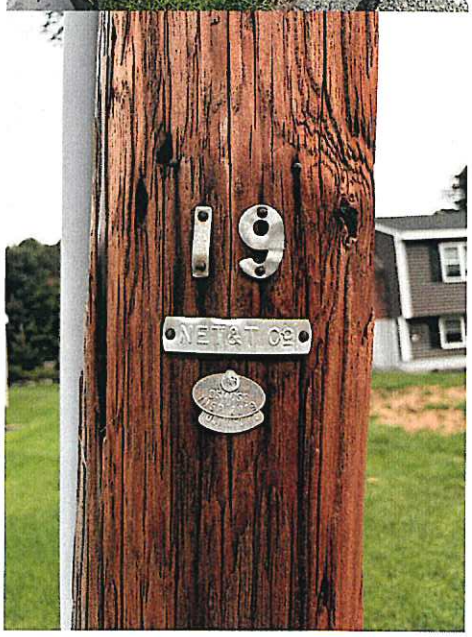












Wilmington Police Department
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