

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/12/2026 Time of Crash 1145 City/Town 24HR **Wilmington**

**Motor Vehicle Crash
Police Report**

Number Vehicles 1 Number Injured 1 Speed Limit 20 State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐
Latitude _____ Longitude _____

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 # **221 CHESTNUT ST**
Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number
Feet **N S E W** of _____
Route# Intersecting Roadway/Street
Feet **N S E W** of _____
Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# **26-298-AC**

License # **5** St _____ DOB/Age _____
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____
Operator **ERNST, NICOLE MARIE**
Last First Middle
Address **39 NORTHBRIDGE RD**
City **MENDON** State **MA** Zip **01756-1026**
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 # **6DET37** Reg Type **PC** Reg State **MA**
Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1** **21**
Owner **ERNST, NICOLE MARIE**
Last First Middle
Address **39 NORTHBRIDGE RD**
City **MENDON** State **MA** Zip **01756-1026**
Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **27** **27**
Event Sequence **21** **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **21** **24** Type of Test: **0** **29**
Driver Contributing Code **2** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** **26** **26** 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	See Above	X	X	1	1	1	0	0	9	0	

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 _____
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** Damaged Area Code: **27** **27** **27**
Event Sequence **23** **23** **23** **23** Test Status: **28**
Most Harmful Event **24** Type of Test: **29**
Driver Contributing Code **25** **25** BAC Test Result: **30**
Driver Distracted by **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**
Towed from scene? **33**

Please fill out for operator and all occupants involved

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

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

Crash Diagram:

221 Chestnut St
 (hit tree outside
 rd way)



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:

Registered owner stated that she was trying to keep up with her boyfriend and lost control of the vehicle on the turn hitting a tree. The operator stated that she lost control because the ground was wet.

The vehicle was towed by A&S.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

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

Hazmat Information:

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

Patrol Officer Robert M DeGregorio III

223

Wilmington Police Department

10/12/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-298-AC



Wilmington Police Department
Images Associated with 26-298-AC

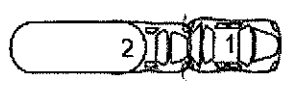


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/13/2026	Time of Crash 0700 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		230 LOWELL ST					
At			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					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-299-AC	
License # St DOB/Age			Reg # LVA9558		Reg Type RV		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2025		Veh Make TOYOTA		Veh Config. 1 21			
Operator TALARYAN, HAMBARDZUM			Owner HYBRID RIDE INC							
Address 79 NICHOLS AVE			Address 755 N MAIN ST							
City WATERTOWN State MA Zip 02472-4127			City W BRIDGEWATER State MA Zip 02379-1234							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 5 27 27 27					
Vehicle Travel Direction: N S E X 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
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										
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St DOB/Age			Reg # V42653		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014		Veh Make Freightliner		Veh Config. 8 21			
Operator DE OLIVEIRA, ALTAIR FRANCISCO			Owner UNIFIED CONSTRUCTION GROUP INC							
Address 8 LOUMAC RD			Address 760 MAIN ST							
City WILMINGTON State MA Zip 01887-2335			City WILMINGTON State MA Zip 01887-3373							
Insurance Company ZURICH AMERICAN INSURANCE			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 27 27					
Vehicle Travel Direction: N S E X 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					Towed from scene? 2 33					
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 → ○ → ○

Lowell St 	Woburn St	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 stopped at the intersection on Lowell St and Woburn St. Car 1 then proceeded west on Lowell St when the light was green and then slowed while entering the intersection. Car 2 then crashed into the rear of Car 1. Op 2 stated that when Car 1 slowed entering the intersection, they did not have enough time to react and crashed into them. Car 1's trunk and rear bumper was damaged (see images). Car 2's front bumper had minor scratches (see images). No injuries reported and no vehicles 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 # **V42653** (From Vehicle Section)

