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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09/27/2026 | 0006 24HR | Wilmington | 2 | 1 | 35 | | | ☐ | ☒ | ☐ | ☐ | |

## 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 | 260 Address # | FORDHAM RD 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

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

Crash Report ID# 26-279-AC

License # _____ St _____ DOB/Age _____

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

Operator KAVOOSI, RICK S (Last First Middle)

Address 18 AVON ST

City READING | State MA | Zip 01867-3632

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 3FGW69 | Reg Type PC | Reg State MA

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

Owner KAVOOSI, RICK S (Last First Middle)

Address 18 AVON ST

City READING | State MA | Zip 01867-3632

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7

Test Status: 1

Type of Test: 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 | 8 | 2 | Winchester Hospital |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # _____ St _____ DOB/Age _____

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

Operator unknown (Last First Middle)

Address _____

City _____ | State _____ | Zip _____

Insurance Company _____

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

Owner _____ (Last First Middle)

Address _____

City _____ | State _____ | Zip _____

Vehicle Action Prior to Crash: 9

Event Sequence: 42, 1

Most Harmful Event: 1

Driver Contributing Code: 10

Driver Distracted by: 99

Damaged Area Code: 99

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

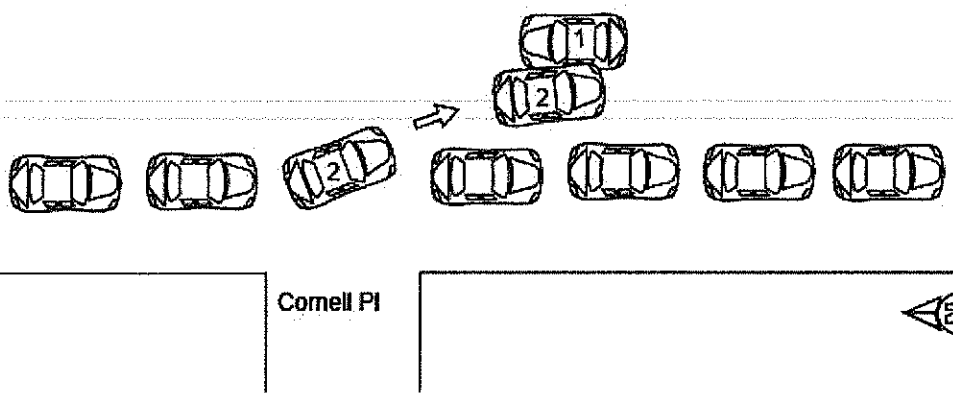
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 99 | 99 | 0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

Car 1 was driving northbound on Fordham Rd when Car 2 crossed the double yellow line into oncoming traffic and hit the left side of Car 1. Car 2 then reversed in the northbound lane and left the scene travelling southbound on Fordham Rd. Car was desrcibed as a dark colored SUV.

## 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

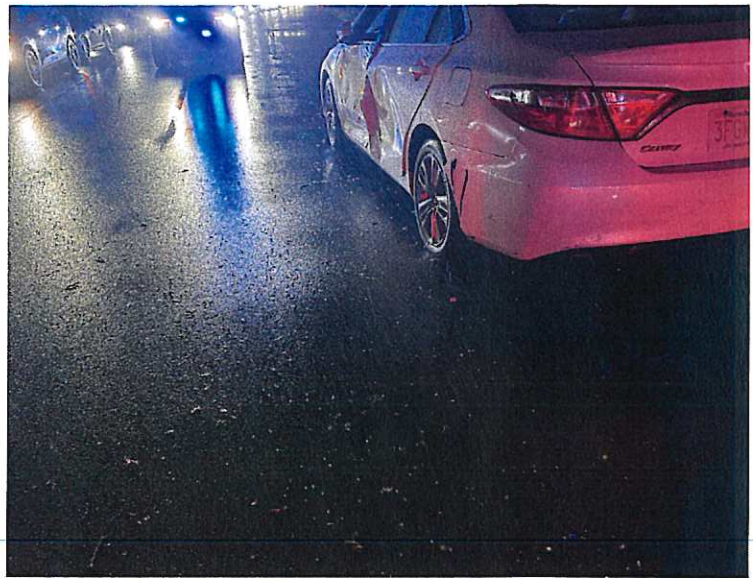
**Hazmat Information:**

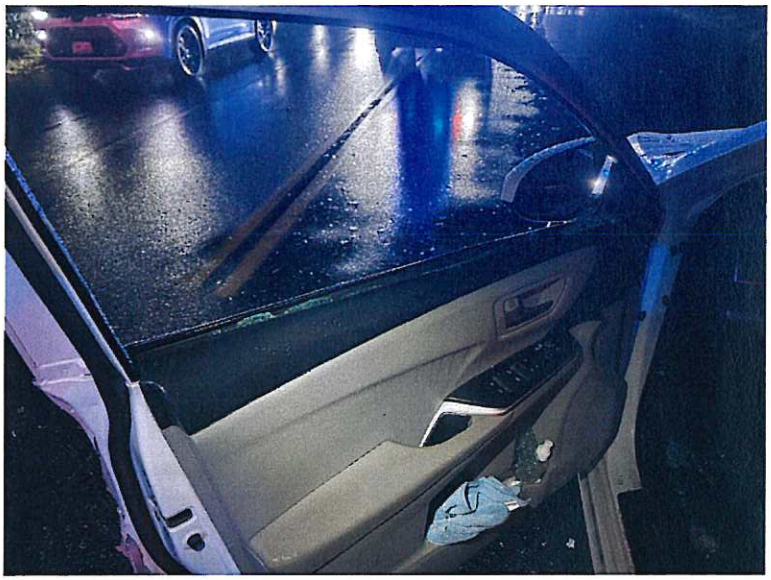
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

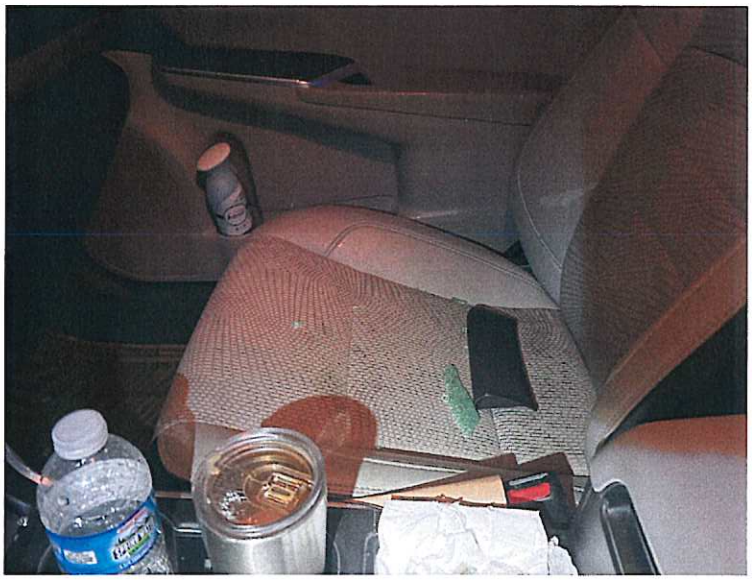
| Patrol Officer Jack Rooney | | 243 | Wilmington Police Department | | 09/27/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
Images Associated with 26-279-AC

