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	
10/18/2026	1437 24HR	Wilmington	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other ☐

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

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

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# 26-305-AC

Vehicle 1

License # _ St _ DOB/Age _

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

Operator NGIGI, ALEX GITAU (Last First Middle)

Address 30 BERRY ST APT 3307

City NORTH ANDOVER | State MA | Zip 01845-5757

Insurance Company ARBELLA 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 _

Reg # 6PAP67 | Reg Type PC | Reg State MA

Veh Year 2013 | Veh Make LEXUS | Veh Config. 1

Owner MWANGI, KELLEN NJOKI (Last First Middle)

Address 30 BERRY ST APT 3307

City NORTH ANDOVER | State MA | Zip 01845-5757

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? 1

Please fill out for operator and all occupants involved

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

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 MA, ZHOUZHOU (Last First Middle)

Address 8 RUSSELL ST

City TEWKSBURY | State MA | Zip 01876-4179

Insurance Company AMERICAN FAMILY CONNECT P

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 # VEVV80 | Reg Type PC | Reg State MA

Veh Year 2025 | Veh Make TESLA | Veh Config. 1

Owner MA, ZHOUZHOU (Last First Middle)

Address 8 RUSSELL ST

City TEWKSBURY | State MA | Zip 01876-4179

Vehicle Action Prior to Crash 2

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

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? 1

Please fill out for operator and all occupants involved

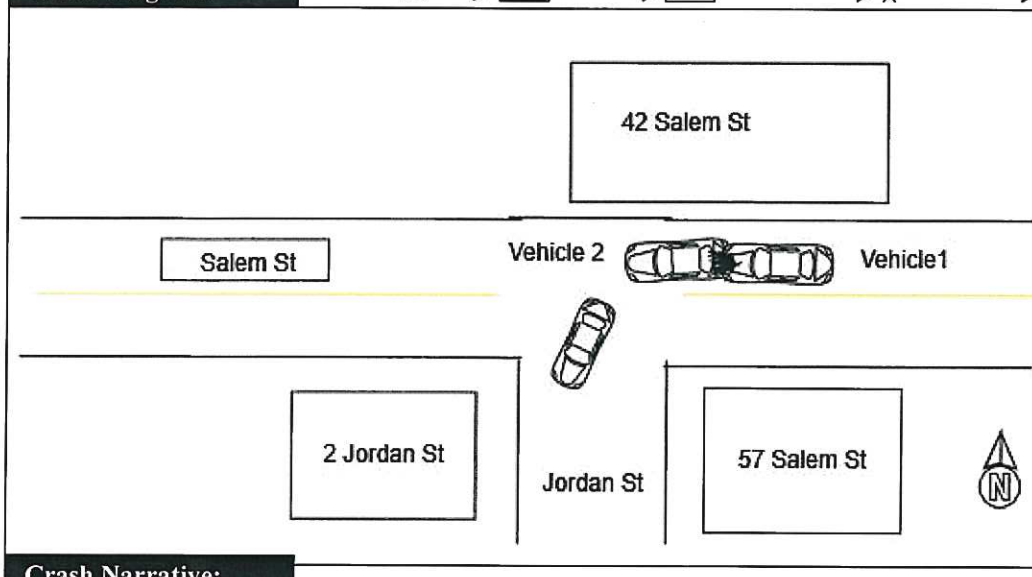
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

The involved Tesla was attempting to slow down on Salem St while a vehicle in front of them turned left onto Jordan St. The involved Lexus claimed they attempted to go into the opposing lane but saw a vehicle and attempted to brake. The Lexus rear-ended the Tesla. Both operators claimed no injuries and did not want medical attention. The Lexus sustained major front-center damage. The Tesla sustained damage to the center-rear portion of the vehicle.

Both vehicles were towed by A&S Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (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]

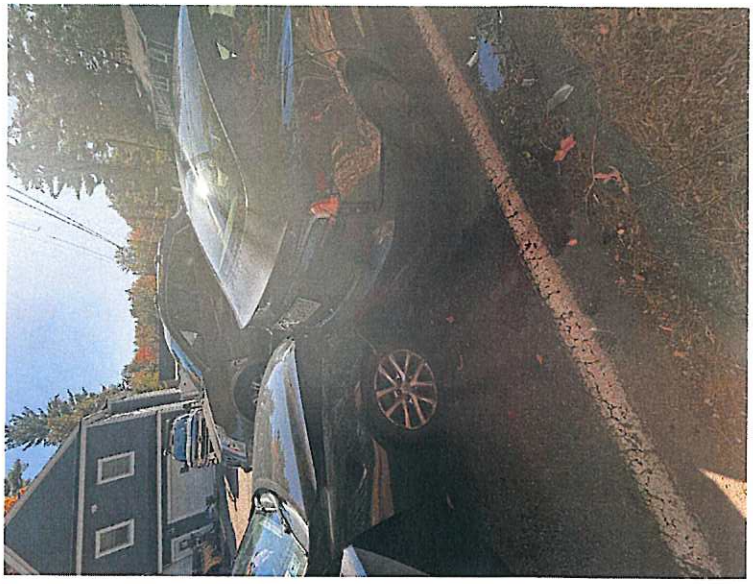
Hazmat Information:

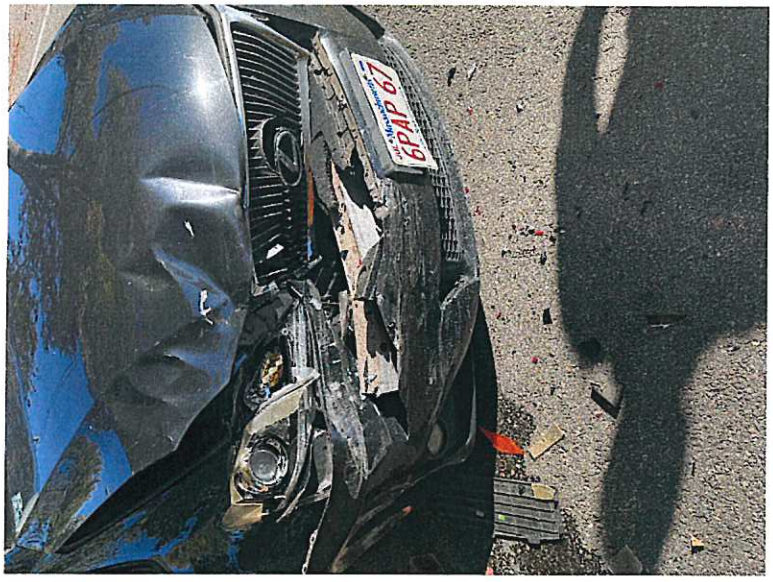
Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Karl Saied		242	Wilmington Police Department		10/18/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-305-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
10/19/2026	1238 24HR	Wilmington	2	0	30			