Carrier Name **Unified Construction Group LLC** Bus Use **0** ⁴²

Address **760 MAIN ST** City **WILMINGTON** St **MA** Zip **01887**

US DOT #: **2587741** 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

10/13/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-299-AC



Wilmington Police Department
Images Associated with 26-299-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/14/2026	Time of Crash 0737 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 SHAWSHEEN AVE					2					
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					
At					Feet N S E W of or Mile Marker Exit Number					
1 JACQUITH RD					3					
Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of Route# Intersecting Roadway/Street					
Also at Intersection with					Feet N S E W of					
2					Landmark					
3 Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped					Crash Report ID# 26-300-AC					
License #. St. DOB/Age					Reg # 4MZS47 Reg Type PC Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2016 Veh Make LEXUS Veh Config. 1 21					
Operator KOESTER, ELIZABETH KAREN					Owner KOESTER, ELIZABETH KAREN					
Address 112 BURLINGTON AVE					Address 112 BURLINGTON AVE					
City WILMINGTON State MA Zip 01887-3155					City WILMINGTON State MA Zip 01887-3155					
Insurance Company GARRISON PROPERTY & CASUA					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 4 25 25					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 7 26 26					
Please fill out for operator and all occupants involved					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 4 0 0 10 1					
7 Please Select One of the Following: ☒ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License #. St. DOB/Age					Reg # 969WJ6 Reg Type PC Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2025 Veh Make HONDA Veh Config. 1 21					
Operator SULLIVAN, MARY W					Owner SULLIVAN, EDWARD P					
Address 23 KENRICK AVE					Address 23 KENRICK AVE					
City BILLERICA State MA Zip 01821					City BILLERICA State MA Zip 01821-2961					
Insurance Company MOTOR CLUB 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					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 1 0 0 8 1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Shawsheen Ave

Jacquith Rd

If Crash Did Not Occur
on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

Vehicle 1 was exiting Jacquith Rd to take a left turn onto Shawsheen Ave. Vehicle 2 was traveling eastbound on Shawsheen Ave (Rt.129). V1 pulled out in front of V2 and the vehicles collided in the travel lane. V2 had front airbag deployment and V1 did not deploy any airbags.

Both vehicles were towed by Cains Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (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 Michael R DiLorenzo

217

Wilmington Police Department

10/14/2026

Police Officer Name (Please Print)

Signature

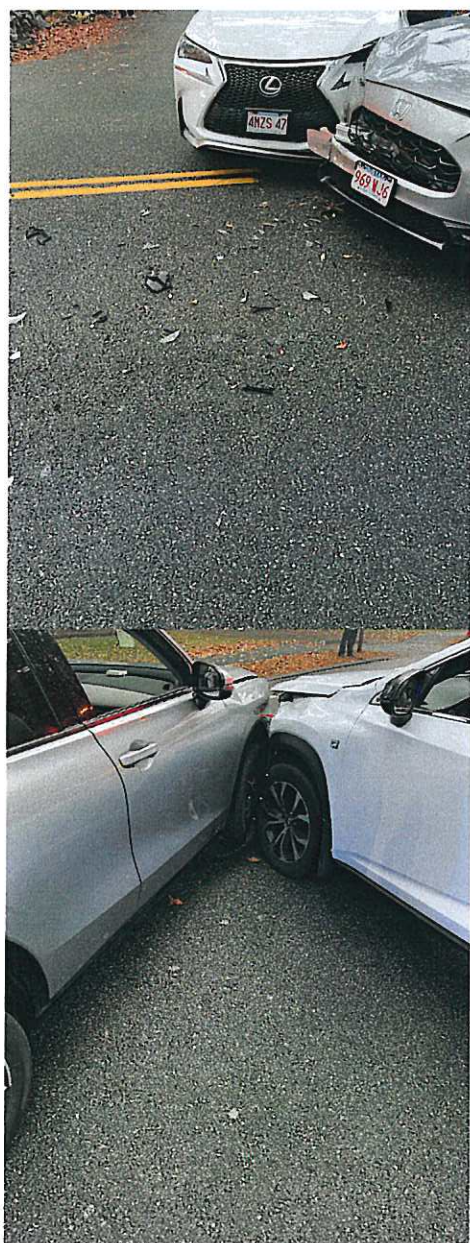
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-300-AC