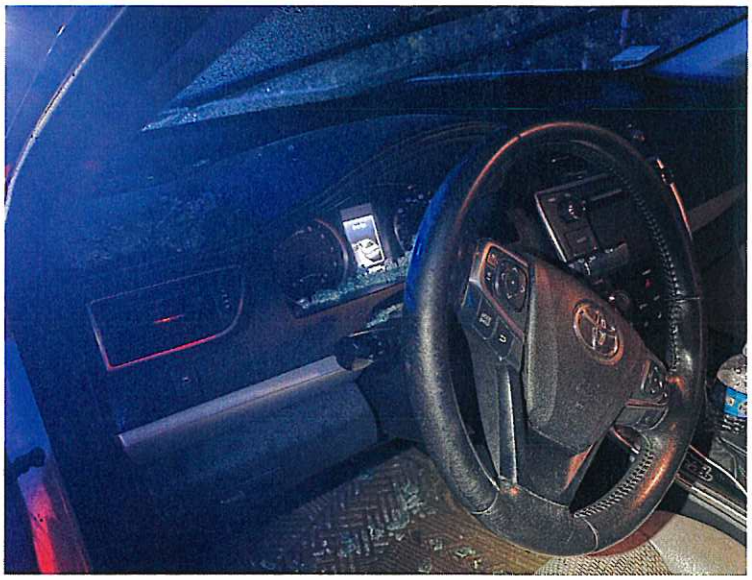










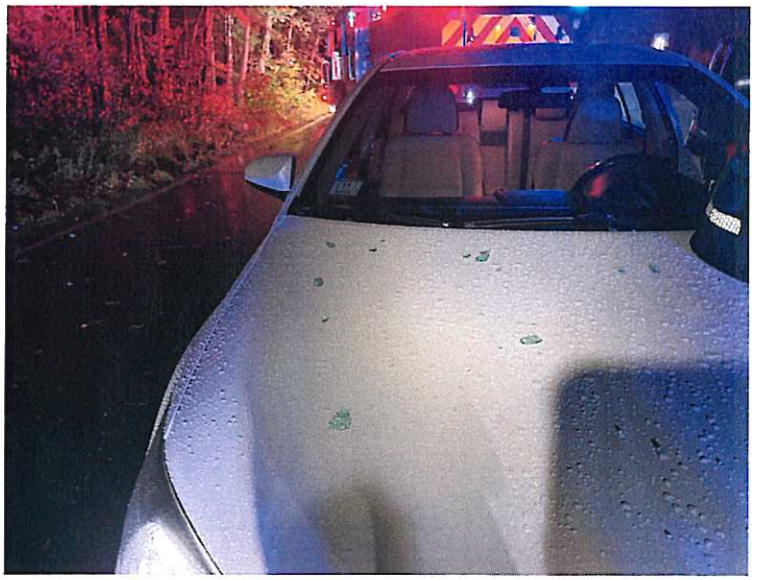


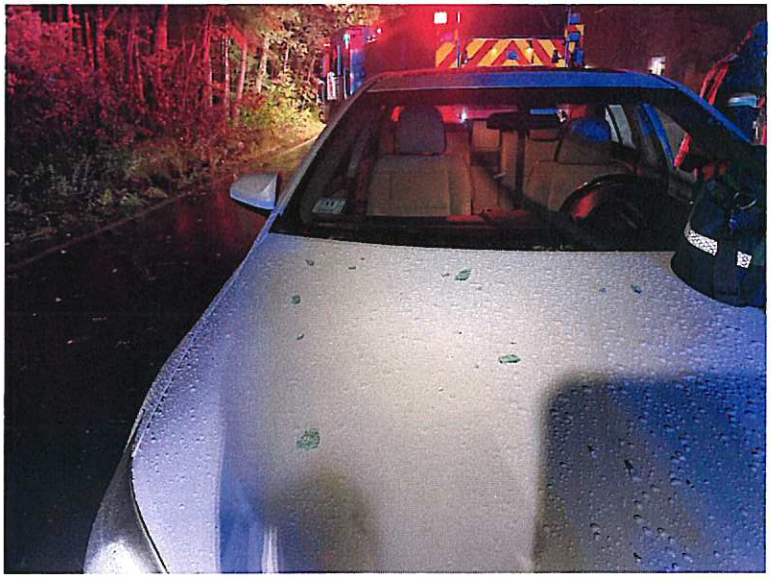
# Wilmington Police Department
Images Associated with 26-279-AC

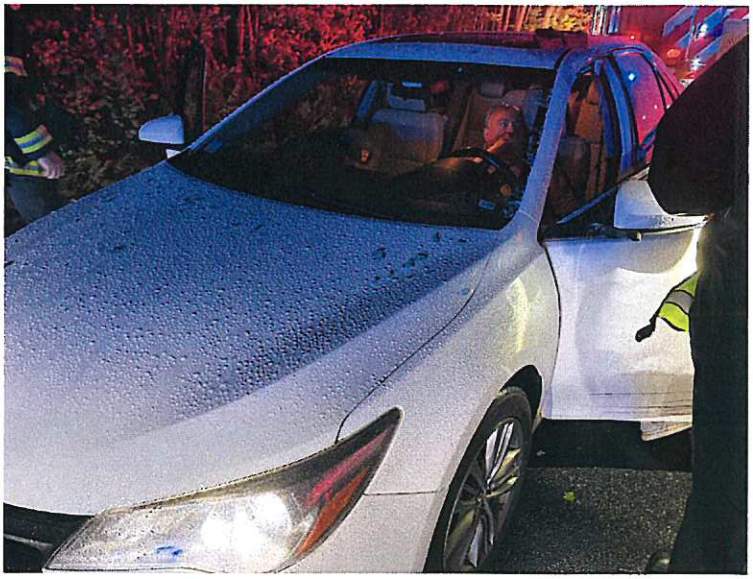




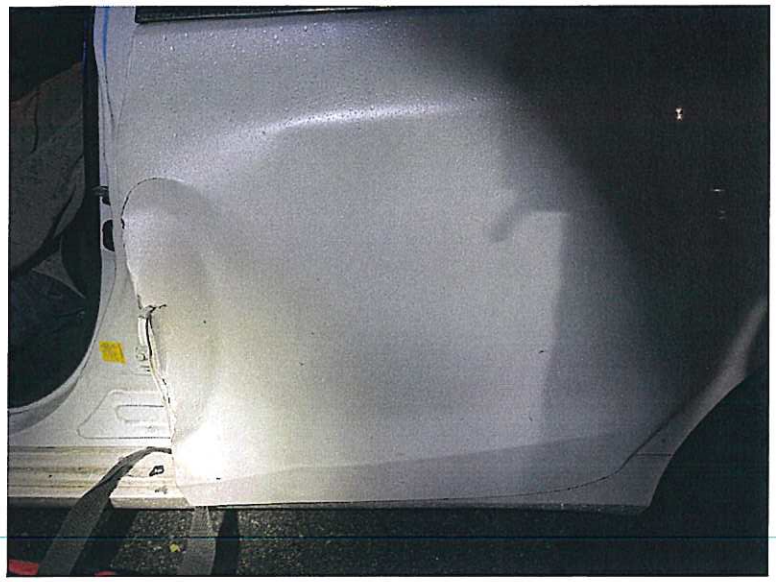


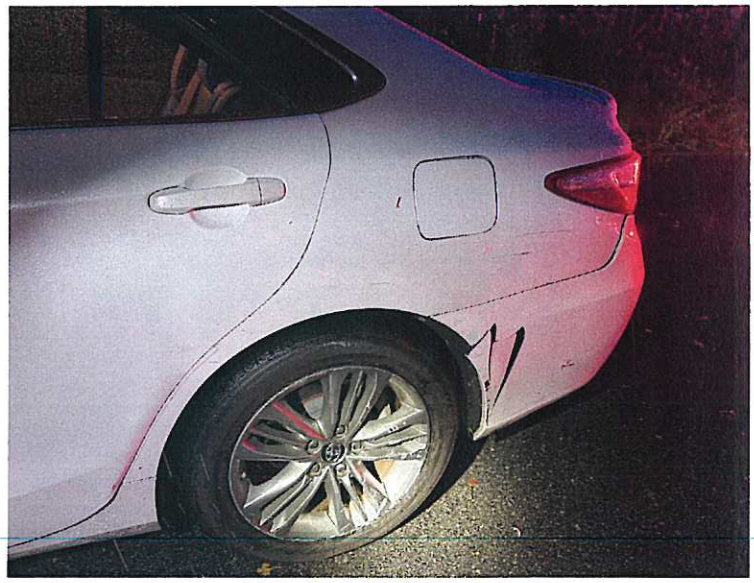


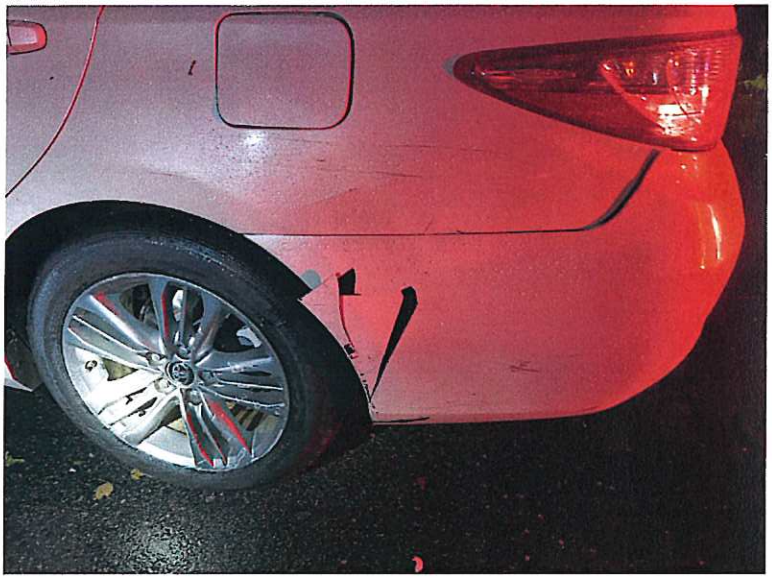




Wilmington Police Department
Images Associated with 26-279-AC











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 | |
|---|---|---|---|---|---|---|---|---|
| 09/27/2026 | 1156 24HR | Wilmington | 2 | 0 | 5 | | | 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: 260 MAIN 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 | 0 #Occupants | ☐ Hit/Run | ☐ Moped

**Crash Report ID#** 26-280-AC

## Vehicle 1

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____
Operator: Driverless M.V. (Last First Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company: PROGRESSIVE DIRECT INSURA
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 # 1PNW25 Reg Type PC Reg State MA
Veh Year 2017 Veh Make MAZDA Veh Config 1
Owner: DEVLIN, ABBIGAIL MARION (Last First Middle)
Address 81 APACHE WAY
City TEWKSBURY State MA Zip 01876-4615
Vehicle Action Prior to Crash 11
Event Sequence 2 | | | |
Most Harmful Event 2
Driver Contributing Code 1
Driver Distracted by 0
Damaged Area Code: 7 | | | |
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

Please fill out for operator and all occupants involved

| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator* | See Above | | | 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 W] Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # unknown Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. _____
Owner _____ (Last First Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash
Event Sequence
Most Harmful Event
Driver Contributing Code
Driver Distracted by
Damaged Area Code:
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: Susp. Drug:
Towed from scene?

