

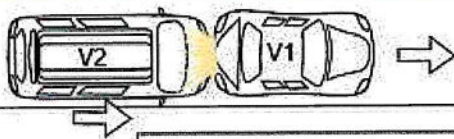
Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/05/2026	Time of Crash 1515 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police ☐		
						Local Police ☒			MBTA Police ☐		
						Campus Police ☐			Other: ☐		
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number								
Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
Please Select One of the Following:			☒ Vehicle 13 #Occupants			☐ Hit/Run			☐ Moped		
			Crash Report ID# 26-293-AC								
License # St DOB/Age			Reg # 5197785 Reg Type PC Reg State NH								
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make HONDA Veh Config. 1 21								
Operator PILCHER, SARA ELIZABETH			Owner PILCHER, SARA ELIZABETH								
Address 1737 N GROTON RD			Address 1737 N GROTON RD								
City GROTON State NH Zip 03266			City GROTON State NH Zip 03266								
Insurance Company			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub						Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator			See Above			1			1		
						M			99		
						M			99		
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped		
			Complete the Vulnerable User section.								
License # St DOB/Age			Reg # 454YG1 Reg Type PC Reg State MA								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make FORD Veh Config. 1 21								
Operator BOGUE, DOUGLAS MARTIN			Owner BOGUE, DOUGLAS MARTIN								
Address 49 PINEDALE AVE			Address 49 PINEDALE AVE								
City HAVERHILL State MA Zip 01830-2023			City HAVERHILL State MA Zip 01830-2023								
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 22			Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: ☒ S ☐ E ☐ W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 97 25 25			BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub						Towed from scene? 3 33					
Viol. 4: Ch/Sec/Sub											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			DOB/Age			Sex		
Operator/Occupants			See Above			1			1		
						1			4		

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Middlesex Ave.



381 Middlesex Ave

If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Monday, October 5th, 2026, at 1515 hrs. I responded to the area of 381 Middlesex Ave for a two car motor vehicle crash. Upon arrival, I spoke with Operator of V1, who stated she was travelling northbound on Middlesex Ave in stop and go traffic. Operator of V1 stated she travelled forward to follow the vehicle in front of her in line, but then had to stop suddenly due to the vehicle in front of her stopping. At that point, V2 collided with her vehicle from behind. I spoke with Operator of V2, who stated he was travelling northbound on Middlesex Ave in stop and go traffic. Operator of V2 stated he began travelling forward to follow V1 in line, but V1 stopped suddenly. Operator of V2 stated he could not stop in time and rear-ended V1. V1 sustained damage to it's rear end. V2 sustained damage to it's front bumper. No injuries were reported by the involved parties. Operator of V2 called AAA to tow his vehicle.

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

Police Officer Name (Please Print)

Signature

244

ID/Badge #

Wilmington Police Department

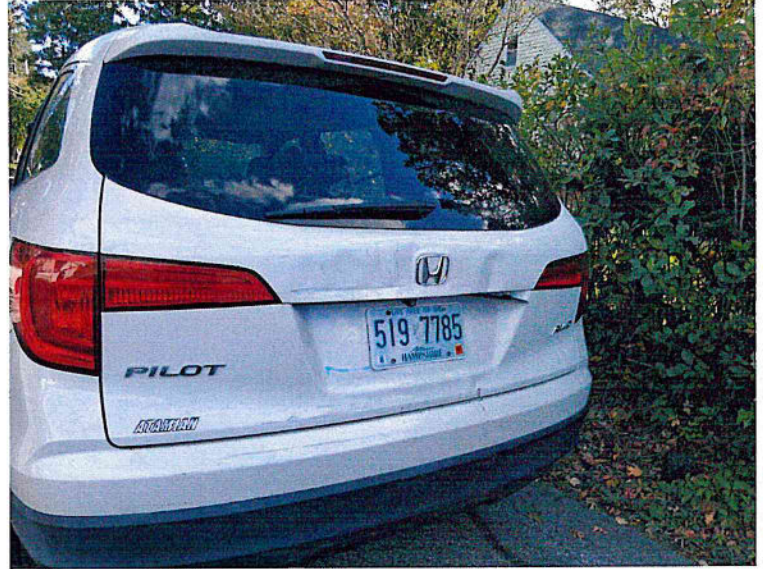
Department

Precinct/Barracks

10/05/2026

Date

Wilmington Police Department
Images Associated with 26-293-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/05/2026 Time of Crash 1735 24HR City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 25
Latitude Longitude
State Police ☐
Local Police ☐
MBTA Police ☐
Campus Police ☐
Other: ☐

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # **31 PARKER ST**
Name of Roadway/Street
Feet **N S E W** of 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 ☐ Hit/Run ☐ Moped

Crash Report ID# **26-294-AC**

License # St DOB/Age
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL **H** Endorsement
Operator **KELLEY, TIMOTHY L**
Last First Middle
Address **12 GLENDALE CIR**
City **WILMINGTON** State **MA** Zip **01887-1938**
Insurance Company **THE HANOVER INSURANCE COM**
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 # **4MRH26** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21
Owner **KELLEY, TIMOTHY L**
Last First Middle
Address **12 GLENDALE CIR**
City **WILMINGTON** State **MA** Zip **01887-1938**
Vehicle Action Prior to Crash **4** 22
Event Sequence **23 23 23 23**
Most Harmful Event **30** 24
Driver Contributing Code **12** 25 25
Driver Distracted by **0** 26 26
Damaged Area Code: **2** 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	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