Police Use Only
Commonwealth of Massachusetts
Motor Vehicle Crash Police Report
RMV Document Number
Date of Crash 10/14/2026
Time of Crash 0855
City/Town Wilmington
Number Vehicles 2
Number Injured 0
Speed Limit 30
Latitude
Longitude
State Police
Local Police
MBTA Police
Campus Police
Other
AT INTERSECTION:
LOCATION
NOT AT INTERSECTION:
SALEM ST
ANTHONY AVE
Please Select One of the Following:
Vehicle 11 #Occupants
Hit/Run
Moped
Crash Report ID# 26-301-AC
License #
St
DOB/Ag
Reg # 2HHH15
Reg Type PC
Reg State MA
Sex M
Lic. Class D
Lic. Restrictions 99
CDL
Veh Year 2020
Veh Make HONDA
Veh Config. 1
Operator DE SOUZA, DENNIS RICHARD
Owner LEITE DE SOUZA, NICOLE JEAN
Address 14 KENDALL ST
City WILMINGTON
State MA
Zip 01887-2235
City WILMINGTON
State MA
Zip 01887-2235
Insurance Company
Vehicle Action Prior to Crash
Damaged Area Code
Vehicle Travel Direction: NSE
Responding to Emergency? 2
Event Sequence
Test Status
Type of Test
Citation # (If Issued)
Most Harmful Event
BAC Test Result
Viol. 1: Ch/Sec/Sub
Viol. 2: Ch/Sec/Sub
Driver Contributing Code
Susp. Alcohol
Susp. Drug
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub
Driver Distracted by
Towed from scene?
Please fill out for operator and all occupants involved
Operator
See Above
DOB/Ag
Sex
34 Seat Pos
35 Safety System
36 Airbag Status
37 Eject Code
38 Trap Code
39 Injury Status
40 Transp. Code
Medical Facility
Please Select One of the Following:
Vehicle 21 #Occupants
Hit/Run
Moped
Vulnerable User
Complete the Vulnerable User section.
License #
St
DOB/Ag
Reg # CORPSE
Reg Type PC
Reg State MA
Sex F
Lic. Class D
Lic. Restrictions 99
CDL
Veh Year 2019
Veh Make SUBARU
Veh Config. 1
Operator REGA, AVA TERESA
Owner REGA, LORI E
Address 9 SCALTRITO DR
City WILMINGTON
State MA
Zip 01887-1325
City WILMINGTON
State MA
Zip 01887-1325
Insurance Company SAFETY INSURANCE COMPANY
Vehicle Action Prior to Crash
Damaged Area Code
Vehicle Travel Direction: NSEW
Responding to Emergency? 2
Event Sequence
Test Status
Type of Test
Citation # (If Issued)
Most Harmful Event
BAC Test Result
Viol. 1: Ch/Sec/Sub
Viol. 2: Ch/Sec/Sub
Driver Contributing Code
Susp. Alcohol
Susp. Drug
Viol. 3: Ch/Sec/Sub
Viol. 4: Ch/Sec/Sub
Driver Distracted by
Towed from scene?
Please fill out for operator and all occupants involved
Operator/Occupants
See Above
DOB/Ag
Sex
34 Seat Pos
35 Safety System
36 Airbag Status
37 Eject Code
38 Trap Code
39 Injury Status
40 Transp. Code
Medical Facility

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:

Anthony Ave

Salem St

Dump Truck

RR Xing Traffic

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:

10/14/26 appx 0855hrs, dispatched 2-car MVC Salem @ Anthony. WIT 1 stated traffic stopped for RR Xing. Dump truck stopped just prior to intersection. MV1 attempted to pull out of Anthony Ave in front of dump truck. MV1 struck MV2. According to OP2, stopped at RR Xing. Gate went up and OP1 proceeded. Did not see MV1 and struck. OP1 attempted to pull out onto Salem St, did not see MV2 with line of cars. both MVs driveable.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
YOUNG JEFFREY PHILIP	415 BOXFORD ST NORTH ANDOVER MA 01845-3229		
FELIZ ISVI J	128 PRESIDENTIAL DR Apt. #128 HAVERHILL MA 0183		