Please fill out for operator and all occupants involved

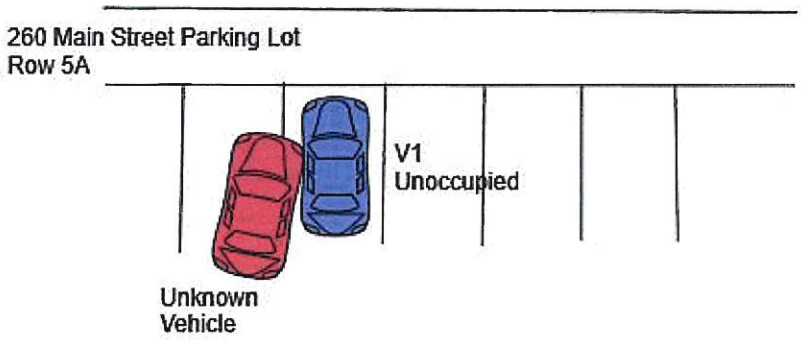
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | | | | | | |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

Form No. 10364 CRA-65 08/23

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

## Crash Diagram:

ie: → 1 → 2 → → 




**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**

## Crash Narrative:

Unknown vehicle hit V1 as V1 was parked unoccupied in parking lot. The unknown vehicle left the scene without exchanging information. V1 sustained minor damage to the drivers side with red paint transfer. Owner of V1 stated the incident occurred at some time from approximately 11:30AM to 11:56AM. It should be noted, it is not clear which part of the unknown vehicle struck V1. Images attached.

## Witnesses:

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

## Property Damage:

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

## Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

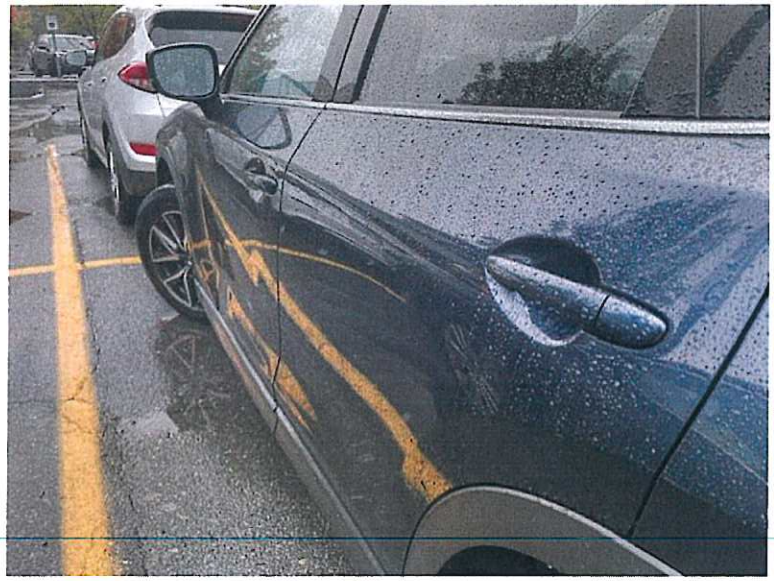
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

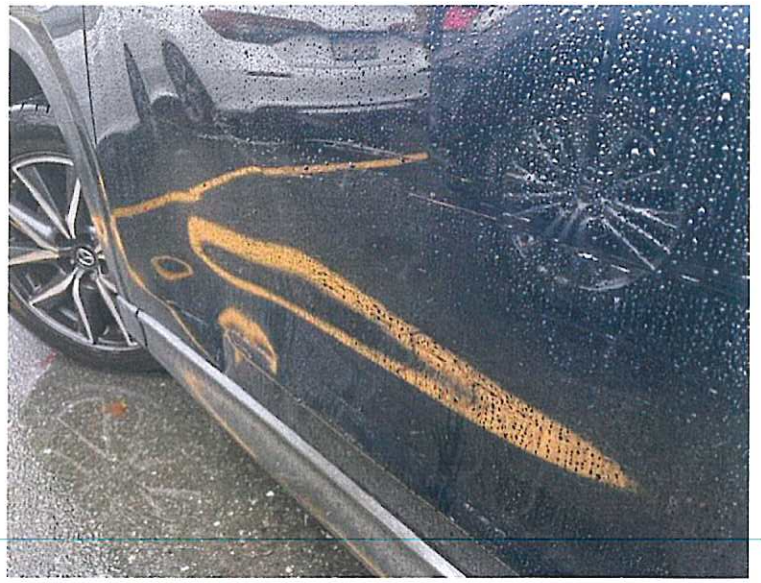
**Hazmat Information:**

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

| Patrol Officer Kathryn C Goodwin | | 216 | Wilmington Police Department | | 09/27/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

Wilmington Police Department
Images Associated with 26-280-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 |
|---|---|---|---|---|
| 09/28/2026 | 1117 24HR | Wilmington | 2 | 0 |

Speed Limit 10 | 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 | At | Route# | Direction | Name of Intersecting Roadway/Street

2 2 — Also at Intersection with: Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# | Direction | 355 Address # | MIDDLESEX AVE Name of Roadway/Street

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

7 11 — _____ Feet [N S E W] of Route# | Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark

3 3 — Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped — Crash Report ID# 26-281-AC

License # ___ St ___ DOB/Age ___

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

Operator LY, DUNG THANH (Last First Middle)

4 1 — Address 10 LINDENWOOD RD

City STONEHAM State MA Zip 02180-3520

Insurance Company GOVERNMENT EMPLOYEES INSU

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

Citation # (If Issued) _____

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

6 2 — Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # VEHE83 Reg Type PC Reg State MA

Veh Year 2026 Veh Make TESLA Veh Config. 1 21

7 12 — Owner WONG, CHRISTINA THANH (Last First Middle)

Address 10 LINDENWOOD RD

City STONEHAM State MA Zip 02180-3520

Vehicle Action Prior to Crash 10 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: 6 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

Please fill out for operator and all occupants involved

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

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

License # ___ St ___ DOB/Age ___

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator ZHANG, ERIC LEE (Last First Middle)

8 1 — Address 229 CENTRAL ST

City NORTH READING State MA Zip 01864

Insurance Company PROGRESSIVE

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

9 2 — Citation # (If Issued) _____

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

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

Reg # TUZ5889 Reg Type PC Reg State VA

Veh Year 2012 Veh Make MERCEDES-BENZ Veh Config. 1 21

Owner ZHANG, ERIC LEE (Last First Middle)

Address 229 CENTRAL ST

City NORTH READING State MA Zip 01864

Vehicle Action Prior to Crash 10 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: 0 27 27 27

Test Status: 3 28

Type of Test: 0 29

BAC Test Result: 1 30

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

1 14 — Towed from scene? 2 33

Please fill out for operator and all occupants involved

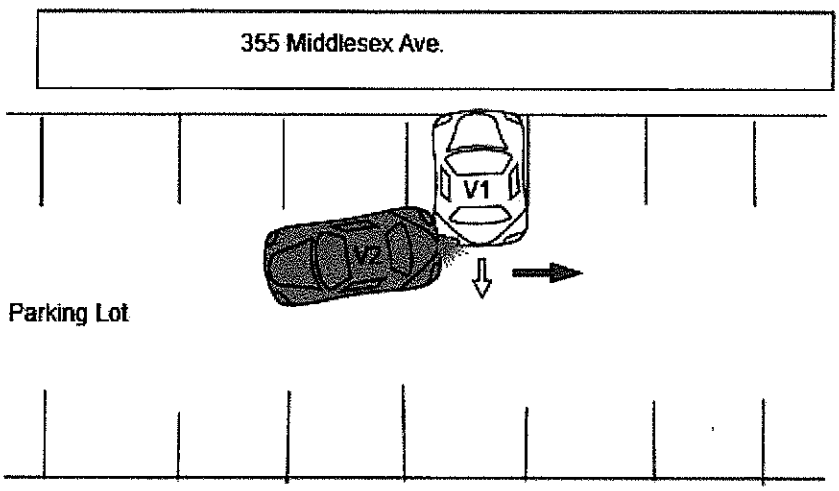
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 1 | 4 | 0 |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

Form No. 10364 CRA-65 08/23

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

## Crash Diagram:

ie: → 1 → 2 → → 




**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**

## Crash Narrative:

On Monday, September 28th, 2026. I responded to the parking lot of 355 Middlesex Ave for report of a motorvehicle crash. Upon arrival I spoke with the Operator of V1, who stated he was backing out of his parking spot when he collided with V2, which was backing up through the parking lot. I then spoke with Operator of V2, who stated he was backing up through the parking lot of 355 Middlesex Ave to back into a nearby parking spot. Operator of V2 stated while he was backing up, he collided with V1 as it was backing out of the parking space it had previouly occupied. Both vehicles sustained minor damage. No injuries were reported by either operator.

