

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash		Number Vehicles	Number Injured	Speed Limit	35	State Police	☐
10/09/2026	1651	Wilmington	Police Report		1	1	Latitude		Local Police	☐
	24HR						Longitude		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
		282	SHAWSHOEN AVE
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# 26-297-AC

License #	St.	DOB/Age
Sex	Lic. Class	Lic. Restrictions
F	D 19 19	1 20
Operator	MCNEIL, PEARL ANN	CDL Endorsement
	Last First Middle	
Address	755 CHANDLER ST	
City	TEWKSBURY	State MA Zip 01876-3707
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 #	2PLC20	Reg Type	PC	Reg State	MA
Veh Year	2011	Veh Make	TOYOTA	Veh Config.	1 21
Owner	MCNEIL, PEARL ANN				
	Last First Middle				
Address	755 CHANDLER ST				
City	TEWKSBURY	State MA Zip 01876-3707			
Vehicle Action Prior to Crash	1 22	Damaged Area Code:	1 27 8 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	19 25 20 25	BAC Test Result:	1 30		
Driver Distracted by	5 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			1	1	1	0	0	8	2	

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
	D 19 19	20
Operator		CDL Endorsement
	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	

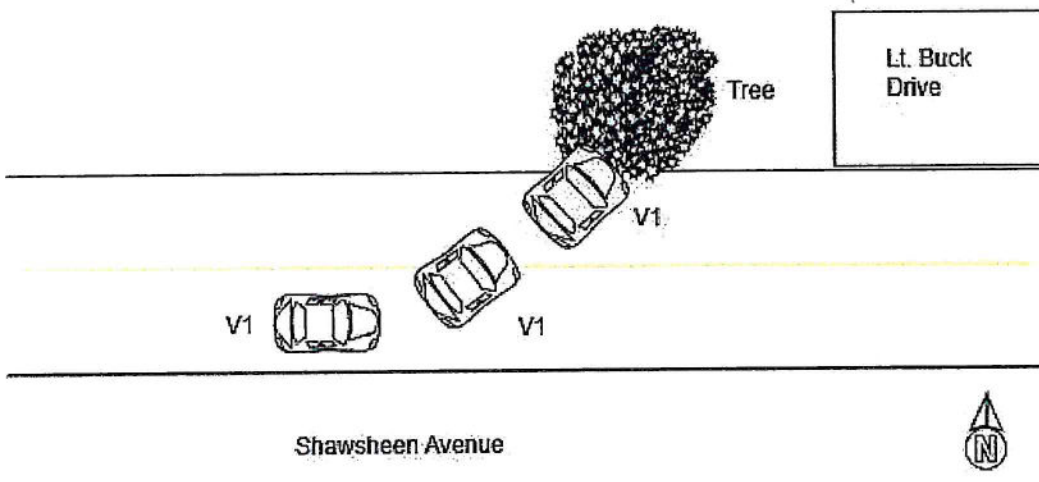
Reg #		Reg Type		Reg State	
Veh Year		Veh Make		Veh Config.	21
Owner					
		Last First Middle			
Address					
City		State Zip			
Vehicle Action Prior to Crash	22	Damaged Area Code:	27 27 27		
Event Sequence	23 23 23 23	Test Status:	28		
Most Harmful Event	24	Type of Test:	29		
Driver Contributing Code	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			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:

I responded to a single car motor vehicle crash. Upon arrival I observed the operator sitting in the drivers seat and other officers on scene tending to her. V1 made contact with a tree on the corner of Shawsheen Ave and Lt. Buck Drive. Op1 stated she was reaching for candy and lost control of the vehicle and struck the tree. V1 was towed by Forrest Towing back to their yard. All units cleared.

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 John A Fortes

228

Wilmington Police Department

10/09/2026

Police Officer Name (Please Print)

Signature

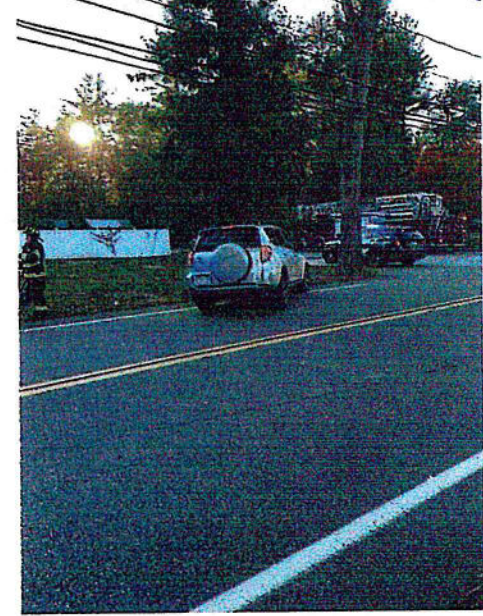
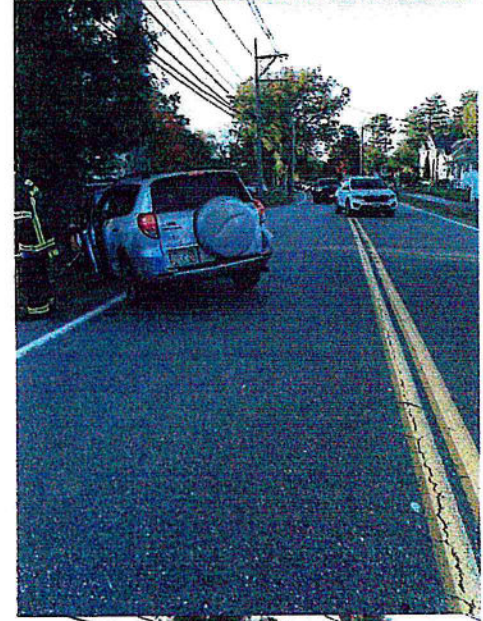
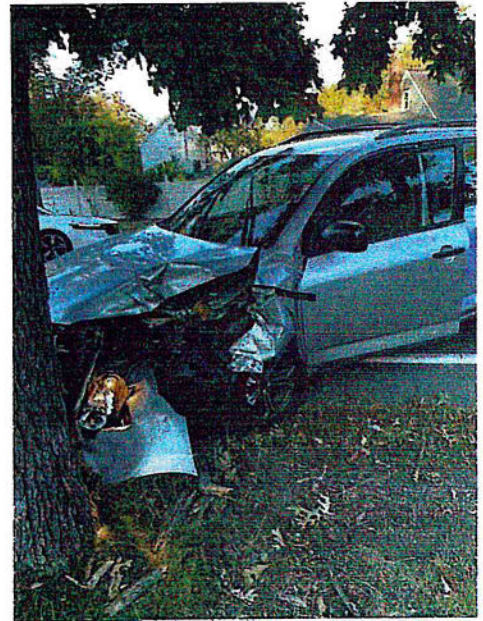
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-297-AC



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