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: 430 SALEM 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: RT62 I93N OFF RAMP

Please Select One of the Following: ☒ Vehicle 1 — 2 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-306-AC

Vehicle 1

License # ___ St ___ DOB/Age ___
Sex F Lic. Class D Lic. Restrictions ___ CDL Endorsement ___
Operator (Last First Middle): CHUNG, EUN HEE
Address: 200 MARTINS LNDG APT 105
City: NORTH READING State: MA Zip: 01864-2068
Insurance Company: ENTERPRISE RENTAL 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 ___

Reg # EZU9550 Reg Type PC Reg State MA
Veh Year 2026 Veh Make CHEVROLET Veh Config. 2
Owner (Last First Middle): EAN HOLDINGS LLC
Address: 14002 E 21ST ST APT 1500
City: TULSA State: OK Zip: 741341424
Vehicle Action Prior to Crash: 2
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 1
Driver Distracted by: 0
Damaged Area Code: 5
Test Status:
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	1	4	0	0	10	1	
YOUNG SOO CHUNG	200 MARTINS LNDG NORTH READING, MA 01864		M	3	1	4	0	0	10	1	

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

Vehicle 2

License # ___ St ___ DOB/Age ___
Sex F Lic. Class D Lic. Restrictions ___ CDL Endorsement ___
Operator (Last First Middle): DAI, YUYING
Address: 3 GREENBRIAR DR APT 308
City: NORTH READING State: MA Zip: 01864-3132
Insurance Company: PLYMOUTH ROCK ASSURANCE C
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 ___

Reg # 295VA6 Reg Type PC Reg State MA
Veh Year 2021 Veh Make LEXUS Veh Config. 2
Owner (Last First Middle): DAI, YUYING
Address: 3 GREENBRIAR DR APT 308
City: NORTH READING State: MA Zip: 01864-3132
Vehicle Action Prior to Crash: 1
Event Sequence: 1
Most Harmful Event: 1
Driver Contributing Code: 5 19
Driver Distracted by: 0
Damaged Area Code: 1
Test Status:
Type of Test:
BAC Test Result:
Susp. Alcohol: 2 Susp. Drug: 2
Towed from scene? 2

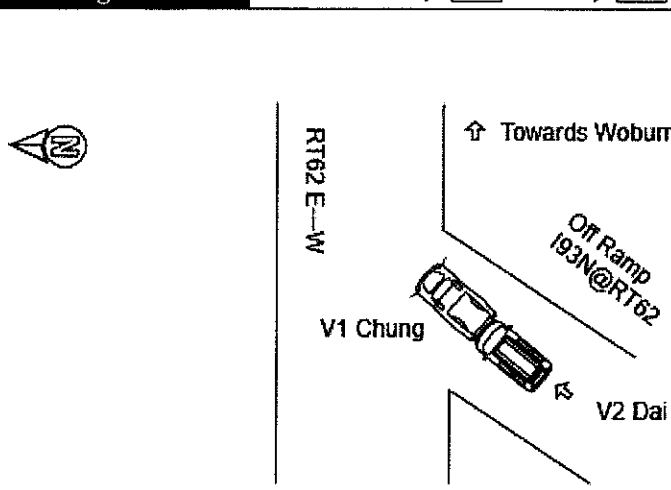
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

V1 Chung was stopped and began making right turn from I93N off ramp when opr needed to stop for approaching vehicles. V2 Opr (Dai) beleived V1 was going and proceeded causing rear end collison. No injuries observed or reported. Minimal damage to both vehicles. V2 OPR Dai inattention and following too closely most probable cause of rear end collison.

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		10/19/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police / Local Police / MBTA Police / Campus Police / Other
10/19/2026	1334 (24HR)	Wilmington	2	0	35			Local Police ☒

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 | 59 (Address #) | CHURCH 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 2 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-307-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

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

Operator MARINI, MARIE SARA (Last, First, Middle)

Address 8 PARK STREET CT

City MEDFORD | State MA | Zip 02155-3912

Insurance Company SAFETY INSURANCE COMPANY

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 _____

Reg # RS49RH | Reg Type PC | Reg State MA

Veh Year 2015 | Veh Make NISSAN | Veh Config. 1

Owner MARINI, DANIEL M (Last, First, Middle)

Address 8 PARK STREET CT

City MEDFORD | State MA | Zip 02155-3912

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 |

Driver Distracted by: 0

Damaged Area Code: 6 | | |

Test Status: 1

Type of Test: 0

BAC Test Result:

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	
			F	6	1	4	0	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

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

Operator DEROECK, RICHARD STEPHEN (Last, First, Middle)

Address 22 DUREN AVE

City WOBURN | State MA | Zip 01801-5305

Insurance Company ARBELLA MUTUAL INSURANCE

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 _____

Reg # 595MH8 | Reg Type PC | Reg State MA

Veh Year 2012 | Veh Make HONDA | Veh Config. 1

Owner DEROECK, RICHARD STEPHEN (Last, First, Middle)

Address 22 DUREN AVE

City WOBURN | State MA | Zip 01801-5305

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	1	4	0	0	10	1	
			M	6	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 → →



59 Church St

N

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 Church St and stopped with traffic when MV2 continued East on Church and crashed into the rear of MV1. The impact resulted in damage to the rear of MV1 and damage to the front of MV2. Negative airbag deployment and no injuries were reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Meghan Sousa		214	Wilmington Police Department		10/19/2026
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	
10/19/2026	1916 24HR	Wilmington	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other:

AT INTERSECTION: | **LOCATION** | **NOT AT INTERSECTION:**

14

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

21 Route# | Direction | Name of Intersecting Roadway/Street

10 Route# | Direction | 500 Address # | MAIN ST Name of Roadway/Street

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

11 Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 **Please Select One of the Following:** ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-308-AC

License # _____ St _____ DOB/Age _____

Sex M | Lic. Class A 19 M 19 | Lic. Restrictions L 20 | CDL Endorsement _____

Operator CLARK, MICHAEL J (Last First Middle)

41 Address 76 CHESTNUT ST

City WILMINGTON | State MA | Zip 01887-3912

Insurance Company ARBELLA PROTECTION INSURA

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

Citation # (If Issued) _____

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

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

61

Reg # X63909 | Reg Type CO | Reg State MA

Veh Year 2006 | Veh Make Other-not listed | Veh Config. 97 21

12 1

Owner LORDS TREE SERVICE LLC (Last First Middle)