## 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 | | 09/28/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
## Images Associated with 26-281-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 |
|---|---|---|---|---|
| 09/28/2026 | 0954 24HR | Wilmington | 2 | 0 |

Speed Limit 40 | Latitude | Longitude

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

## LOCATION

**AT INTERSECTION:**

Route# | Direction | Name of Roadway/Street: BALLARDVALE ST

At

Route# 125 | Direction N | 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 #Occupants 1 ☐ Hit/Run ☐ Moped

Crash Report ID# 26-282-AC

License # | St | DOB/Age

Reg # MA13ZL | Reg Type PC | Reg State MA

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

Veh Year 2023 | Veh Make HYUNDAI | Veh Config. 1

Operator DROLETTE, MARK EDWARD (Last First Middle)

Owner DROLETTE, LISA BOBERA (Last First Middle)

Address 63B NASHUA ST

City WOBURN | State MA | Zip 01801-4536

Address 63B NASHUA ST

City WOBURN | State MA | Zip 01801-4536

Insurance Company VERMONT MUTUAL INSURANCE

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

Vehicle Action Prior to Crash: 4

Event Sequence: 1 | 1 | | |

Most Harmful Event: 1

Driver Contributing Code: 4 | | |

Driver Distracted by: 0 | |

Damaged Area Code: 0 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

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

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**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 # BR34EA | Reg Type PC | Reg State MA

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

Veh Year 2024 | Veh Make GMC | Veh Config. 1

Operator THEOPHILE, JAMES C (Last First Middle)

Owner THEOPHILE, JAMES C (Last First Middle)

Address 133 FOX RUN RD

City BOLTON | State MA | Zip 01740-2017

Address 133 FOX RUN RD

City BOLTON | State MA | Zip 01740-2017

Insurance Company PLYMOUTH ROCK ASSURANCE C

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

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 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

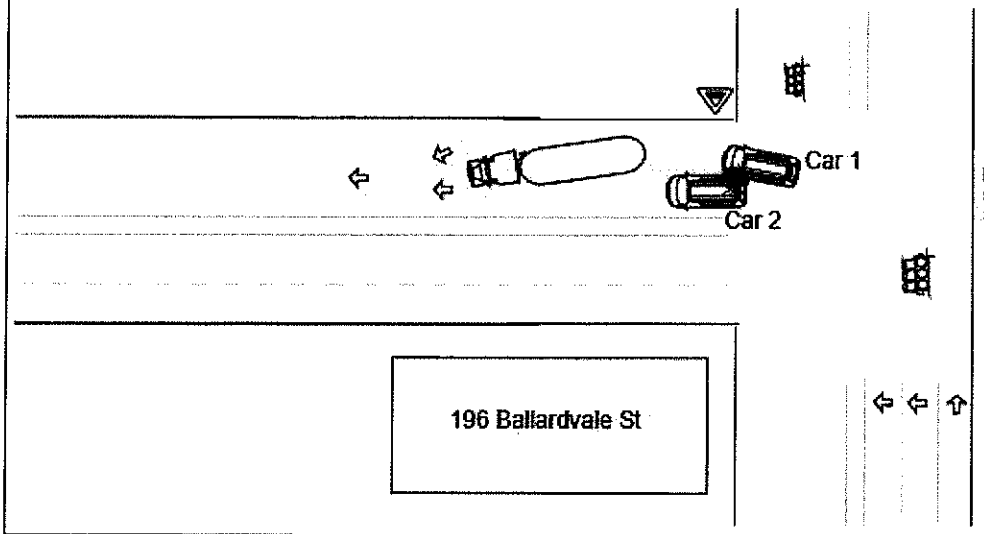
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 1 | 4 | 0 |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

Form No. 10364 CRA-65 08/23

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

## Crash Diagram:

ie: → 1 → 2 → → 




**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



## Crash Narrative:

The involved grey Hyundai Kona was attempting to turn left onto Ballardvale St from the right lane of Rt.125 and struck the rear right passenger door of the Grey Hummer in the left lane. On the left turn, there is a posted sign acknowledging operators to merge left. The operator of the Hyundai claimed he was behind a Market Basket semi-truck in the right lane and was being pushed out of his lane by the Hummer prior to the merge. The operator of the Hummer claimed he was attempting to merge behind the Market Basket semi-truck while in the left lane and was struck by the Hyundai on the right rear passenger door. The Hummer sustained damage to the right rear passenger door while the Hyundai had little to no damage. Both operators claimed no injuries and signed refusals. Neither vehicle was towed.

## Witnesses:

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

## Property Damage:

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

## Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

**Hazmat Information:**

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

| Patrol Officer Karl Saied | | 242 | Wilmington Police Department | | 09/28/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
Images Associated with 26-282-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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09/28/2026 | 1949 (24HR) | Wilmington | 1 | 1 | 20 | | | ☐ | ☒ | ☐ | ☐ | ☐ |

## 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: 130 | GLEN RD

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

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

_____ Feet [N] [S] [E] [W] of Landmark _____

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

Crash Report ID#: 26-283-AC

## Vehicle 1

License # _____ St _____ DOB/Age _____

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

Operator: BORGES, STEVEN TAVARES (Last, First, Middle)

Address: 30 FOUNTAIN ST

City: MEDFORD | State: MA | Zip: 02155-2614

Insurance Company: THE COMMERCE INSURANCE CO

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

Citation # (If Issued) _____

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

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

Reg # 4JVF46 | Reg Type: PC | Reg State: MA

Veh Year: 2018 | Veh Make: Land Rover | Veh Config: 1

Owner: BORGES, STEVEN TAVARES (Last, First, Middle)

Address: 30 FOUNTAIN ST

City: MEDFORD | State: MA | Zip: 02155-2614

Vehicle Action Prior to Crash: 4

Event Sequence: 40 | 22 | | |

Most Harmful Event: 22

Driver Contributing Code: 9 | 25: | 25:

Driver Distracted by: 99 | 26: | 26:

Damaged Area Code: 1 | 8 | 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* | See Above | | | 1 | 0 | 1 | 0 | 0 | 9 | 0 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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: 19 | 19 | Lic. Restrictions: 20 | CDL Endorsement _____

Operator _____ (Last, First, Middle)

Address _____

City _____ | State _____ | Zip _____

Insurance Company _____

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

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

Please fill out for operator and all occupants involved

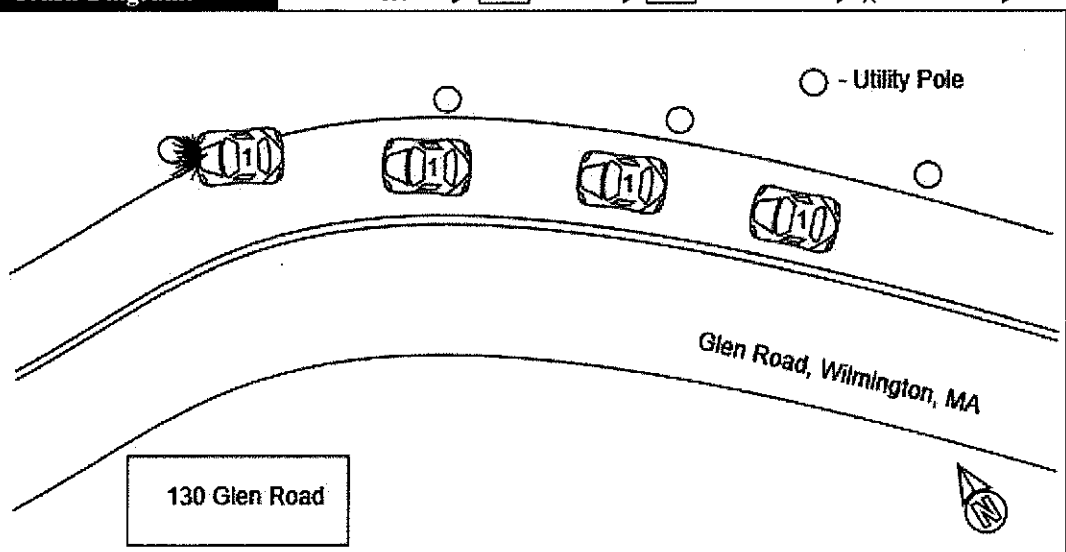
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | | | | | | |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

Form No. 10364 CRA-65 08/23

## Crash Diagram:

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

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:

MV 1 Operator stated that he was traveling north on Glen Road when he lost control of his vehicle, striking a utility pole. Operator stated that he has had ongoing issues with the ball joint on the front right of the vehicle. He believed the part failed, causing him to lose control of the vehicle.

Pole struck was Verizon pole number 52, across from 130 Glen Road. RMLD stabilized the pole to await Verizon replacement. Vehicle was towed by Forrest Towing to Forrest Towing.

## 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 |
| | | | | |

## 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 | | 09/28/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
Images Associated with 26-283-AC