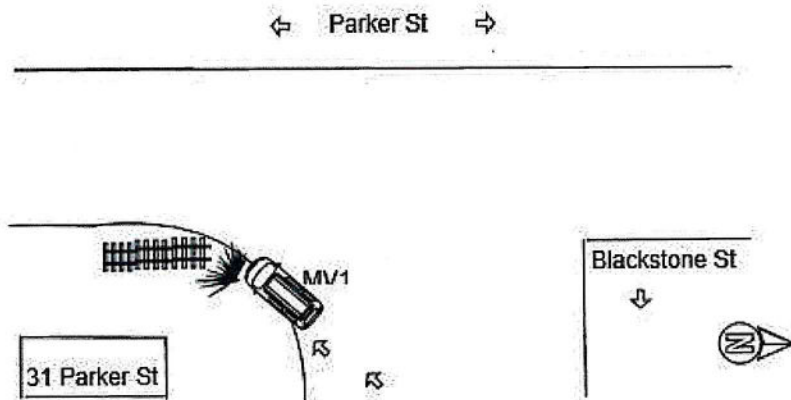
Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. 21
Owner
Last First Middle
Address
City State Zip
Vehicle Action Prior to Crash 22
Event Sequence 23 23 23 23
Most Harmful Event 24
Driver Contributing Code 25 25
Driver Distracted by 26 26
Damaged Area Code: 27 27 27
Test Status: 28
Type of Test: 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							

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

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

After speaking with the resident of Parker St, it was learned that the operator of the white Ford van was attempting to take a left hand turn from Blackstone St onto Parker St in the direction of Parker/Adams intersection. Resident stated that the van turned onto the grass and struck the fence. They said that witnesses walking tried to flag down the driver, but that the van continued on. After speaking with the registered owner of the vehicle who acknowledged striking the fence, he explained that he over corrected the steering wheel when he saw a family walking on the edge of the road of the intersection of Blackstone/Parker.

No injuries reported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
EHRHARDT JUSTIN HENRY	63 ADAMS ST WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
WENTZELL DIANE M	31 PARKER ST WILMINGTON MA 01887-2			FENCE

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 Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/05/2026

Date

Wilmington Police Department
Images Associated with 26-294-AC



Wilmington Police Department
Images Associated with 26-294-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/07/2026	Time of Crash 1506 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ☐		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 20 HARNDEN ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-295-AC							
License # St. DOB/Age			Reg # 4ASR91 Reg Type PC Reg State MA							
Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 21							
Operator CAPLES, DOMENIC MICHAEL			Owner CAPLES, DOMENIC MICHAEL							
Address 8 HARRIS ST			Address 8 HARRIS ST							
City WILMINGTON State MA Zip 01887-3629			City WILMINGTON State MA Zip 01887-3629							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 4 22							
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.			Reg # 3A3782 Reg Type MC Reg State MA							
License # St. DOB/Age			Veh Year 2021 Veh Make Other-not listed Veh Config. 3 21							
Sex M Lic. Class M 19 19 Lic. Restrictions 20 CDL Endorsement			Owner NETTO, DIEGO ORTHEGA							
Operator NETTO, DIEGO ORTHEGA			Address 141 BEACHVIEW AVE							
Address 141 BEACHVIEW AVE			City MALDEN State MA Zip 02148-1936							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash 1 22							
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Event Sequence 1 23 23 23 23							
Citation # (If Issued)			Most Harmful Event 1 24							
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25							
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26							
Please fill out for operator and all occupants involved			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							

→ = 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
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Crash Narrative:

Vehicle 1 was traveling west on Glen Road when it approached Harnden Street preparing to turn left. Vehicle 2 was traveling east on Glen Road continuing on straight. The operator of vehicle 1 stated they did not see vehicle 2 approaching and began to turn left. Vehicle 2 could not slow down in time and collided with vehicle 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DUFFY JOSEPH FRANCIS	2 BARBARA AVE WILMINGTON MA 01887-1113		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Thomas Lawrenson

Police Officer Name (Please Print)

Signature

222

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/07/2026

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/09/2026	Time of Crash 1246 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
1 ANDOVER ST 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 Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number 4 11 Feet N S E W of Route# Intersecting Roadway/Street Landmark							
3 Please Select One of the Following: ☒ Vehicle 1 Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-296-AC							
License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator GOLDSMITH, DANIEL BRAY Address 4 BAYBERRY LN City ANDOVER State MA Zip 01810-4859 Insurance Company THE STANDARD FIRE INSURAN 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 # 4HNJ77 Reg Type PC Reg State MA Veh Year 2021 Veh Make MAZDA Veh Config. 1 21 Owner LANGER, MARIA THERESA Address 14 NICOLL DR City ANDOVER State MA Zip 01810-6051 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: 3 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							
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							
7 3 Please Select One of the Following: ☒ Vehicle 2 1 Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
8 2 License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator RICARDO, SHAMUS M Address 33 ORLEANS ST City LOWELL State MA Zip 01850 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Reg # 3END87 Reg Type PC Reg State MA Veh Year 2019 Veh Make VOLKSWAGEN Veh Config. 1 21 Owner RICARDO, SHAMUS M Address 33 ORLEANS ST City LOWELL State MA Zip 01850 Vehicle Action Prior to Crash 3 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: 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							
9 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							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

225 Andover St

1 Upton Dr

Vehicle 1

Vehicle 2

222 Andover St

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The involved Mazda was driving east on Andover St and was sideswiped by the Volkswagen that was turning right onto Andover St from Upton Dr. The front left of the Volkswagen struck the rear right door of the Mazda leaving visible damage on the Mazda. There was no reported damage on the Volkswagen.

The Mazda operator claimed he swerved to the left lane to avoid the Volkswagen turning right from Upton Dr.

The Volkswagen operator claimed that the Mazda had stopped to allow him to turn onto Andover St.

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

Police Officer Name (Please Print)

Signature

242

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/09/2026

Date

Wilmington Police Department
Images Associated with 26-296-AC