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 10/14/2026

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/14/2026	Time of Crash 1211 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35	Latitude	Longitude	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			222 MAIN ST				
At			Feet N S E W of			Mile Marker or Exit Number				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street				
Also at Intersection with			Feet N S E W of			Landmark				
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-302-AC	
License # St. DOB/Age			Reg # 3WP997		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2008		Veh Make HONDA		Veh Config. 1 21			
Operator FALLON-GRIFFIN, GERALD C			Owner FALLON-GRIFFIN, GERALD C							
Address 3101 POULIOT PL APT REAR			Address 3101 POULIOT PL APT REAR							
City WILMINGTON State MA Zip 01887			City WILMINGTON		State MA Zip 01887					
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 5 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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			
Please Select One of the Following:			☒ Vehicle 2 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 5MMC13		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make FORD		Veh Config. 1 21			
Operator FERREIRA DA SILVA, PAULO			Owner FERREIRA DA SILVA, PAULO							
Address 47 PROSPECT ST APT 1			Address 47 PROSPECT ST APT 1							
City WOBURN State MA Zip 01801			City WOBURN		State MA Zip 01801					
Insurance Company FOREMOST INSURANCE COMPAN			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 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
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 8 2				Winchester Hospital			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ⚡ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ⚡

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) and Vehicle 2 (V2) were both traveling northbound on Main St (rt.129). Vehicle 2 began to stop to take a left turn into the Wilmington Crossing Plaza when V1 came from behind and rear ended him. No airbags were deployed, both vehicles were towed from the scene by Cains Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (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 Michael R DiLorenzo 217 Wilmington Police Department 10/14/2026

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-302-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/15/2026	Time of Crash 1856 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:			
MAIN ST						2 10			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street					
At									
CLARK ST						3 11			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Mile Marker Exit Number					
Also at Intersection with									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street					
				Feet N S E W of		Landmark			
Please Select One of the Following:				Crash Report ID# 26-303-AC					
☒ Vehicle 1 #Occupants				☐ Hit/Run		☐ Moped			
License # St DOB/Age				Reg # 5LFZ58 Reg Type PC Reg State MA		1 12			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2013 Veh Make HONDA Veh Config. 1 21					
Operator GALLAND, RENEL				Owner GALLAND, RENEL					
Address 96 SUNSET AVE APT 1				Address 96 SUNSET AVE APT 1					
City LAWRENCE State MA Zip 01841-1139				City LAWRENCE State MA Zip 01841-1139					
Insurance Company ARBELLA MUTUAL INSURANCE				Vehicle Action Prior to Crash 4 22		Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: N S X 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 Viol. 2: Ch/Sec/Sub				Driver Contributing Code 4 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved						1 13			
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 4 0 0 10 1					
Please Select One of the Following:				Crash Report ID# 26-303-AC					
☒ Vehicle 2 #Occupants				☐ Hit/Run		☐ Moped			
☐ Vulnerable User Complete the Vulnerable User section.									
License # St DOB/Age				Reg # 5HXD95 Reg Type PC Reg State MA		1 14			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement				Veh Year 2024 Veh Make GMC Veh Config. 2 21					
Operator DEROSA, CHRISTOPHER PAUL				Owner DEROSA, CHRISTOPHER PAUL					
Address 1042 MAIN ST APT 2131				Address 1042 MAIN ST APT 2131					
City WOBURN State MA Zip 01801-1486				City WOBURN State MA Zip 01801-1486					
Insurance Company PILGRIM INSURANCE COMPANY				Vehicle Action Prior to Crash 1 22		Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: X 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 Viol. 2: Ch/Sec/Sub				Driver Contributing Code 1 25 25		BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub				Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved						2 33			
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 1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑

Crash Narrative:

Vehicle 1 (V1) was traveling southbound on Main St at began to turn left to travel onto Clark Street. Vehicle 2 (V2) was traveling northbound on Main St in the left most northbound travel lane. V1 crossed V2's travel path, colliding in the middle of the intersection. No airbags were deployed and no injuries were reported. Both vehicles were 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 Michael R DiLorenzo

217

Wilmington Police Department

10/15/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-303-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
10/16/2026

Time of Crash
0718
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
1

Speed Limit 30

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 # Name of Roadway/Street

129 SALEM ST

Feet N S E W of 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# 26-304-AC

License # St DOB/Age

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

Operator KALOGEROPOULOS, DIMITRIOS A

Address 439 SOUTH ST

City TEWKSBURY State MA Zip 01876-3010

Insurance Company PLYMOUTH ROCK ASSURANCE C

Reg # MAXW71 Reg Type PC Reg State MA

Veh Year 2017 Veh Make SUBARU Veh Config. 1 21

Owner KALOGEROPOULOS, DIMITRIOS A

Address 439 SOUTH ST

City TEWKSBURY State MA Zip 01876-3010

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

Vehicle Action Prior to Crash 1 22

Event Sequence 22 23 23 23 23

Most Harmful Event 22 24

Driver Contributing Code 21 25 20 25

Driver Distracted by 5 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? 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	See Above			1	1	1	0	0	8	0	

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

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

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

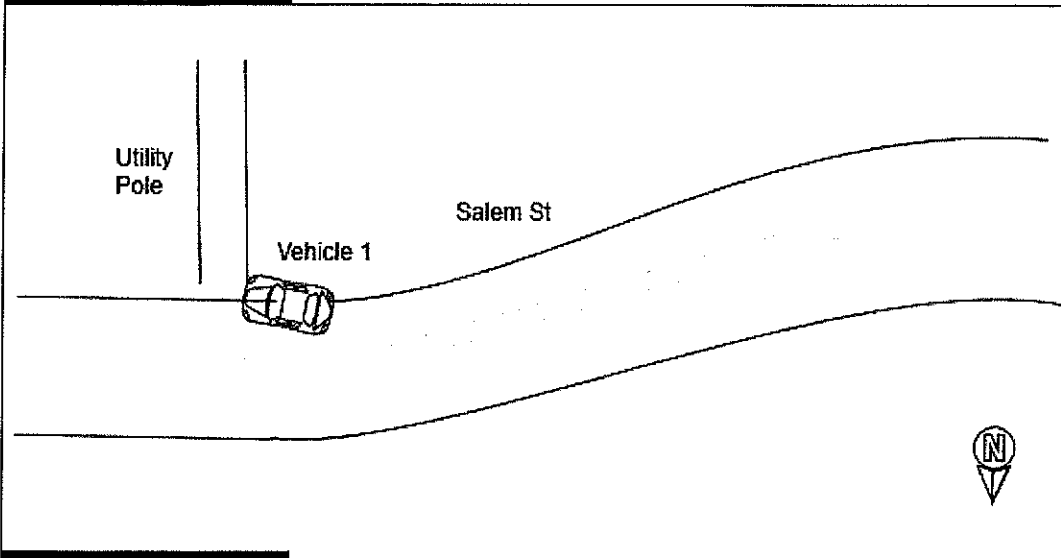
Towed from scene? 33

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:

On October 16, 2026, Vehicle 1 was traveling eastbound on Salem St. The operator of Vehicle 1 stated that he was late for work and had just woken up. The operator said he reached down for his coffee and, the next thing he knew, he had hit the utility pole. The operator showed no signs of impairment. He declined any medical assistance. Forrest towing responded and towed the vehicle 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
VERIZON	28 DIANE LN DRACUT MA 01826		3	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 Kyle P Collins

Police Officer Name (Please Print)

Signature

239

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/16/2026

Date