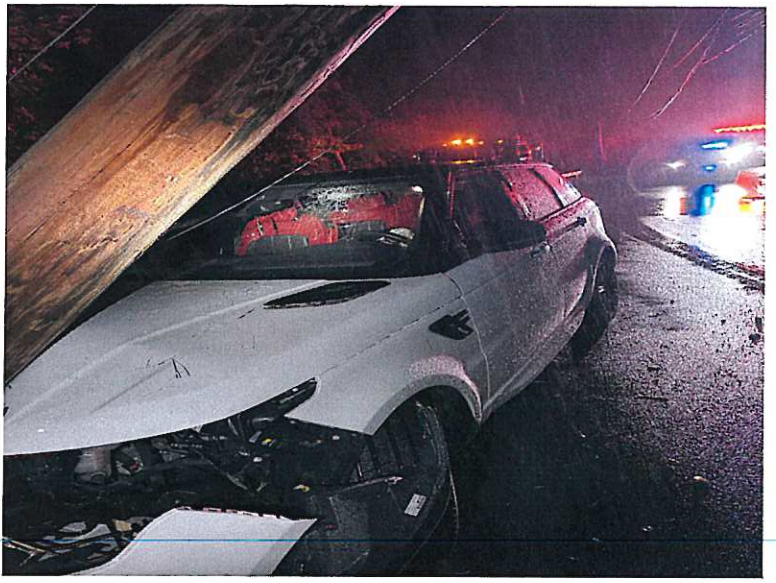


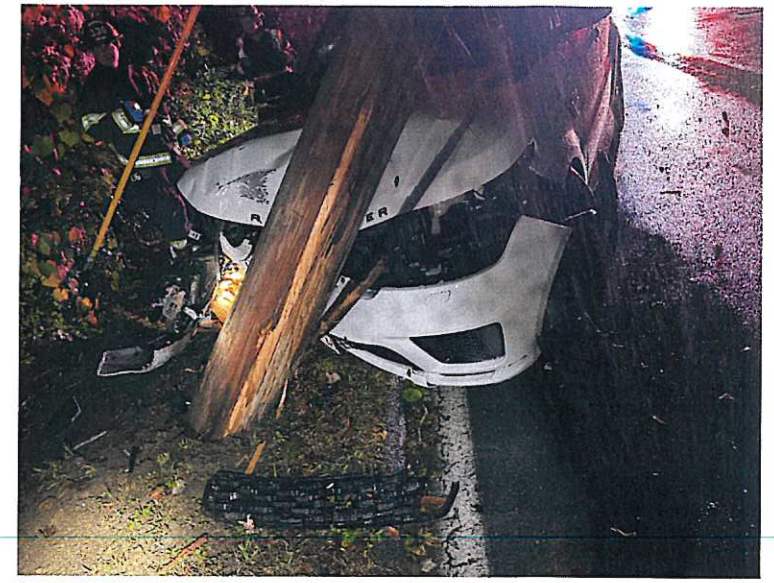


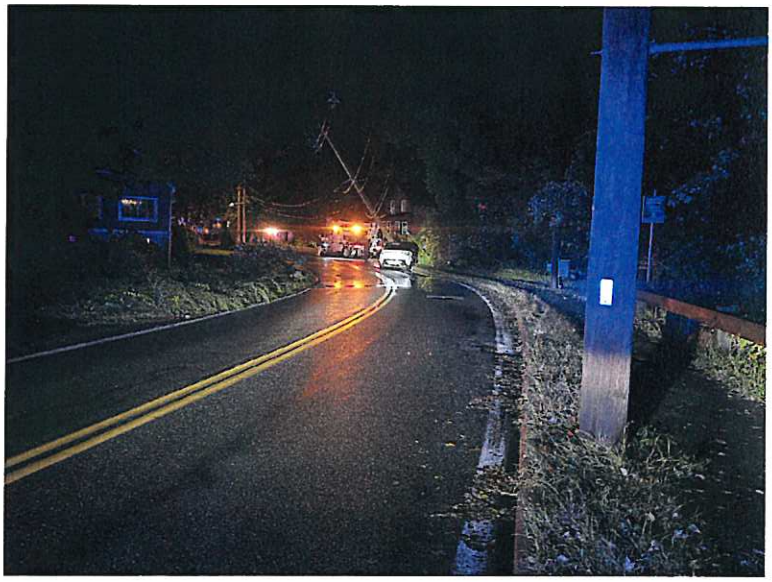




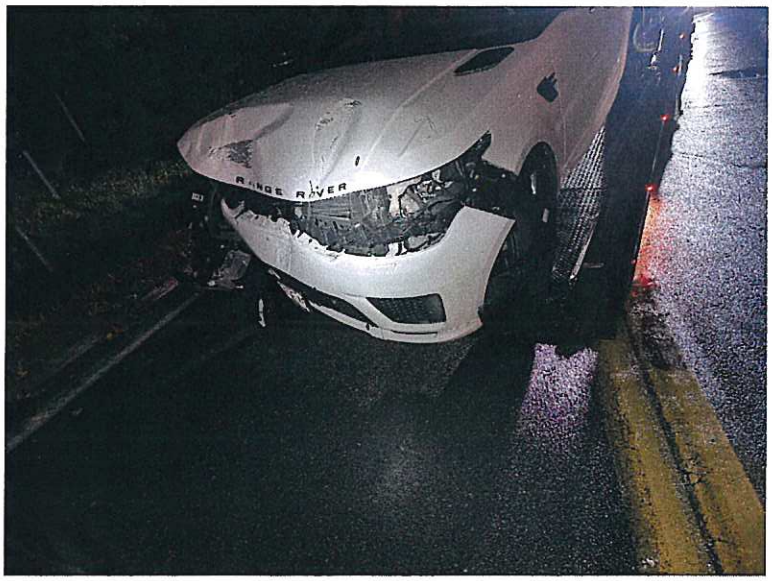
# Wilmington Police Department
Images Associated with 26-283-AC













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 |
|---|---|---|---|---|
| 09/30/2026 | 0130 24HR | Wilmington | 1 | 0 |

Speed Limit 35 | 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 | 269 Address # | BURLINGTON AVE 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# 26-284-AC

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

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

Operator: LEARY, CHRISTOPHER GEORGE JR (Last First Middle)

Address: 36 FOREST ST

City: WILMINGTON State: MA Zip: 01887-2851

Insurance Company: THE COMMERCE INSURANCE CO

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 # 3BK144 Reg Type: PC Reg State: MA

Veh Year: 2021 Veh Make: FORD Veh Config: 1

Owner: LEARY, CHRISTOPHER GEORGE JR (Last First Middle)

Address: 36 FOREST ST

City: WILMINGTON State: MA Zip: 01887-2851

Vehicle Action Prior to Crash: 1

Event Sequence: 5 | | | |

Most Harmful Event: 5

Driver Contributing Code: 1 | 25: 25

Driver Distracted by: 0 | 26: 26

Damaged Area Code: 8 | 27: 1 | 27: 2 | 27

Test Status: 1

Type of Test: 0

BAC Test Result: 1

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

Towed from scene? 2 | 33

Please fill out for operator and all occupants involved

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

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: ____

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: | 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

Please fill out for operator and all occupants involved

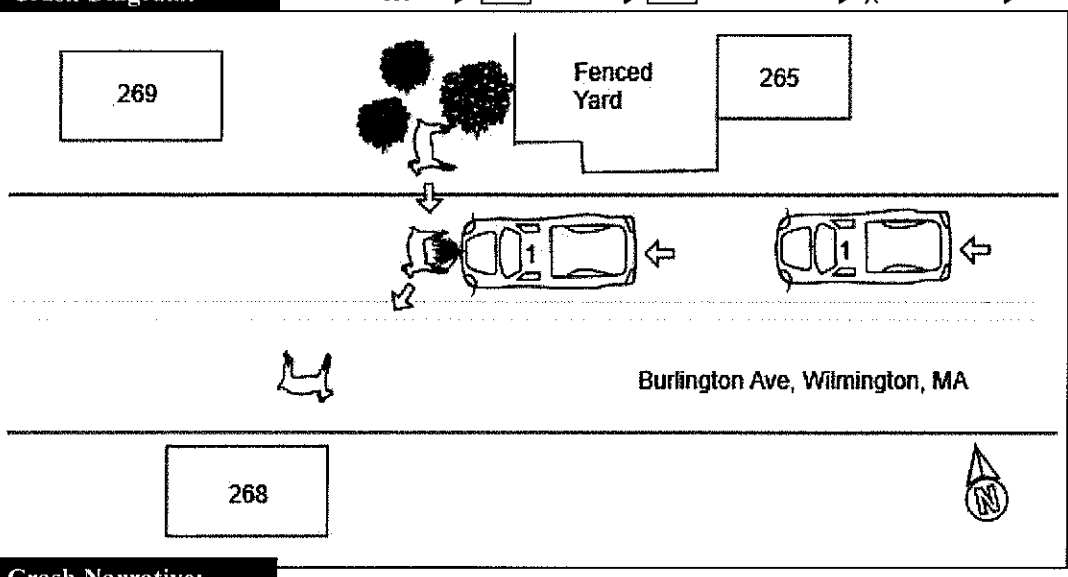
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | | | | | | |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

Form No. 10364 CRA-65 08/23

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

## Crash Diagram:

ie: → 1 → 2 → → 




**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**

## Crash Narrative:

MV 1 Operator stated he was traveling West on Burlington Ave (Route 62), when a deer ran in front of his vehicle in the area of 269 Burlington Ave. Operator stated the deer emerged from a wooded area between 269 Burlington Ave and 265 Burlington Ave. It should be noted that 265 Burlington Ave has a fenced yard, which would obstruct the view of an animal running toward the roadway from the wooded area. The deer came to rest in the eastbound lane in front of 268 Burlington Ave. The deceased deer was moved out of the travel lane. ACO notified.

Damage to MV 1 was observed on the front bumper to include the bumper itself, plastic trim surrounding tow hooks, and possibly the plow mount (photos attached). Operator stated no injuries.

## Witnesses:

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

## Property Damage:

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

## Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

**Hazmat Information:**

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

| Patrol Officer James R Hill | | 225 | Wilmington Police Department | | 09/30/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

Wilmington Police Department
Images Associated with 26-284-AC











Police Use Only

# Commonwealth of Massachusetts
# Motor Vehicle Crash Police Report

RMV Document Number

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit / Latitude / Longitude | Police |
|---|---|---|---|---|---|---|
| 09/30/2026 | 0905 24HR | Wilmington | 2 | 0 | Speed Limit 40 | ☒ Local Police |

☐ State 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 | 21 Address # | CONCORD ST Name of Roadway/Street

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

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

____ Feet [N][S][E][W] of Landmark

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

Crash Report ID# 26-285-AC

**Vehicle 1**

License # ____ St. ____ DOB/Age ____

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

Operator NOLASCO MARTINEZ, SAUL ESTUARDO (Last First Middle)

Address 96 IRVING ST APT 3

City EVERETT State MA Zip 02149-5089

Insurance Company GOVERNMENT EMPLOYEES INSU

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 # 7DGY18 Reg Type PC Reg State MA

Veh Year 2012 Veh Make NISSAN Veh Config. 1

Owner MARTINEZ, MARY ARACELYS (Last First Middle)

Address 96 IRVING ST APT 3

City EVERETT State MA Zip 02149-5089

Vehicle Action Prior to Crash 4

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99

Driver Distracted by 0

Damaged Area Code: 5 | | |

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.