Address 165 SALEM RD

City BILLERICA | State MA | Zip 01821-1429

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: 0 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 30

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

13 1

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	

79 **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 F | Lic. Class D 19 19 | Lic. Restrictions L 20 | CDL Endorsement _____

Operator DESMOND, ELIZABETH JEAN (Last First Middle)

82 Address 30 NORTH ST

City N WILMINGTON | State MA | Zip 01887-2119

Insurance Company ARBELLA MUTUAL INSURANCE

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

92 Citation # (If Issued) _____

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

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

Reg # 4BNS19 | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make CHEVROLET | Veh Config. 1 21

14 1

Owner DESMOND, ELIZABETH JEAN (Last First Middle)

Address 30 NORTH ST

City N WILMINGTON | State MA | Zip 01887-2119

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: 29

BAC Test Result: 30

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

Towed from scene? 2 33

Please fill out for operator and all occupants involved

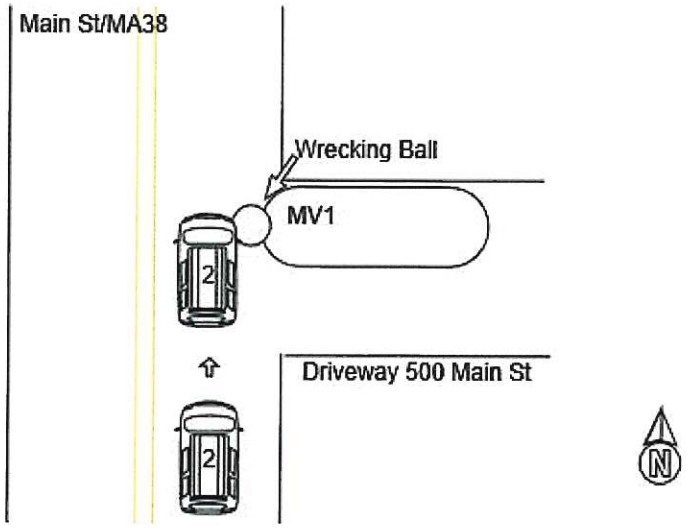
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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:

10/19/26 appx 1916hrs, dispatched to 496 Main St, Firestone, for 2-car MVC crash car v. crane. OP1 stated MV1(large crane used for tree removal) attmempted to turn R onto Main St from driveway of 500 Main St. UNK MV headed SB on Main St at high rate of speed forcing MV1 to stop with front of MV in NB lane. OP2 stated traveling N-bound on Main St, it was dark and she could see MV1 but not the small wrecking ball on the front. Ball (MV1) and pass side miror (MV2) hit one another causing damage to miror.
Both MVs left under own power. No injuires reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

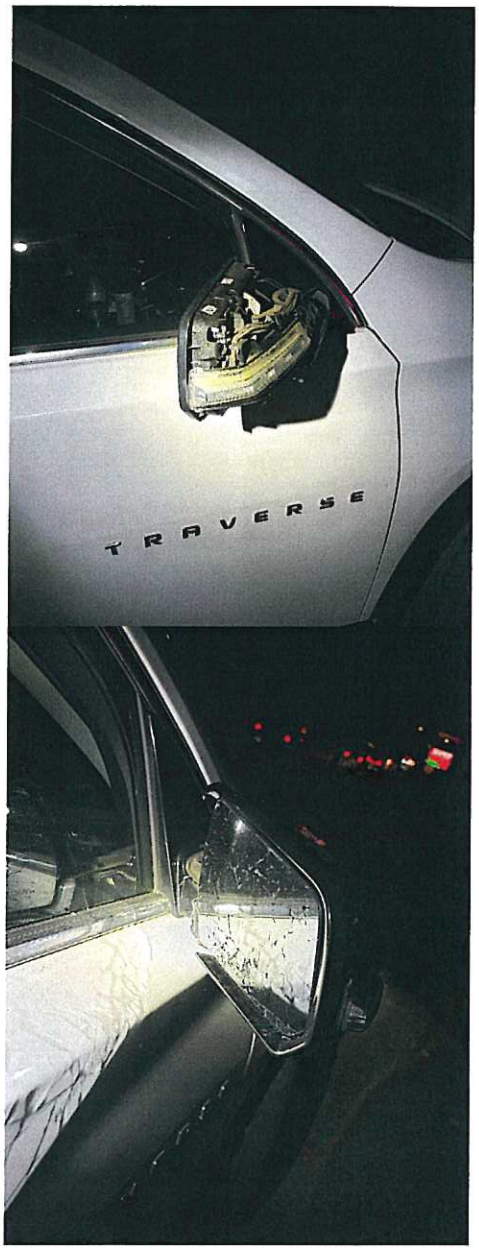
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald		215	Wilmington Police Department		10/19/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-308-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	
10/20/2026	0756 (24HR)	Wilmington	2	0	35			☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other:

LOCATION

AT INTERSECTION:

129 E SHAWSHEEN AVE
Route# Direction Name of Roadway/Street

At

ALDRICH RD
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

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# 26-309-AC

License # ___ St. DOB/Age

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

Operator AYVAZIAN, PAUL RAFFI
Last First Middle

Address 16 PARKER RD

City CHELMSFORD State MA Zip 01824-3930

Insurance Company PROGRESSIVE DIRECT INSURA

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

Reg # 6KXE83 Reg Type PC Reg State MA

Veh Year 2025 Veh Make FORD Veh Config. 2

Owner AYVAZIAN, PAUL RAFFI
Last First Middle

Address 16 PARKER RD

City CHELMSFORD State MA Zip 01824-3930

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:

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	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 SAAD, JOHN ELIAS
Last First Middle

Address 7 WISSER ST

City WILMINGTON State MA Zip 01887-2074

Insurance Company SAFETY INSURANCE COMPANY

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

Citation # (If Issued)

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

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

Reg # 3NY879 Reg Type PC Reg State MA

Veh Year 2015 Veh Make DODGE Veh Config. 2

Owner OCONNOR, GREGORY WILLIAM
Last First Middle

Address 22 MOUNT AUBURN ST

City CHELMSFORD State MA Zip 01824-4813

Vehicle Action Prior to Crash 4

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 4

Driver Distracted by 0

Damaged Area Code: 8

Test Status: 1

Type of Test:

BAC Test Result:

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

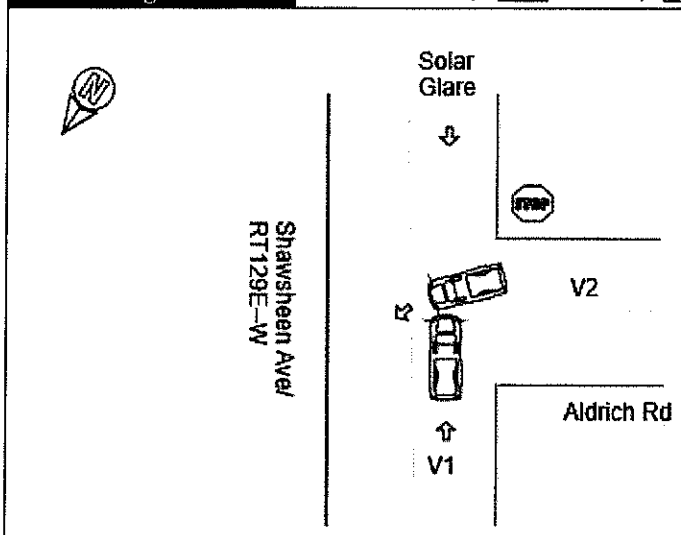
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

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:

V1 (MA-6KXE83) traveling straight on Shawsheen Ave/RT129E near intersection of Shawsheen Ave & Aldrich Rd. V2(MA-3NY879)was stopped at the end of Aldrich Rd waiting to turn left RT129W towards Billerica. V2 attempted left turn & collison occured. Lt. Stavro arrived 1st on scene. V2 OPR Saad stated V1 slowed & V1 OPR waived him out just prior to collison. V1 OPR initially stated crash was his fault (making contact),but then stated he slowed down but did not waive out V2. I spoke to both operators. V2 OPR relayed same. V1 OPR stated he slowed approaching intersection because it is a difficult intersection. Solar glare also present. V1 OPR Ayvazian stated he did not waive out V2 but agreed slowing may have signaled other driver to go. V1 OPR stated he would of allowed V2 out but the V2 did not go so he continued straight & collison occured. V2 OPR believed he was being allowed to go. Apparent misinterpretation by both parties. V1 would otherwise have right of way.

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		10/20/2026
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	
10/20/2026	1026 24HR	Wilmington	2	0	5			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 | 355 Address # | MIDDLESEX AVE Name of Roadway/Street
Feet N S E W of — — — • — or Exit Number (Mile Marker)

4 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 1 | ☐ Hit/Run | ☐ Moped | Crash Report ID# 26-310-AC

License # _____ St. _____ DOB/Age _____
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement
Operator MASOZERA, MANZI NICHOLAS (Last First Middle)
4 1 Address 9 DAVIS RD
City WILMINGTON State MA Zip 01887-1718
Insurance Company UNITED SERVICES AUTOMOBIL
5 2 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 # 4YHM85 Reg Type PC Reg State MA
Veh Year 2025 Veh Make HONDA Veh Config. 2 21
1 12
Owner MASOZERA, MANZI NICHOLAS (Last First Middle)
Address 9 DAVIS RD
City WILMINGTON State MA Zip 01887-1718
Vehicle Action Prior to Crash 11 22
Event Sequence 2 23 23 23 23
Most Harmful Event 2 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Damaged Area Code: 7 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
2 13 Towed from scene? 2 33

6 1 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	5	3	99	99	99	

7 1 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 M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement
Operator SAIA, JOHN KENNETH (Last First Middle)
8 1 Address 6 MONTEGO CIR
City ANDOVER State MA Zip 01810-5200
Insurance Company SAFETY INSURANCE COMPANY
9 2 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 # 4WCR95 Reg Type PC Reg State MA
Veh Year 2024 Veh Make BMW Veh Config. 1 21
Owner SAIA, JOHN KENNETH (Last First Middle)
Address 6 MONTEGO CIR
City ANDOVER State MA Zip 01810-5200
Vehicle Action Prior to Crash 4 22
Event Sequence 2 23 23 23 23
Most Harmful Event 2 24
Driver Contributing Code 19 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
1 14 Towed from scene? 2 33

Please fill out for operator and all occupants involved

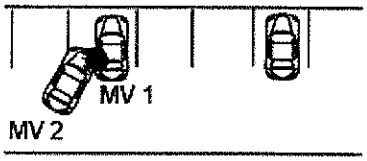
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	99	99	99	99	99	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



355 Middlesex Ave
Parking Lot

If Crash Did Not Occur on a Public Way:

- [x] Off-Street Parking Lot
- [ ] Garage
- [ ] Mall/Shopping Center
- [ ] Other Private Way

Indicate North by Arrow

Crash Narrative:

The registered owner of MV 1 stated he parked his vehicle in the parking located at 355 Middlesex Ave around 8:10am. When he returned to his vehicle at approximately 9:35am he noticed he had left side damage to his vehicle. There was also a note on his vehicle with the other operator's information. The RO of MV 1 was not in the vehicle when it was struck.

The operator of MV 2 stated that as he pulling into the parking space to the left of MV 1, he misjudged how close he was and side swiped MV 1. MV 2 sustained front right passenger damage.

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		10/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

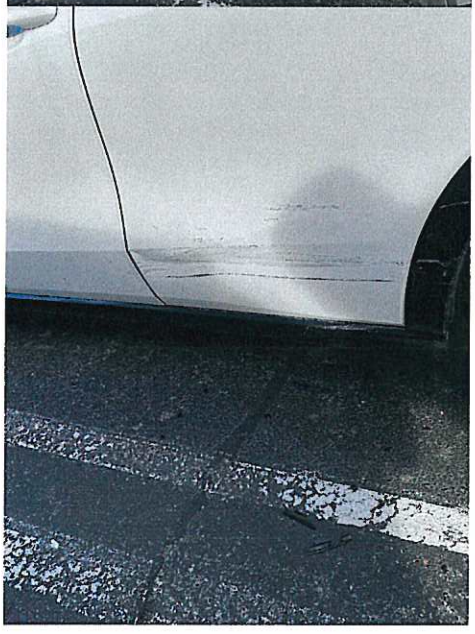
Wilmington Police Department
Images Associated with 26-310-AC











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
10/20/2026	1556 (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 | 668 (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# 26-311-AC

License # ____ St ____ DOB/Age ____

Sex M | Lic. Class D | Lic. Restrictions 99 | CDL Endorsement ____

Operator SETTE, IURY SERENO (Last First Middle)

Address 15 MAIN ST APT 13

City NORTH READING | State MA | Zip 01864

Insurance Company MAPFRE

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 # TBB7632 | Reg Type PC | Reg State VA

Veh Year 2025 | Veh Make TOYOTA | Veh Config. 1

Owner EAN HOLDINGS LLC (Last First Middle)

Address 14002 E 21ST ST APT 1500

City TULSA | State OK | Zip 74134

Vehicle Action Prior to Crash: 1

Event Sequence: 40

Most Harmful Event: 35

Driver Contributing Code: 11

Driver Distracted by: 99

Damaged Area Code: 11

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	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 ____ | 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

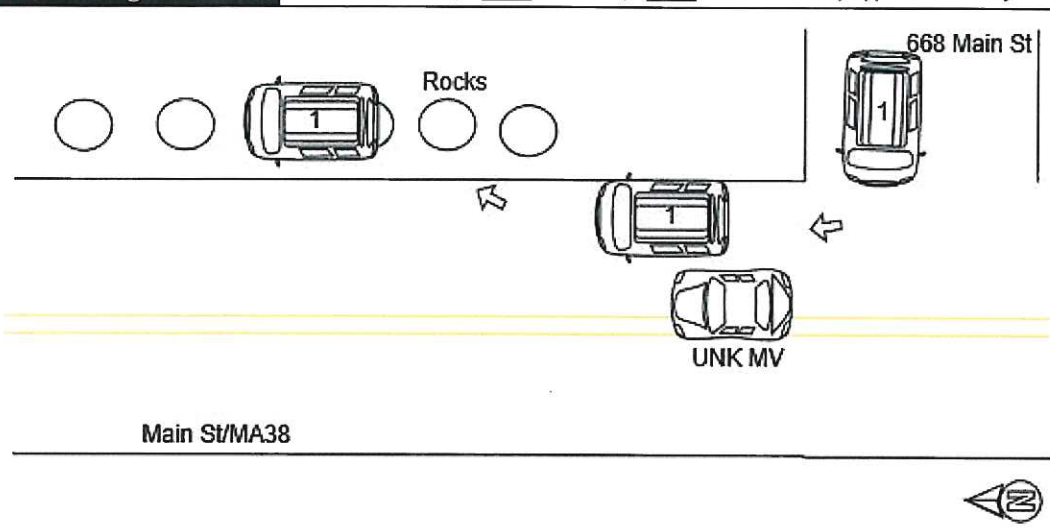
Name (Last First Middle) / Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants / See Above			1							

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → ♀ →



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:

10/20/26 appx 1556hrs, officer responding to different call reported single car MVC-car on rocks. On arrival, MV1 on rockwall belonging to 668 Main St. OP1 stated, he was exiting driveway 668 Main St turned NB on Main St. Unknown vehicle coming up from rear of MV1 quickly appeared. OP1 thought hit break but could have acclerated and swearved towards side of road. MV1 drove up and onto line of rocks on property of 668 Main St. MV1 towed by Cain's and no reported injuries. Property Manager advised of damage to rocks and grass. Two metal sign posts were removed for tow to gain access to MV1. Damage extimated at $1000. PM advised notify if different ammount.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ARAUJO HELENA	668 MAIN ST WILMINGTON MA 01887		97	LARGE ROCKS
ARAUJO HELENA	668 MAIN ST WILMINGTON MA 01887		97	LAWN

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]

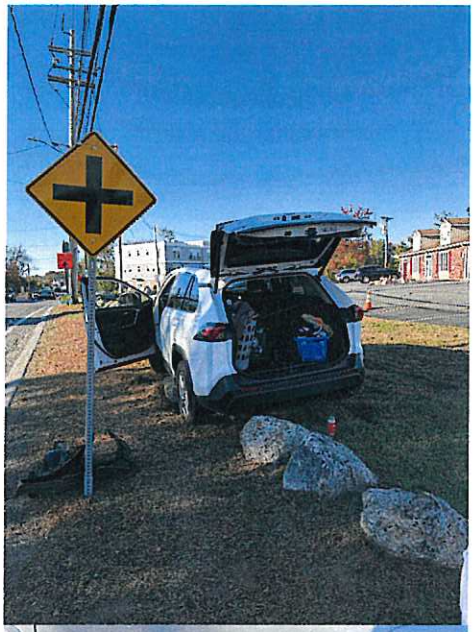
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

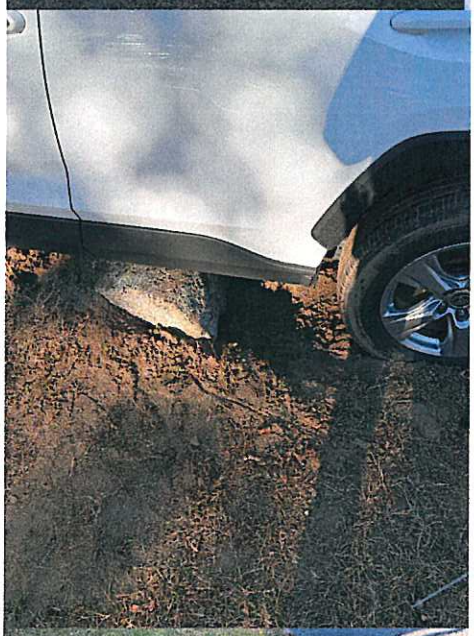
Hazmat Information:

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

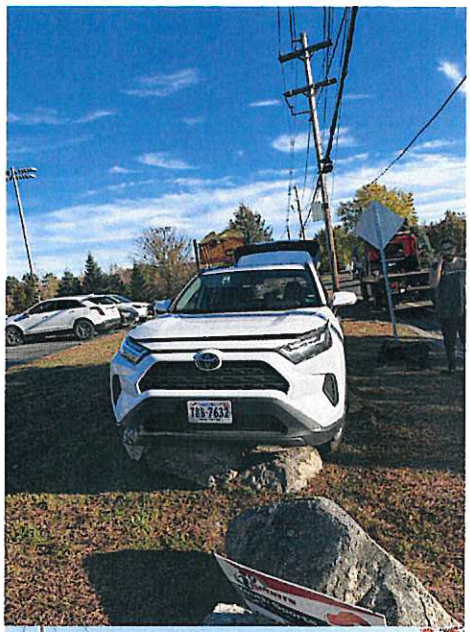
Patrol Officer Joseph A Fitzgerald		215	Wilmington Police Department		10/20/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-311-AC

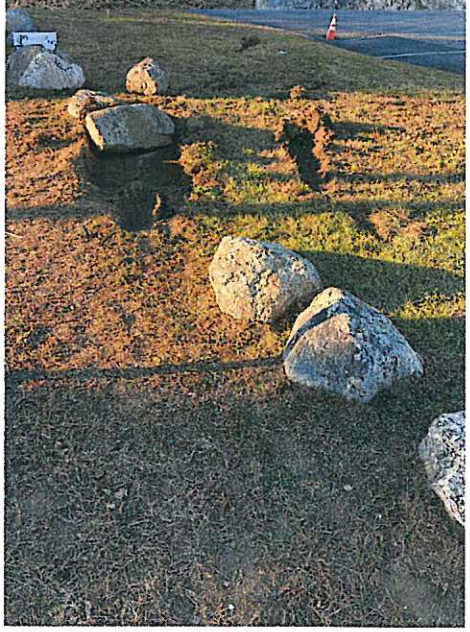




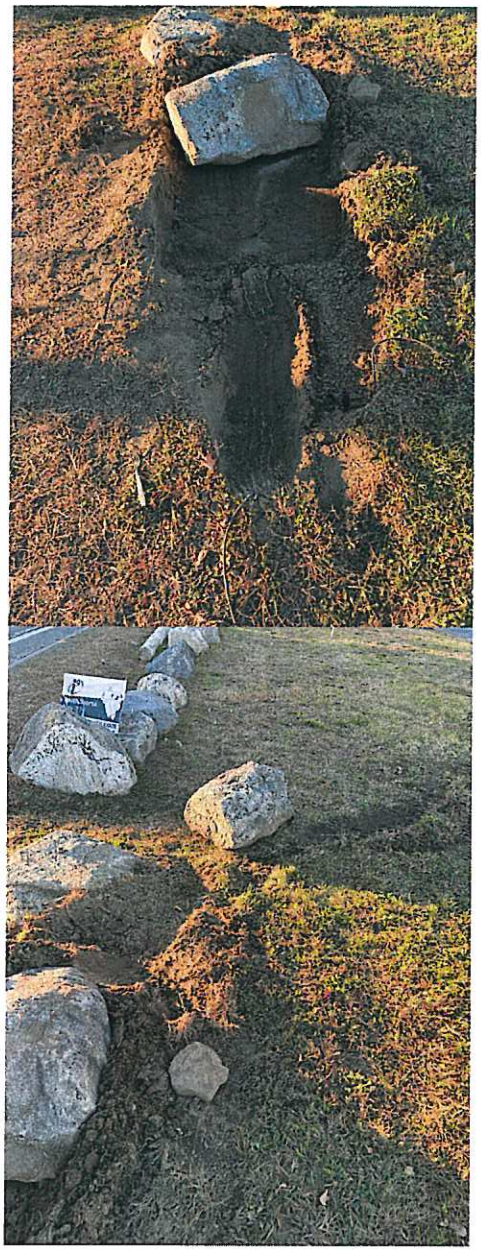








Wilmington Police Department
Images Associated with 26-311-AC





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
10/21/2026	1102 24HR	Wilmington	2	0	25			☐	☒	☐	☐	

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 | 211 Address # | LOWELL ST Name of Roadway/Street

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

8 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 2 #Occupants ☐ Hit/Run ☐ Moped **Crash Report ID#** 26-312-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

Sex F | Lic. Class D (19 19) | Lic. Restrictions (20) | CDL Endorsement

Operator PROVITOLA, MADELINE (Last First Middle)

4 3 Address 712 WOBURN ST

City WILMINGTON | State MA | Zip 01887-3423

Insurance Company THE COMMERCE INSURANCE CO

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

5 1 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 # 1076 | Reg Type PC | Reg State MA

Veh Year 2022 | Veh Make HYUNDAI | Veh Config. 1 (21)

Owner PROVITOLA, MADELINE (Last First Middle)

Address 712 WOBURN ST

City WILMINGTON | State MA | Zip 01887-3423

Vehicle Action Prior to Crash: 10 (22)

Event Sequence: 1 (23) (23) (23) (23)

Most Harmful Event: 1 (24)

Driver Contributing Code: 97 (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)

1 12 | 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	10	1	
			M	6	1	4	0	0	10	1	

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

Vehicle 2

License # _____ St _____ DOB/Age _____

Sex F | Lic. Class D (19 19) | Lic. Restrictions B (20) | CDL Endorsement

8 1 Operator BENNETT, YVONNE E (Last First Middle)

Address 14 MCDONALD RD

City WILMINGTON | State MA | Zip 01887-3807

Insurance Company QUINCY MUTUAL FIRE 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 # BSAL68 | Reg Type PC | Reg State MA

Veh Year 2026 | Veh Make SUBARU | Veh Config. 1 (21)

Owner BENNETT, YVONNE E (Last First Middle)

Address 14 MCDONALD RD

City WILMINGTON | State MA | Zip 01887-3807

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: 8 (27) (27) (27)

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

1 14

Please fill out for operator and all occupants involved

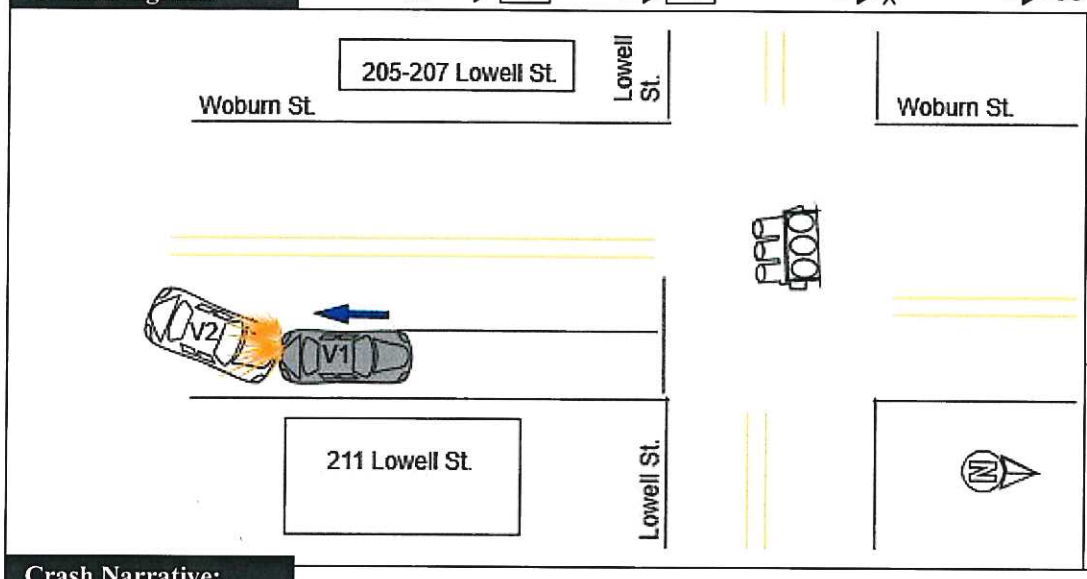
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

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, October 21st, 2026, at approximatley 1115hrs. I responded to the area of the intersection of Woburn St. at Lowell St. Upon arrival I spoke with the Operator of V1, who stated they were stopped at the intersection of Lowell St. and Woburn St. Operator of V1 stated they started backing up at the intersection in order to make room for a vehicle who was entering the lane they were in, while doing this the rear end of V1 collided with the front end of V2. I then spoke with the Operator of V2 who stated they were turning left out of the starbucks parking lot to turn left onto Woburn St. to then travel straight on Woburn St through the intersection of Lowell St. and Woburn St. Operator of V2 stated they were stopped in traffic when V1 backed into the front end of their vehicle. V1 did not have any visible damage. V2 had minor damage to the front left bumper area. No injuries were reported by either operators. Passenger in V1 did not report any 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 David C Ings		244	Wilmington Police Department		10/21/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-312-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
10/22/2026	1216 24HR	Wilmington	2	0	35			

LOCATION

AT INTERSECTION:

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

At

Route# | Direction | Name of Intersecting Roadway/Street: MAIN ST

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

Crash Report ID# 26-313-AC

Vehicle 1

Please Select One of the Following: [X] Vehicle 1 — 3 #Occupants [ ] Hit/Run [ ] Moped

License # — St — DOB/Age

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

Operator ANTOINE, ERIC (Last First Middle)

Address 342 SALEM RD

City BILLERICA | State MA | Zip 01821-2136

Insurance Company LIBERTY MUTUAL FIRE INSUR

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 # 5BBX22 | Reg Type PC | Reg State MA

Veh Year 2014 | Veh Make TOYOTA | Veh Config. 1

Owner ANTOINE, ERIC (Last First Middle)

Address 342 SALEM RD

City BILLERICA | State MA | Zip 01821-2136

Vehicle Action Prior to Crash: 4

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 2

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

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	
			M	6	4	4	0	0	10	1	
MARC ERLINE HECTOR	10 PONDEROSA AVE METHUEN, MA 01844-2837		F	3	1	4	0	0	10	1	

Vehicle 2

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

License #. — S — DOB/Age

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

Operator LEARY, MARY L (Last First Middle)

Address 14 MOORE ST

City WILMINGTON | State MA | Zip 01887-3734

Insurance Company LIBERTY MUTUAL INSURANCE

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 # 5DC528 | Reg Type PC | Reg State MA

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

Owner LEARY, MARY L (Last First Middle)

Address 14 MOORE ST

City WILMINGTON | State MA | Zip 01887-3734

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 6

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

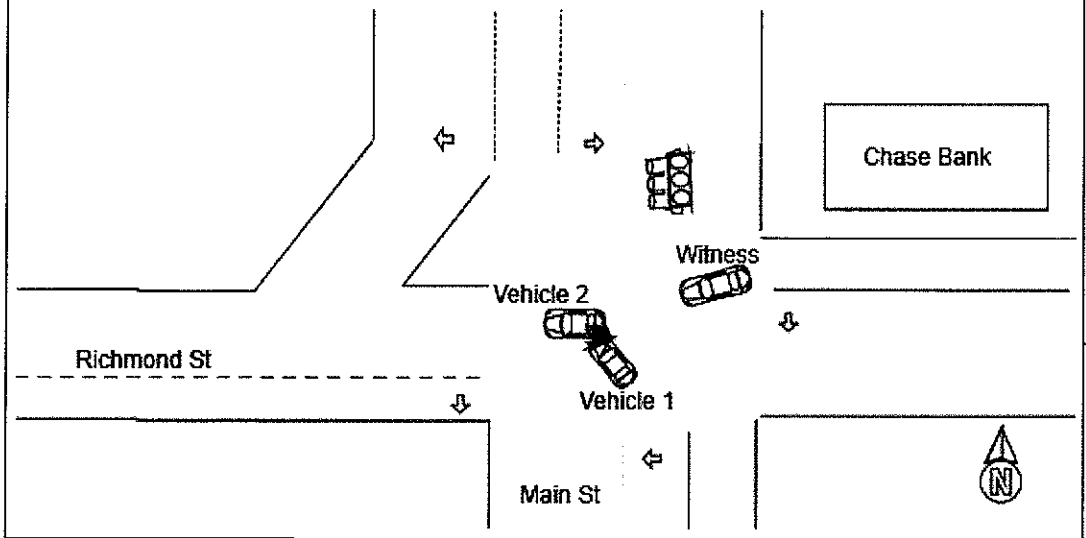
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	
EDWARD LEARY	14 MOORE ST WILMINGTON, MA 01887		M	3	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

The involved Subaru was attempting to go straight through the intersection of Main St. and Richmond St. from the Chase Bank parking lot to Richmond St. on a green light. Per a witness The involved Subaru had a green light while the involved Toyota attempted to take a left on Richmond St. from Main St. while the light was potentially red.The operator of the Subaru claimed the light was fully green and they had the right of way.The operator of the Toyota claimed that the light was yellow while they attempted to take the left turn.The Toyota sustained damage to the right front bumper while the Subaru sustained damage to the rear left bumper.Both operators claimed no injuries. Neither vehicle was towed.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LEIGHTON ZACHARY	1 ADELAIDE ST WILMINGTON MA 01887		

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		10/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-313-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
10/22/2026	1011 (24HR)	Wilmington	2	0

Speed Limit 10 | 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 # 212 | Name of Roadway/Street: MAIN 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# 26-314-AC

Vehicle 1

License # — St — DOB/Age —

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

Operator NEWCOMB, WAYNE E (Last First Middle)

Address 386 WASHINGTON ST

City WOBURN | State MA | Zip 01801-2121

Insurance Company ARBELLA MUTUAL INSURANCE

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 # 5HHL71 | Reg Type PC | Reg State MA

Veh Year 2020 | Veh Make FORD | Veh Config. 1

Owner NEWCOMB, WAYNE E (Last First Middle)

Address 386 WASHINGTON ST

City WOBURN | State MA | Zip 01801-2121

Vehicle Action Prior to Crash 11

Event Sequence 1

Most Harmful Event 1

Driver Contributing Code 1

Driver Distracted by 0

Damaged Area Code: 6

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	X	X	1	0	4	3	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 | CDL Endorsement

Operator FORTUNATO PEREIRA, FELIPE (Last First Middle)

Address 74 CLARK AVE APT 1

City CHELSEA | State MA | Zip 02150-4305

Insurance Company CENTRAL INSURANCE COMPANY

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 # Y86990 | Reg Type CO | Reg State MA

Veh Year 2025 | Veh Make FORD | Veh Config. 1

Owner MARINO CARPENTRY SERVICES INC (Last First Middle)

Address 52 DUDLEY ST

City ARLINGTON | State MA | Zip 02476-4530

Vehicle Action Prior to Crash 10

Event Sequence 2

Most Harmful Event 1

Driver Contributing Code 19

Driver Distracted by 99

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

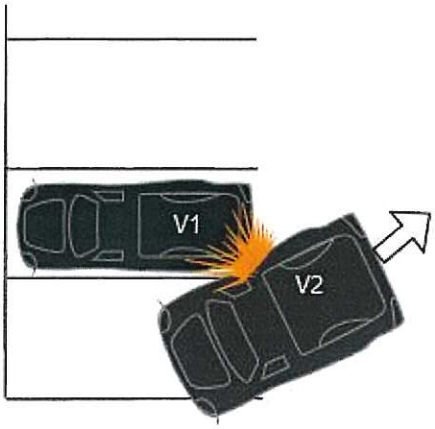
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	X	X	1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



McDonald's 212 Main 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:

On Thursday, October 22nd, 2026, Operator of V1 reported that a vehicle had struck his vehicle while it was parked in the McDonald's parking lot (212 Main St.) and did not stop to exchange information. Operator of V1 reported that his taillight was damaged during the incident. (See Attached) I then reviewed video footage of the McDonald's Parking Lot and confirmed that V2 was parked to the left of V1. The Operator of V2 then backs up out of his parking space at a sharp angle in a rear-right direction. It is evident that contact occurrs between the two vehicles. Operator of V2 then travelled forward back into the spot, readjusted, and then backed up and left the scene. I later spoke to the Operator of V2 who stated he did not realize that he hit V1. No injuries reported. V1 sustained damage to the left rear taillight. V2 sustained minor damage to the rear right side of the bed, in the form of a scuff mark.

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]

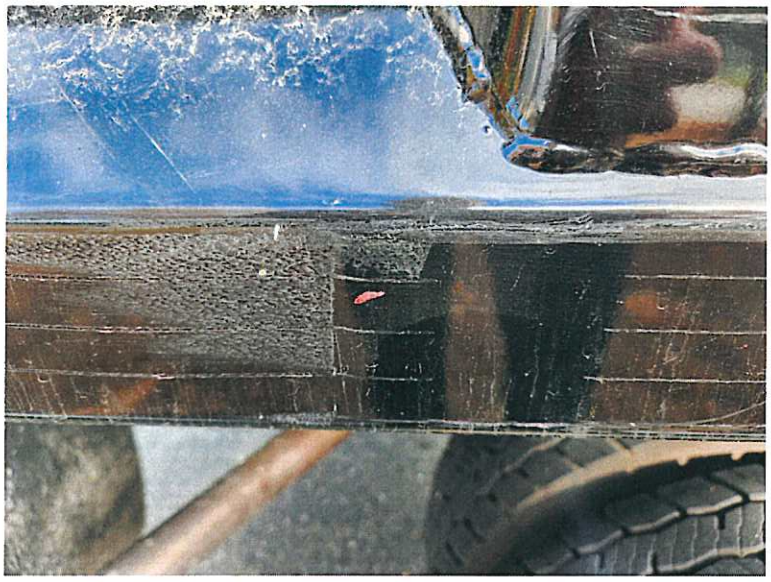
Patrol Officer David C Ings		244	Wilmington Police Department		10/22/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Form No. 10364 CRA-65 08/23

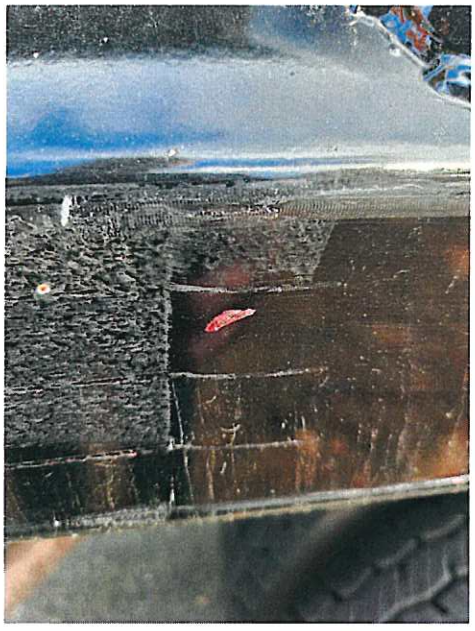
Wilmington Police Department
Images Associated with 26-314-AC













Wilmington Police Department
Images Associated with 26-314-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
10/24/2026	1013 (24HR)	Wilmington	2	0

Speed Limit 15 | 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 | 1 | BURLINGTON AVE
Address # | 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 | 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-315-AC

Vehicle 1

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

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

Operator: PINTO DE OLIVEIRA, MARCONE (Last, First, Middle)

Address: 5 EDDY ST

City: WEBSTER | State: MA | Zip: 01570-1908

Insurance Company: GOVERNMENT EMPLOYEES INSU

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 #: 5VAE24 | Reg Type: PC | Reg State: MA

Veh Year: 2012 | Veh Make: TOYOTA | Veh Config: 1

Owner: PINTO DE OLIVEIRA, MARCONE (Last, First, Middle)

Address: 5 EDDY ST

City: WEBSTER | State: MA | Zip: 01570-1908

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1 |

Driver Distracted by: 0

Damaged Area Code: 3 | 27 | 27 | 27

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	0	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: ____ 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: 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							

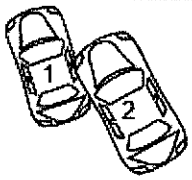
Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →

Drainage Embankment



Parking Lot of 1 Burlington 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 October 24, 2026, I, Ofc. Parsons #236, responded to the parking lot of 1 Burlingto Ave. for report of a past hit and run. Upon my arrival, I was met by OP#1. OP#1 told me that he had parked his car (MV#1) in the parking lot on Sunday Oct. 18, and when he finished his route on Oct. 24th, and returned to the lot, he noticed his car had been struck. There were tire marks in the grass, on the passenger side of MV#1, indicating that MV#2 had driven next to MV#1, and went down into the embankment. After, presumably, getting stuck in the embankment, MV#2 attempted to reverse. I was able to deduce this due to the large amount of mud that was sprayed onto the front and side of MV#1. I believe at some point during this attempt to reverse out of the embankment, MV#2 side swiped MV#1 causing damage to the rear passenger door. It appears, due to the tracks in the embankment, that MV#2 drove down further, and was able to get out on the other side.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Dale H Parsons		236	Wilmington Police Department		10/24/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date