**Vehicle 2**

License # ____ St. ____ DOB/Age ____

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

Operator VOLMAR, FRANTZY LENS (Last First Middle)

Address 26 HEMLOCK TER FRNT

City RANDOLPH State MA Zip 02368-3908

Insurance Company THE COMMERCE INSURANCE CO

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 # LVC4925 Reg Type RV Reg State MA

Veh Year 2015 Veh Make TOYOTA Veh Config. 1

Owner AVI TRANSPORTATION LLC (Last First Middle)

Address 28 CROSS ST

City NORWOOD State MA Zip 02062-4204

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99

Driver Distracted by 4

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

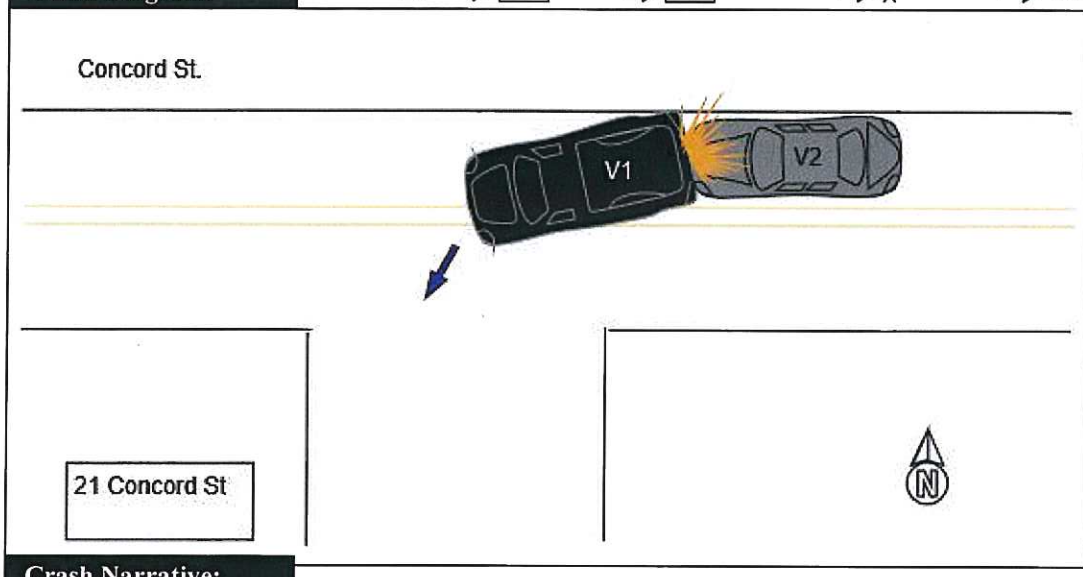
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 1 | 4 | 0 |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

Form No. 10364 CRA-65 08/23

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

## Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲




**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



## Crash Narrative:

On Wednesday, September 30th, 2026, I responded to the area of 21 Concord St. for report of a 2 car motorvehicle crash. Upon arrival I spoke with the Operator of V1, who stated that he was travelling westbound on Concord St. Operator of V1 reported he was attempting to take a left hand turn into the driveway of Concord St. when he was rear ended by V2. V1 sustained damage to the bumper, but was in driveable condition. I then spoke with Operator of V2, who reported he was following his GPS to go straight (westbound) on Concord St. Operator of V2 reported that V1 suddenly stopped to turn left, and he rear ended V1 due to not being able to stop in time. V2 sustained significant damage to the front bumper/hood area. Vehicle was towed by A&S Towing. No injuries were reported by either party.

## 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 | | 09/30/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
## Images Associated with 26-285-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 | |
|---|---|---|---|---|---|---|
| 09/30/2026 | 1606 (24HR) | Wilmington | 2 | 1 | Speed Limit 35 | 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 | 271 (Address #) | MAIN ST (Name of Roadway/Street)

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

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

_____ Feet [N S E W] of Landmark _____

---

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

Crash Report ID# 26-286-AC

License # _____ St _____ DOB/Age _____

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

Operator MC CUE, TIERNEY ANN (Last / First / Middle)

Address 36 FOREST ST

City WILMINGTON State MA Zip 01887-2851

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 4PTM23 Reg Type PC Reg State MA

Veh Year 2026 Veh Make Infinity Veh Config. 1

Owner MC CUE, TIERNEY ANN (Last / First / Middle)

Address 36 FOREST ST

City WILMINGTON State MA Zip 01887-2851

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: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

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

---

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

License # _____ St _____ DOB/Age _____

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

Operator GRAY, CAMDEN CHRISTOPHER (Last / First / Middle)

Address 11 CARTER LN

City WILMINGTON State MA Zip 01887-2642

Insurance Company PROGRESSIVE CASUALTY INSU

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 # 3D7821 Reg Type MC Reg State MA

Veh Year 2001 Veh Make HARLEY-DAVIDSON Veh Config. 3

Owner GRAY, KEEGAN JAMES (Last / First / Middle)

Address 11 CARTER LN

City WILMINGTON State MA Zip 01887-2642

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 1 |

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

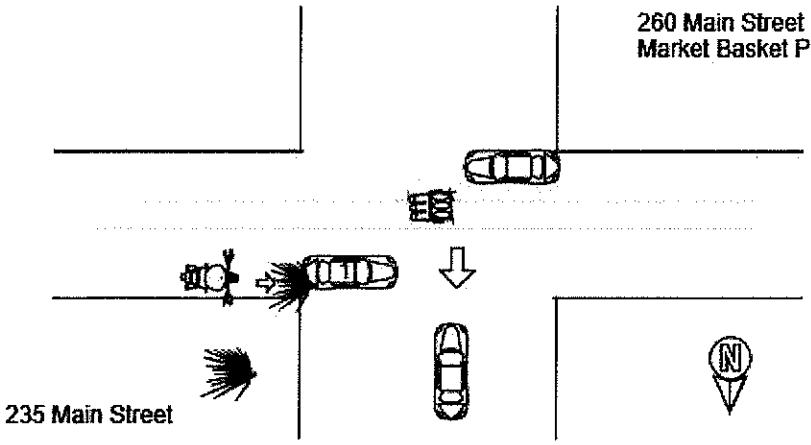
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 2 | 4 | 0 | 0 | 8 | 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:

While traveling South on Main Street and going through the intersection at 260 Main Street (public way in Wilmington), another vehicle who was traveling North on Main Street, made an abrupt left turn in the intersection and made the operator of motor vehicle 1 slam on her brakes to avoid a collission. The operator of the motorcycle, who was also traveling South on Main Street behind motor vehicle 1, stated that he made contact with the back right side of motor vehicle 1 after motor vehicle 1 had to use their brakes. Motor vehicle 1 and the motorcycle pulled into the parking lot of Speedway. Motor vehicle 1 had minor damage to the rear right side and the motorcycle had minor damage to the center front (see images).

## Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|---|---|---|---|
| WHITE NATHANIEL JM | 19 ALGONQUIN RD NORTH READING MA 01864-1110 | | 1 |
| | | | |

## Property Damage:

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

## Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

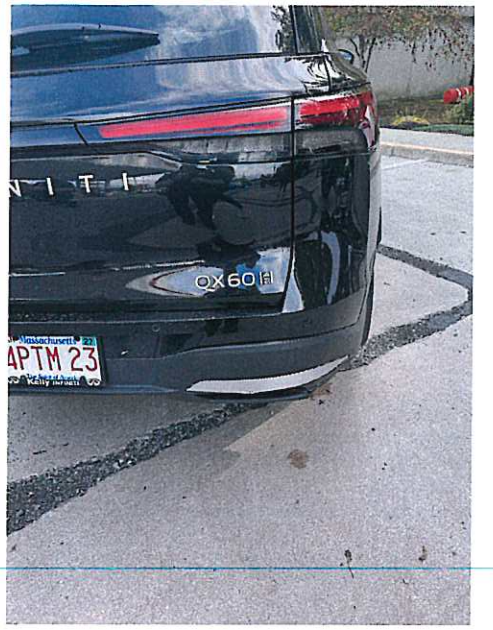
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

**Hazmat Information:**

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

| Patrol Officer Zachary A Leighton | | 227 | Wilmington Police Department | | 09/30/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

# Wilmington Police Department
## Images Associated with 26-286-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 |
|---|---|---|---|---|
| 10/02/2026 | 0922 24HR | Wilmington | 2 | 1 |

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

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

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

2 10 — Route# | Direction | 159 Address # | CHURCH ST Name of Roadway/Street

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

3 11 — Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-287-AC

License # | St | DOB/Age

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

Operator HARMON, ELIZABETH ANN (Last First Middle)

4 1 — Address 27 OAKRIDGE CIR

City WILMINGTON | State MA | Zip 01887-1509

Insurance Company GOVERNMENT EMPLOYEES INSU

5 — 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

6 1 — Reg # 9889DT | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make Jeep | Veh Config. 2

1 12 — Owner HARMON, ELIZABETH ANN (Last First Middle)

Address 27 OAKRIDGE CIR

City WILMINGTON | State MA | Zip 01887-1509

Vehicle Action Prior to Crash 4

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 19

Driver Distracted by 99

Damaged Area Code: 7 | 27 | 27 | 27

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

1 13

| 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 | 99 | 2 | 0 | 2 | 8 | 2 | Lahey Hospital |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # | St | DOB/Age

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

Operator BLAKE, GARY R (Last First Middle)

8 1 — Address 8 BOURASSA LN

City WELLS | State ME | Zip 04090

Insurance Company

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

9 2 — Citation # (If Issued)

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

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

7 3 — Reg # 40AP85 | Reg Type AP | Reg State NH

Veh Year 2026 | Veh Make Kenworth | Veh Config. 8

Owner TW EXCAVATING & DEVELOPMENT CORPORATION (Last First Middle)

Address 1517 WOLFEBORO HWY

City ALTON | State NH | Zip 03809

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 8 | 27 | 27 | 27

Test Status: 1

Type of Test: 0

BAC Test Result:

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

1 14

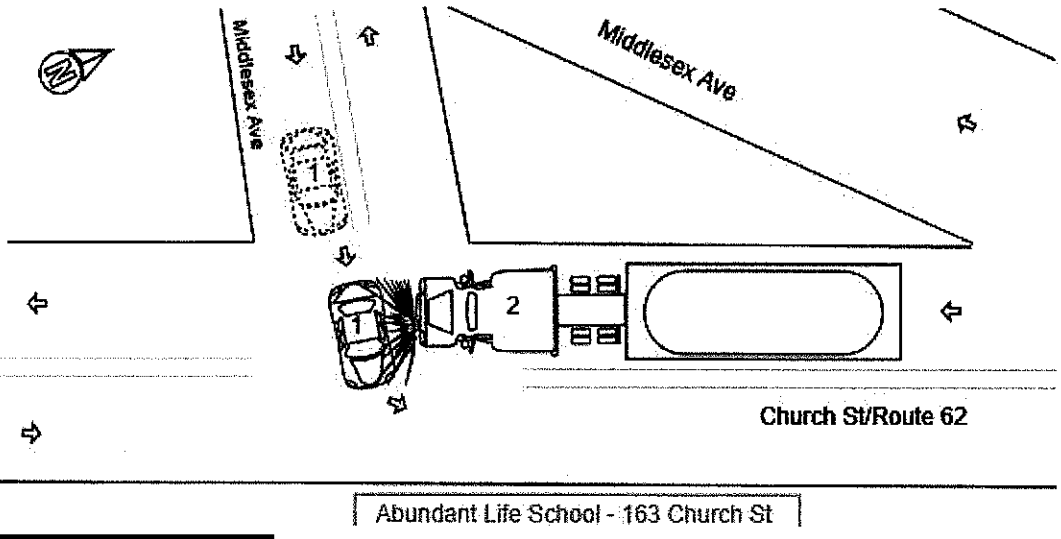
| Please fill out for operator and all occupants involved — Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 99 | 4 | 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 → → 




**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 WAS TRAVELING EAST ON MIDDLESEX AVE TOWARDS CHURCH ST, CAME TO A STOP AT THE STOP LINE, BEFORE TAKING THE LEFT ON TO CHURCH ST/ROUTE 62. MV2 WAS TRAVELING STRAIGHT, SOUTH ON CHURCH ST. MV1 PULLED OUT OF MIDDLESEX AVE AND ON TO CHURCH ST WHILE MV2 WAS TRAVELING STRAIGHT ON CHURCH ST. THE FRONT BUMPER OF MV2 STRUCK THE DRIVER SIDE OF MV1. THERE WAS SIGNIFICANT DAMAGE TO MV1. SIDE AIRBAGS DEPLOYED ON MV1, WHICH WAS TOWED BY CAINS.

THERE WAS MINOR DAMAGE TO THE FRONT END OF MV2. NO INJURIES REPORTED BY THE OPERATOR OF MV2.

## 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 # 40AP85 (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address 108 NEWBURYPORT TPKE City NEWBURY St MA Zip 01951

US DOT #: 376340 State Number _____ Issuing State _____ MC/MX/ICC #: 631042

Interstate 43: 1 Cargo Body Type Code 44: 7 GVWR/GCWR 45: 3

Trailer Reg #: 5171785 Reg Type TL Reg State ME Reg Year 2023 Trailer Length 46: 4

**Hazmat Information:**

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

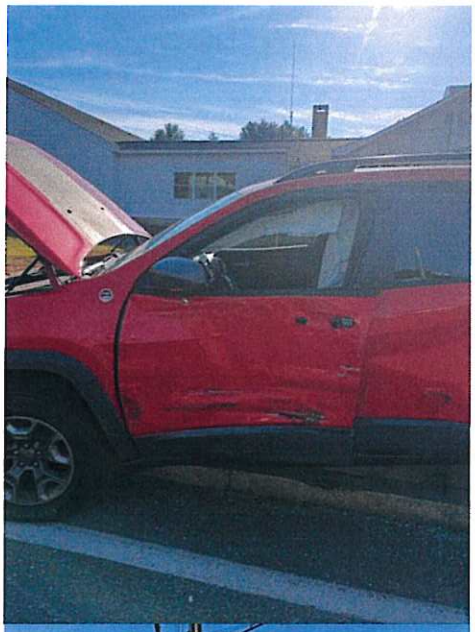
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
|---|---|---|---|---|---|
| Patrol Officer Kayla M Hanson | | 230 | Wilmington Police Department | | 10/02/2026 |

# Wilmington Police Department
Images Associated with 26-287-AC

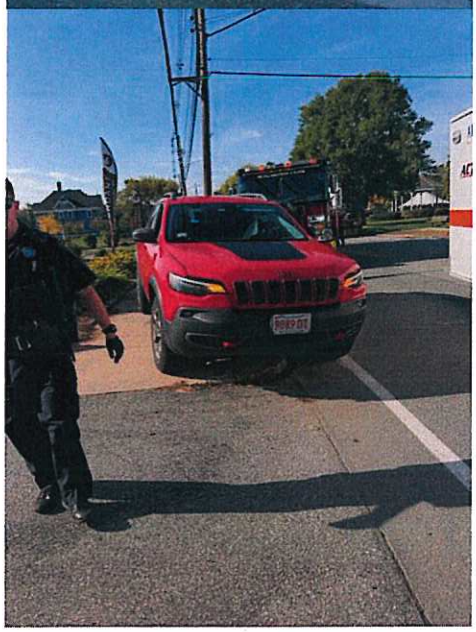












Police Use Only

# 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 |
|---|---|---|---|---|---|---|---|---|
| 10/02/2026 | 1530 (24HR) | Wilmington | 2 | 0 | 30 | | | Local Police ☒ |

## LOCATION

**AT INTERSECTION:**

Route# | Direction | Name of Roadway/Street: LINDA RD

At

Route# | Direction | Name of Intersecting Roadway/Street: CAROLYN RD

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# 26-288-AC

## Vehicle 1

License # _____ St _____ DOB/Age _____

Reg # 5KPC94 Reg Type PC Reg State MA

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

Veh Year 2024 Veh Make CHEVROLET Veh Config. 1

Operator CABRAL, DOMENICA (Last, First, Middle)

Address 48 MARCIA RD

City WILMINGTON State MA Zip 01887-1454

Insurance Company THE COMMERCE INSURANCE CO

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

Citation # (If Issued) _____

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

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

Owner CABRAL, DOMENICA (Last, First, Middle)

Address 48 MARCIA RD

City WILMINGTON State MA Zip 01887-1454

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 19 | |

Driver Distracted by 99 | |

Damaged Area Code: 1 | | |

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 | 1 | 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 _____

Reg # 5XKS93 Reg Type PC Reg State MA

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

Veh Year 2025 Veh Make HYUNDAI Veh Config. 1

Operator SHARMA, AJAY (Last, First, Middle)

Address 14 HARVARD AVE APT 14

City BURLINGTON State MA Zip 01803-1336

Insurance Company THE COMMERCE INSURANCE CO

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 _____

Owner SHARMA, AJAY (Last, First, Middle)

Address 14 HARVARD AVE APT 14

City BURLINGTON State MA Zip 01803-1336

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 1 | |

Driver Distracted by 0 | |

Damaged Area Code: 8 | | |

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

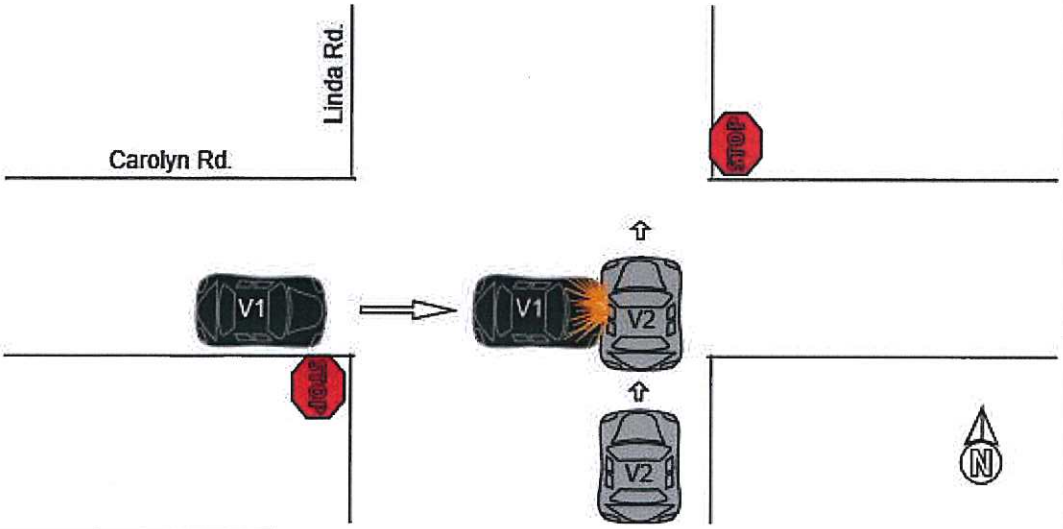
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | 1 | 4 | 0 | 0 | 10 | 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 Friday, October 2nd, at 1530 hrs. I responded to the intersection of Linda Rd. and Carolyn Rd. Upon arrival I spoke with Operator of V1, who stated that she was travelling eastbound on Carolyn Rd. She stated she then stopped at the stop sign and began travelling straight through the intersection of Linda Rd. and Carolyn Rd., when she collided with V2. I spoke with the operator of V2 who stated he was travelling northbound on Linda Rd. He came up to the intersection of Linda Rd. and Carolyn Rd. Operator of V2 stated he saw V1 stopped at the stop sign and continued on his path of travel. Operator of V2 stated that V1 then began moving straight ahead and collided with his vehicle. V1 sustained significat damage to the front end, airbags were deployed. V2 sustained significant damage to the front left side, no airbags were deployed. Both vehicles were towed by Cain's Towing. No injuries were reported by either party.

## Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|---|---|---|---|
| STEBBINS MICHAEL WILLIAM | 10 MARCIA RD WILMINGTON MA 01887-1465 | | 99 |
| | | | |

## 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 | | 10/02/2026 |
|---|---|---|---|---|---|
| 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 | Police Agency |
|---|---|---|---|---|---|---|---|---|
| 10/02/2026 | 2317 (24HR) | Wilmington | 1 | 0 | 30 | | | ☒ 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 # 50 Name of Roadway/Street: BOUTWELL ST

____ 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# 26-289-AC

### Vehicle 1

License # ____ St ____ DOB/Age ____

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

Operator (Last First Middle): GIGANTE, DEBORAH A

Address: 11 MOZART AVE

City: WILMINGTON State: MA Zip: 01887-2679

Insurance Company: THE HANOVER INSURANCE COM

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 # 3GHD52 Reg Type PC Reg State MA

Veh Year 2025 Veh Make CADILLAC Veh Config. 1

Owner (Last First Middle): GIGANTE, ANTHONY JAMES

Address: 11 MOZART AVE

City: WILMINGTON State: MA Zip: 01887-2679

Vehicle Action Prior to Crash: 1

Event Sequence: 5 ____ ____ ____

Most Harmful Event: 5

Driver Contributing Code: 1 ____

Driver Distracted by: 0 ____

Damaged Area Code: 8 ____ ____

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

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

Please Select One of the Following: ☐ Vehicle 2 ____ #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: ____ ____

Test Status: ____

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: ____ Susp. Drug: ____

Towed from scene? ____

Please fill out for operator and all occupants involved

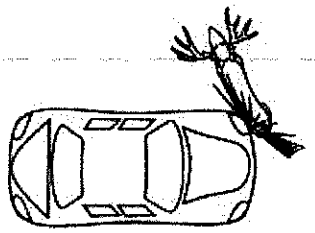
| Name (Last First Middle) | Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* | See Above | | | 1 | | | | | | |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

Form No. 10364 CRA-65 08/23

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 = Pedestrian = Bicycle

## Crash Diagram:

ie: → [1] → [2] → → 



Boutwell 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 was traveling straight ahead on Boutwell Street when it struck a deer with its front driver's side of the vehicle. The deer fled into the woods. The vehicle sustained minor damage to the front end on the grill and headlight. Operator stated no injuries and vehicle was operable and driven from the scene.

## 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 Justin T Crowley | | 240 | Wilmington Police Department | | 10/02/2026 |
|---|---|---|---|---|---|
| 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 |
|---|---|---|---|---|
| 10/03/2026 | 1116 24HR | Wilmington | 2 | 1 |

Speed Limit 35 | 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 | At | Route# | Direction | Name of Intersecting Roadway/Street | Also at Intersection with | Route# | Direction | Name of Intersecting Roadway/Street

2 10 — Route# 38 | Direction N | Address # 154 | Name of Roadway/Street MAIN ST | 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# 26-290-AC

## Vehicle 1

License #: _ St: _ DOB/Age: _

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

Operator FANTASIA, MARK A (Last First Middle)

4 1 — Address 50 GROVE AVE

City WILMINGTON | State MA | Zip 01887-2036

Insurance Company GOVERNMENT EMPLOYEES INSU

5 — 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 _

6 1 — Reg # 6BHW22 | Reg Type PC | Reg State MA

Veh Year 2025 | Veh Make HYUNDAI | Veh Config. 1 21

1 12

Owner FANTASIA, MARK A (Last First Middle)

Address 50 GROVE AVE

City WILMINGTON | State MA | Zip 01887-2036

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: 29

BAC Test Result: 30

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

Towed from scene? 2 33

1 13

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 | 9 | 0 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

## Vehicle 2

7 1 — 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 F | Lic. Class D 19 19 | Lic. Restrictions B 20 | CDL Endorsement

8 1 — Operator GROSSMAN, TARA F (Last First Middle)

Address 32 ASHWOOD AVE

City WILMINGTON | State MA | Zip 01887-4425

Insurance Company PROGRESSIVE DIRECT INSURA

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

9 2 — Citation # (If Issued) _

Viol. 1: Ch/Sec/Sub _ | Viol. 2: Ch/Sec/Sub _

Viol. 3: Ch/Sec/Sub _ | Viol. 4: Ch/Sec/Sub _

Reg # 1NVL98 | Reg Type PC | Reg State MA

Veh Year 2014 | Veh Make CHEVROLET | Veh Config. 2 21

Owner GROSSMAN, TARA F (Last First Middle)

Address 32 ASHWOOD AVE

City WILMINGTON | State MA | Zip 01887-4425

1 14

Vehicle Action Prior to Crash 1 22

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 5 25 97 25

Driver Distracted by 5 26 26

Damaged Area Code: 1 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? 1 33

Please fill out for operator and all occupants involved

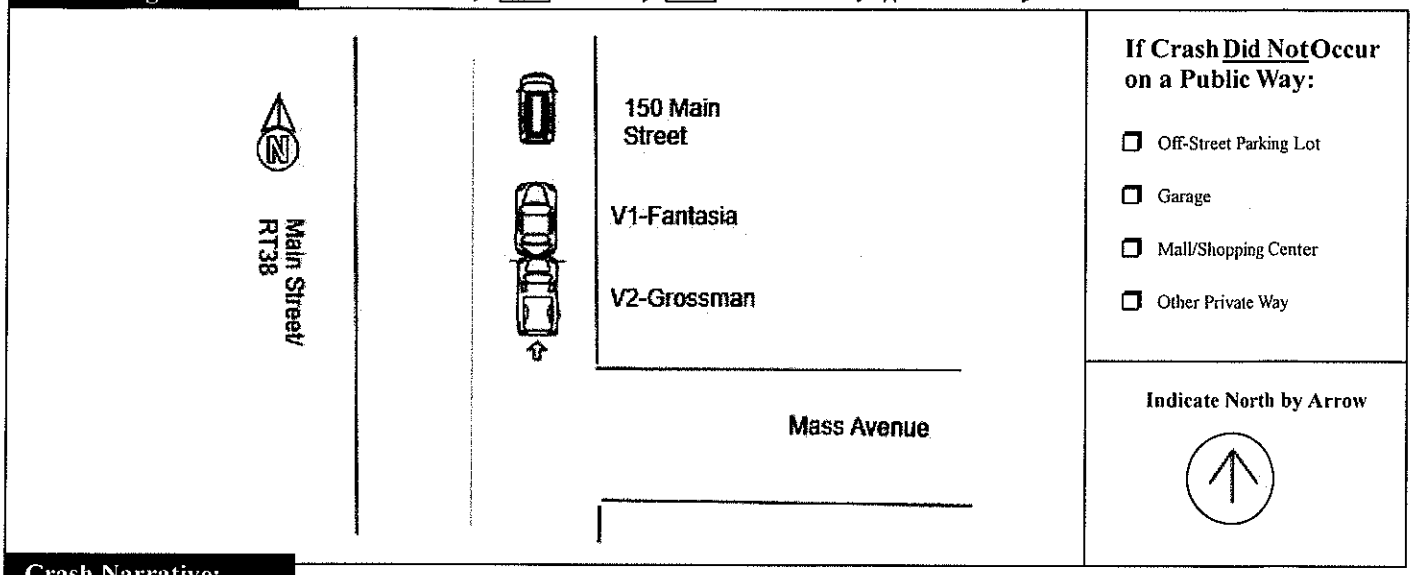
| Name (Last First Middle) / Address | DOB/Age | Sex | 34 Seat Pos. | 35 Safety System | 36 Airbag Status | 37 Eject Code | 38 Trap Code | 39 Injury Status | 40 Transp. Code | Medical Facility |
|---|---|---|---|---|---|---|---|---|---|---|
| *Operator/Occupants* / See Above | | | 1 | 1 | 4 | 0 | 0 |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

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 stopped in traffic in the area of Main Street/RT38N when it was rear-ended by V2. V2 OPR Grossman stated her flip flop sandal slipped and caught under the pedal preventing her from stopping prior to collision. Opr was also wearing very long workout pants(over-extended sandal)that could also of contributed in sandal issue with pedal(s).

V1 damaged on rear end and trunk area. V2 damaged on front end. V2 leaking fluid(probable coolant) was towed from scene by Forrest Towing. V2 OPR footwear, clothing & following too close most probable factor in crash.

## Witnesses:

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

## Property Damage:

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

## Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

**Hazmat Information:**

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

| Patrol Officer Richard DiPerri | | 173 | Wilmington Police Department | | 10/03/2026 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |