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
10/26/2026	0416 24HR	Wilmington	2	0

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 # 1 | Name of Roadway/Street: CORNELL PL

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# 26-316-AC

Vehicle 1

License # | St | DOB/Age

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

Operator: PEREIRA DOS SANTOS, EDERSON (Last, First, Middle)

Address: 71 CHESTNUT ST APT 1

City: EVERETT | State: MA | Zip: 02149-3823

Insurance Company: SAFTEY INSURANCE COMPANY

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 # 9VN226 | Reg Type PC | Reg State MA

Veh Year 2020 | Veh Make RAM | Veh Config. 2

Owner: DUTYMASS CONSTRUCTION AND SERVICE INC (Last, First, Middle)

Address: 260 FORDHAM RD APT A150

City: WILMINGTON | State: MA | Zip: 01887-2170

Vehicle Action Prior to Crash: 4

Event Sequence: 2 | | | |

Most Harmful Event: 2

Driver Contributing Code: 2

Driver Distracted by: 99

Damaged Area Code: 1 | 2 | 27

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	99	4	0	0	99	1	

Please Select One of the Following: ☒ Vehicle 2 | #Occupants 0 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # | St | DOB/Age

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

Operator: Driverless M.V. (Last, First, Middle)

Address

City | State | Zip

Insurance Company: LANCER INSURANCE COMPANY

Vehicle Travel Direction: [N S E W] | Responding to Emergency? 2

Citation # (If Issued)

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

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

Reg # 4NKR62 | Reg Type PC | Reg State MA

Veh Year 2015 | Veh Make FORD | Veh Config. 2

Owner: EZYRENT CARS INC (Last, First, Middle)

Address: 737 SALEM ST

City: GROVELAND | State: MA | Zip: 01834-1036

Vehicle Action Prior to Crash: 11

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 7 | 6 | 27

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

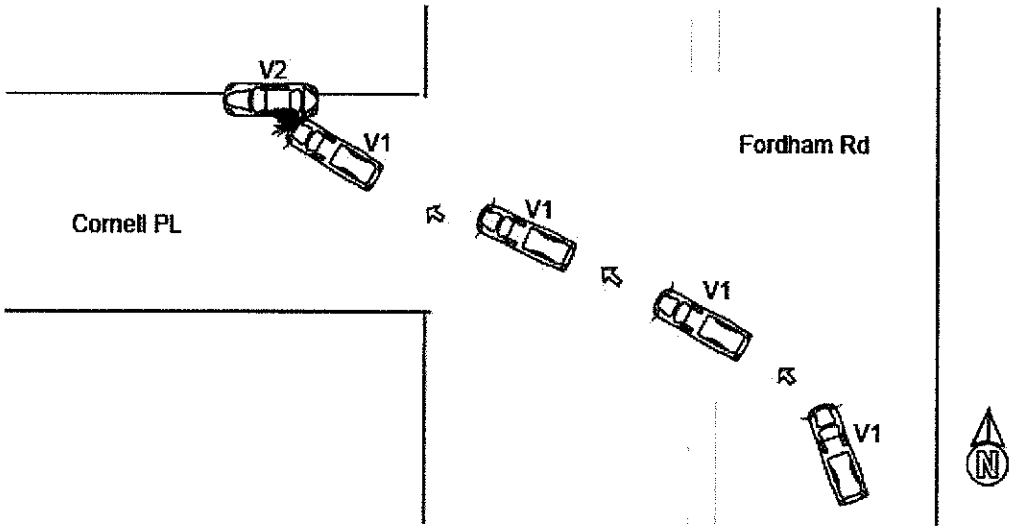
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	0	4	0	0	10	1	

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:

V2 was parked in front of 1 Cornell PL unoccupied when it was struck by V1 turning off of Fordham Rd. V1 operator stated they were driving and lost control of the vehicle and struck V2. V1 operator was cited for leaving the scene of an accident involving property 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

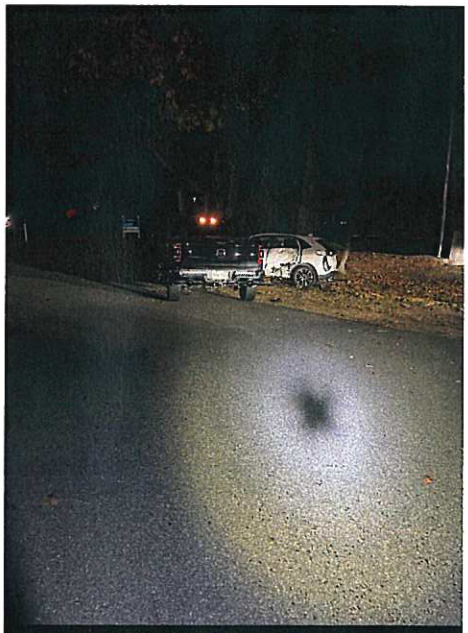
Hazmat Information:

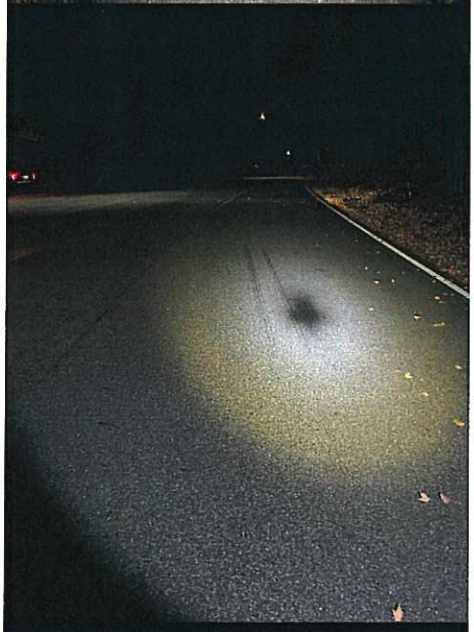
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

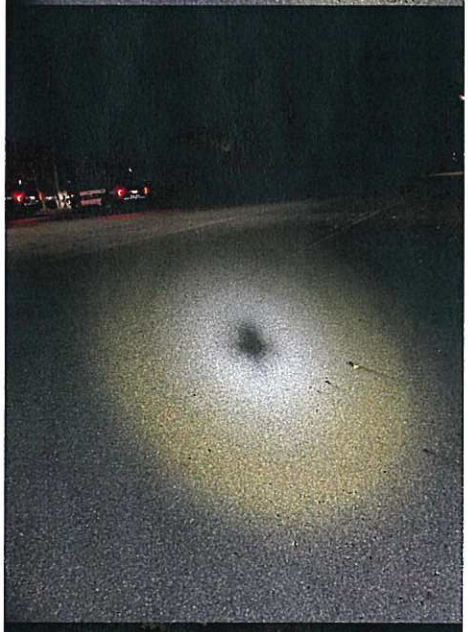
Patrol Officer Caleb A Wiig		237	Wilmington Police Department		10/26/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

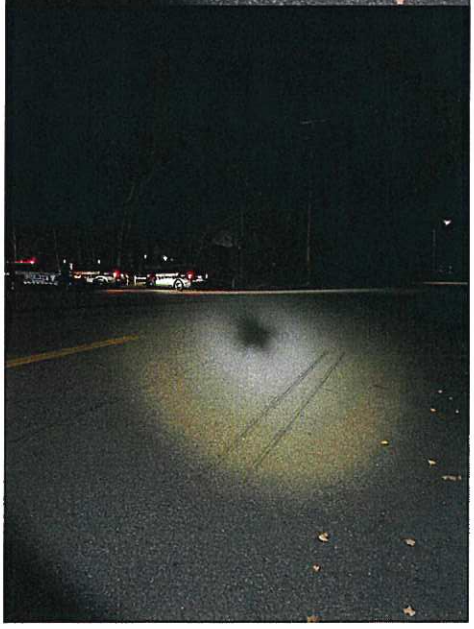
Wilmington Police Department
Images Associated with 26-316-AC

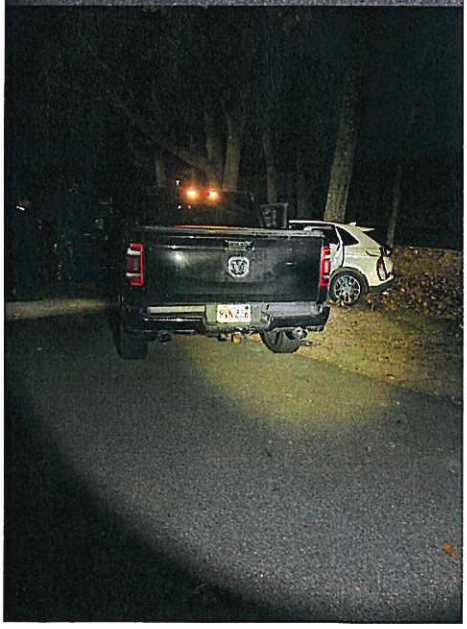








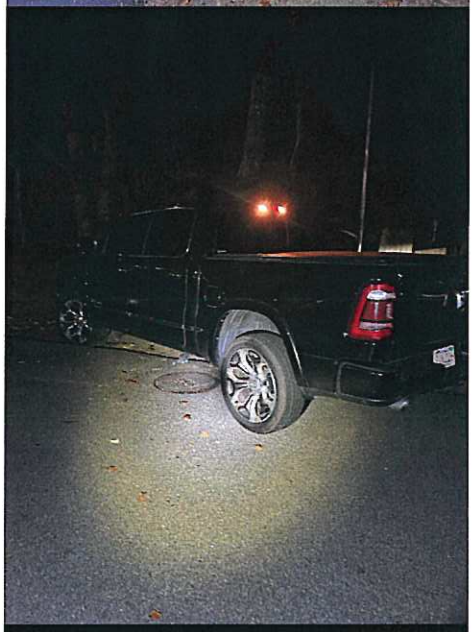




Wilmington Police Department
Images Associated with 26-316-AC









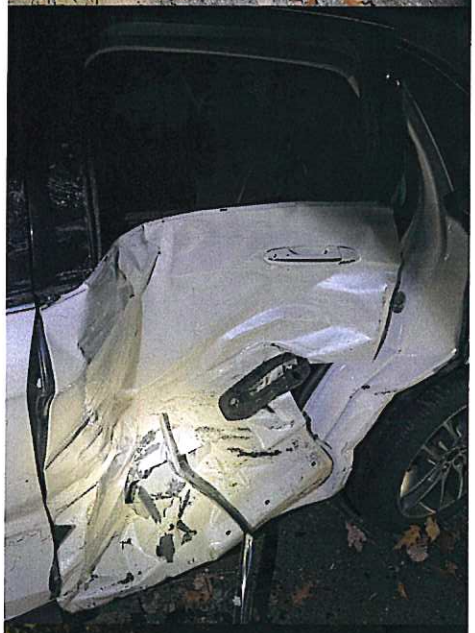


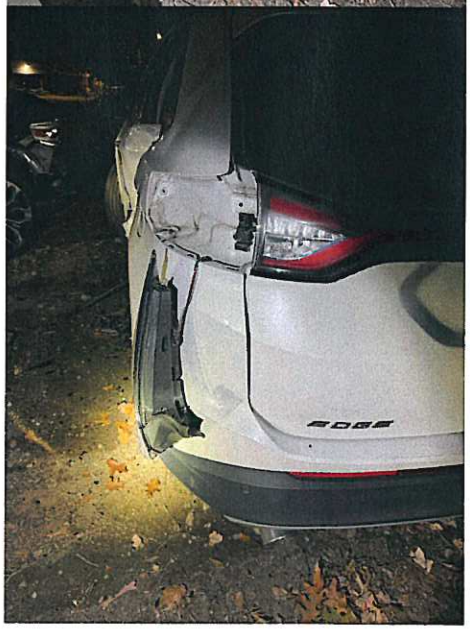


Wilmington Police Department
Images Associated with 26-316-AC











Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police Agency
10/28/2026	0754 24HR	Wilmington	2	1	45			State Police, Local Police, MBTA Police, Campus Police, Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street: ROUTE 62 HWY

At

Route# | Direction | Name of Intersecting Roadway/Street: 93 NB RAMP

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#: 26-317-AC

Vehicle 1

License # ____ St ____ DOB/Age ____

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

Operator: DELANEY, DEVIN JOSEPH (Last First Middle)

Address: 6 MELODY LN

City: LYNNFIELD | State: MA | Zip: 01940-1263

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 # 5PPY16 | Reg Type: PC | Reg State: MA

Veh Year: 2014 | Veh Make: GMC | Veh Config: 1

Owner: DELANEY, DEVIN JOSEPH (Last First Middle)

Address: 6 MELODY LN

City: LYNNFIELD | State: MA | Zip: 01940-1263

Vehicle Action Prior to Crash: 6

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	See Above			1	1	4	0	0	10	0	

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: SOTO, MICHAEL (Last First Middle)

Address: 8 HANLON CT APT 2

City: LAWRENCE | State: MA | Zip: 01841-3417

Insurance Company: PROGRESSIVE CASUALTY INSU

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 # 4MFW41 | Reg Type: PC | Reg State: MA

Veh Year: 2024 | Veh Make: HONDA | Veh Config: 1

Owner: SOTO, MICHAEL (Last First Middle)

Address: 8 HANLON CT APT 2

City: LAWRENCE | State: MA | Zip: 01841-3417

Vehicle Action Prior to Crash: 6

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? 2

Please fill out for operator and all occupants involved

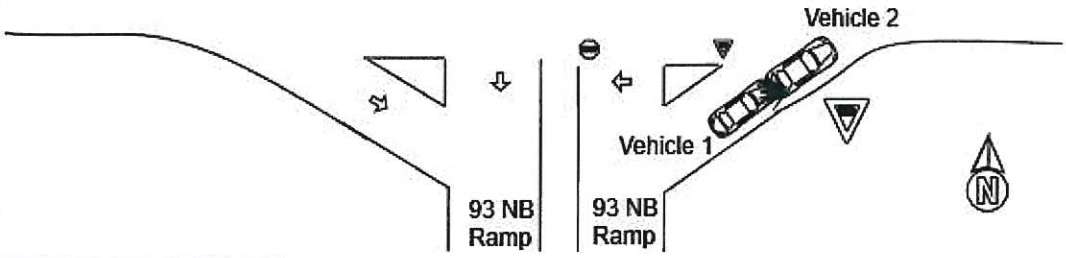
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	9	2	Lahey Hospital

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 Honda was yielding to traffic on Route 62 while coming off the 93 NB off-ramp and was rear- ended by the involved GMC. The operator of the GMC claimed that there was no traffic coming off the ramp and thought the Honda had already merged onto Route 62. The GMC sustained damage to the center front portion of the vehicle while the Honda sustained damage to the rear center portion of the vehicle. Both vehicles were towed by Forrest 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		10/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-317-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
10/28/2026	1544 24HR	Wilmington	2	0	40	

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

1 1 — Route# / Direction / Name of Roadway/Street: At / Route# / Direction / Name of Intersecting Roadway/Street: Also at Intersection with / Route# / Direction / Name of Intersecting Roadway/Street

2 10 — Route# / Direction / Address # 102 / Name of Roadway/Street: LOWELL ST

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

2 11 — Feet N S E W of Route# / Intersecting Roadway/Street

Feet N S E W of Landmark

3 — Please Select One of the Following: ☒ Vehicle 1 #Occupants 1 ☐ Hit/Run ☐ Moped — Crash Report ID# 26-318-AC

Vehicle 1

License # ___ St: ___ DOB/Age: ___

Sex F — Lic. Class D (19 19) — Lic. Restrictions 1 (20) — CDL Endorsement ___

Operator (Last / First / Middle): DIGIORGIO, CHRISTINA ROSE

4 1 — Address: 250 BURNHAM RD

City LOWELL — State MA — Zip 01852-1614

Insurance Company: QUINCY MUTUAL FIRE INSURA

5 — 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 # 5FH430 — Reg Type PC — Reg State MA

Veh Year 2014 — Veh Make HONDA — Veh Config. 1 (21)

1 12

Owner (Last / First / Middle): DIGIORGIO, CHRISTINA ROSE

Address: 250 BURNHAM RD

City LOWELL — State MA — Zip 01852-1614

Vehicle Action Prior to Crash: 1 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 19 (25) 25

Driver Distracted by: 99 (26) 26

Damaged Area Code: 1 (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)

1 13

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	1	1	0	0	10	1	

7 3 — Please Select One of the Following: ☒ Vehicle 2 #Occupants 1 ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # ___ St ___ DOB/Age: ___

Sex M — Lic. Class D (19 19) — Lic. Restrictions 1 (20) — CDL Endorsement ___

Operator (Last / First / Middle): TRAN, MAN MINH

8 1 — Address: 36 WHEATLAND ST

City BURLINGTON — State MA — Zip 01803-1134

Insurance Company: GREEN MOUNTAIN INSURANCE

9 2 — 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 # 6CJZ47 — Reg Type PC — Reg State MA

Veh Year 2024 — Veh Make TOYOTA — Veh Config. 2 (21)

1 14

Owner (Last / First / Middle): TRAN, MAN MINH

Address: 36 WHEATLAND ST

City BURLINGTON — State MA — Zip 01803-1134

Vehicle Action Prior to Crash: 2 (22)

Event Sequence: 1 (23) 23 23 23

Most Harmful Event: 1 (24)

Driver Contributing Code: 1 (25) 25

Driver Distracted by: 0 (26) 26

Damaged Area Code: 5 (27) 27 27

Test Status: 1 (28)

Type of Test: 0 (29)

BAC Test Result: 1 (30)

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

Towed from scene? 2 (33)

Please fill out for operator and all occupants involved

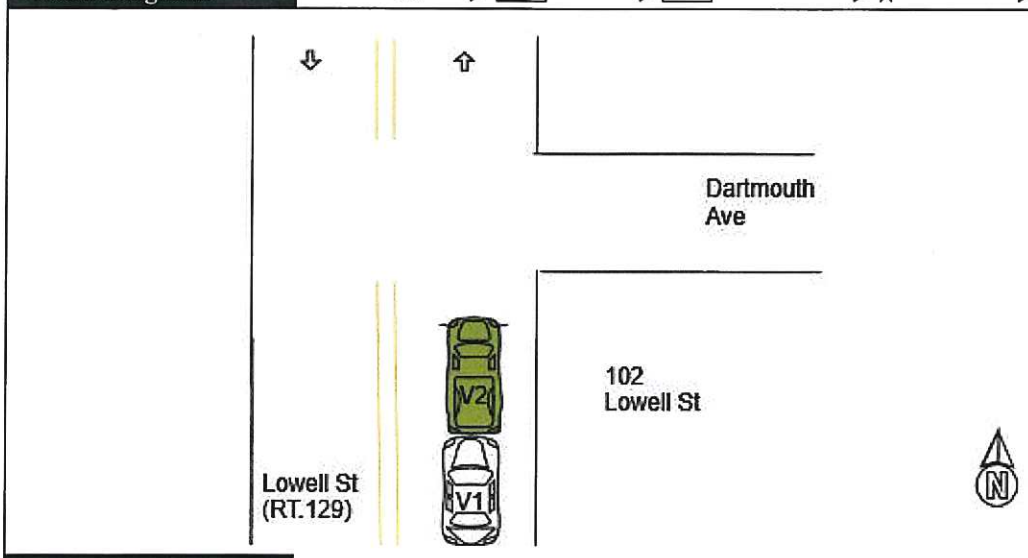
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

Crash Diagram:

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

ie: → 1 → 2 → ♀ → 🚲



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Vehicle 1 (V1) and Vehicle 2 (V2) were both traveling westbound on Lowell St (Rt.129) in the area of 102 Lowell St. V2 began to slow/stop for as traffic in front of him was stopped to allow a person to turn into Dartmouth Ave. V1 was traveling directly behind V2 and as V2 slowed/stopped V1 rear ended V2. Both operators declined medical attention with the Wilmington Fire Department. Airbags only deployed on V1. V1 was towed due to heavy damage and V2 was 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		10/28/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/30/2026	1208 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 # 146 | Name of Roadway/Street: MIDDLESEX AVE
Feet [N S E W] of — — — • — or Exit Number
Mile Marker
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# 26-319-AC

Vehicle 1

License # | St | DOB/Age
Sex F | Lic. Class D | Lic. Restrictions B | CDL Endorsement
Operator WETZLER, PHILOMENA (Last, First, Middle)
Address 28 FAIRMONT AVE
City WILMINGTON | State MA | Zip 01887-2938
Insurance Company SAFETY INSURANCE COMPANY
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 # 4CAN82 | Reg Type PC | Reg State MA
Veh Year 2021 | Veh Make HYUNDAI | Veh Config. 1
Owner WETZLER, PHILOMENA (Last, First, Middle)
Address 28 FAIRMONT AVE
City WILMINGTON | State MA | Zip 01887-2938
Vehicle Action Prior to Crash 3
Event Sequence 2 | | | |
Most Harmful Event 2
Driver Contributing Code 12 | 25
Driver Distracted by 0 | 26
Damaged Area Code: 3 | 27 | 27 | 27
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	99	4	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 | #Occupants 0 | ☐ Hit/Run | ☐ Moped | ☐ Vulnerable User Complete the Vulnerable User section.

Vehicle 2

License # | St | DOB/Age
Sex | Lic. Class | Lic. Restrictions | CDL Endorsement
Operator Driverless M.V. (Last, First, Middle)
Address
City | State | Zip
Insurance Company THE HANOVER INSURANCE COM
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 # 619CB6 | Reg Type PC | Reg State MA
Veh Year 2020 | Veh Make SUBARU | Veh Config. 2
Owner MARTIN, CLAIRE AMY (Last, First, Middle)
Address 49 WASHINGTON AVE
City WILMINGTON | State MA | Zip 01887-2306
Vehicle Action Prior to Crash 11
Event Sequence 1 | | | |
Most Harmful Event 1
Driver Contributing Code | 25
Driver Distracted by | 26
Damaged Area Code: 2 | 27 | 27 | 27
Test Status: 1
Type of Test:
BAC Test Result:
Susp. Alcohol: | Susp. Drug:
Towed from scene? 2

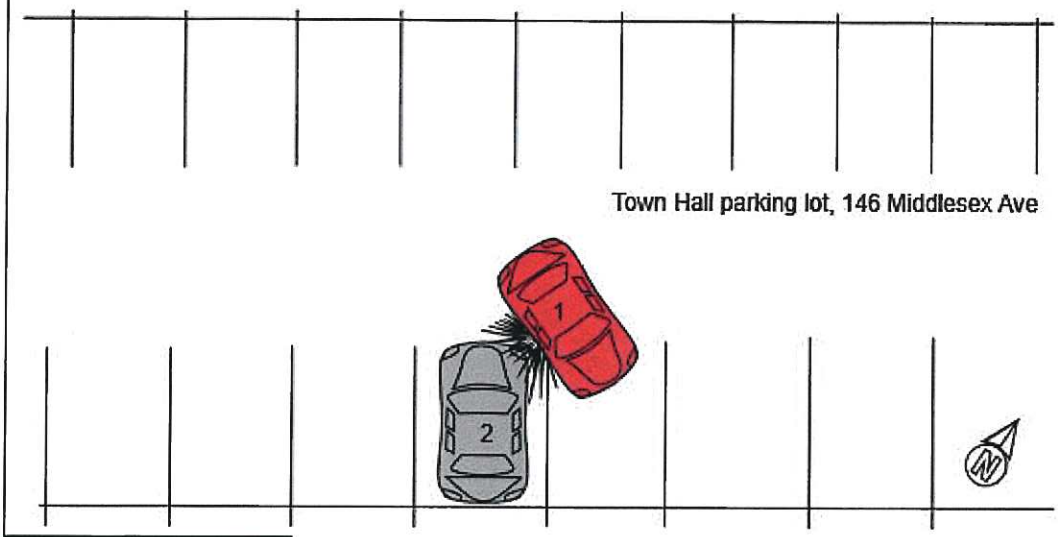
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

MV1 WAS TRAVELING IN THE PARKING LOT OF THE TOWN HALL, LOCATED AT 146 MIDDLESEX AVE. WHILE ATTEMPTING TO PULL INTO A PARKING SPOT, MV1 STRUCK MV2 WHICH WAS PARKED AND UNATTENDED. MV1 SUSTAINED DAMAGE TO ITS PASSENGER SIDE REAR DOOR AND REAR QUARTER PANEL. MV2 SUSTAINED DAMAGE TO ITS FRONT PASSENGER SIDE BUMPER. NO INJURIES, NO AIRBAGS, NO TOWS.

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]

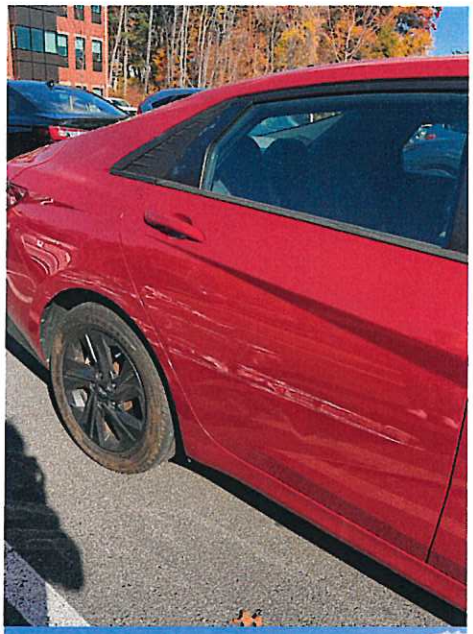
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

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

Patrol Officer Kayla M Hanson		230	Wilmington Police Department		10/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

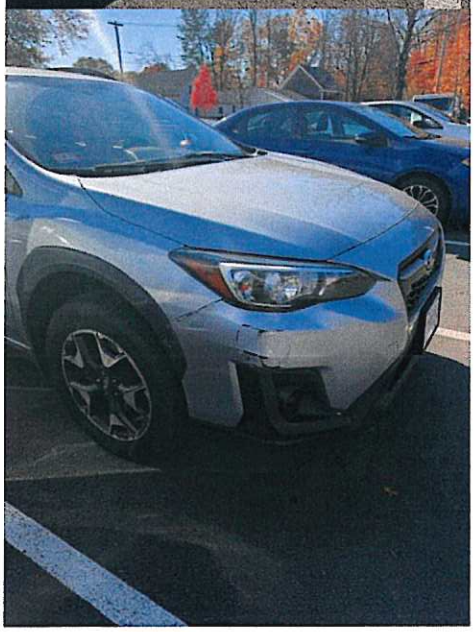
Wilmington Police Department
Images Associated with 26-319-AC

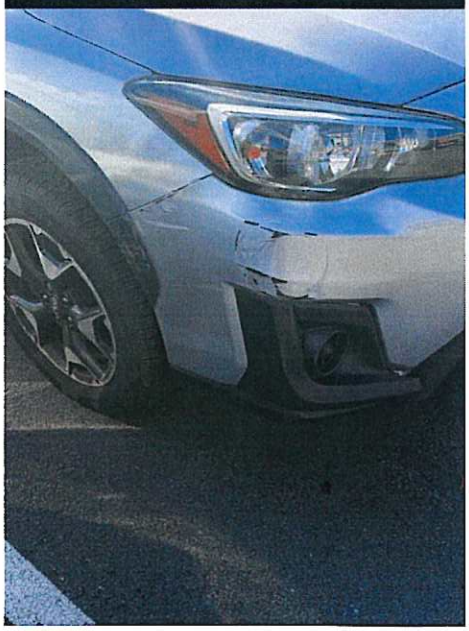












Wilmington Police Department
Images Associated with 26-319-AC





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
10/30/2026	1616 24HR	Wilmington	2	0	25			

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 | 195 Address # | MAIN 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 | 1 #Occupants | ☐ Hit/Run | ☐ Moped

Crash Report ID# 26-320-AC

Vehicle 1

License # _____ St _____ DOB/Age _____

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

Operator ROSS, KENNETH J (Last, First, Middle)

Address 90B GREELEY ST

City HUDSON | State NH | Zip 03051

Insurance Company ARBELLA PROTECTION INSURA

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 # V89016 | Reg Type PC | Reg State MA

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

Owner CENTRAL AIR SYSTEMS INC (Last, First, Middle)

Address 38 YETTEN TER

City WALTHAM | State MA | Zip 02453-8654

Vehicle Action Prior to Crash: 1

Event Sequence: 1

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 4

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

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

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

Vehicle 2

License # _____ S _____ DOB/Age

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

Operator LECCESE, THOMAS R (Last, First, Middle)

Address 9 LINDA RD

City WILMINGTON | State MA | Zip 01887-1441

Insurance Company THE HANOVER INSURANCE CO

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

Citation # (If Issued) _____

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

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

Reg # 115ZH4 | Reg Type PC | Reg State MA

Veh Year 2019 | Veh Make HONDA | Veh Config. 1

Owner LECCESE, THOMAS R (Last, First, Middle)

Address 9 LINDA RD

City WILMINGTON | State MA | Zip 01887-1441

Vehicle Action Prior to Crash: 3

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: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

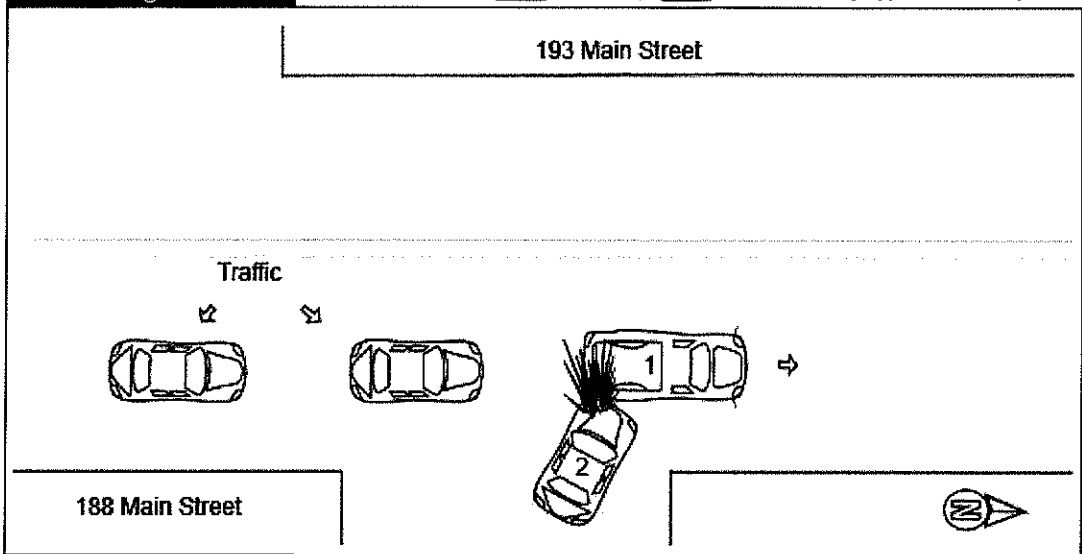
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Vehicle 1 was traveling North on Main Street when it was passing 188 Main Street. Vehicle 2 was attempting to leave the parking lot of 188 Main Street waiting for an opening in traffic. The operator of vehicle 2 stated that due to the amount of traffic in the area he began to inch out into the roadway hoping that someone would stop to let him out. As vehicle 1 passed by, vehicle 2 struck the rear right side of vehicle 1. Both vehicles were still in driveable condition and both operators reported no injuries.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

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

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

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

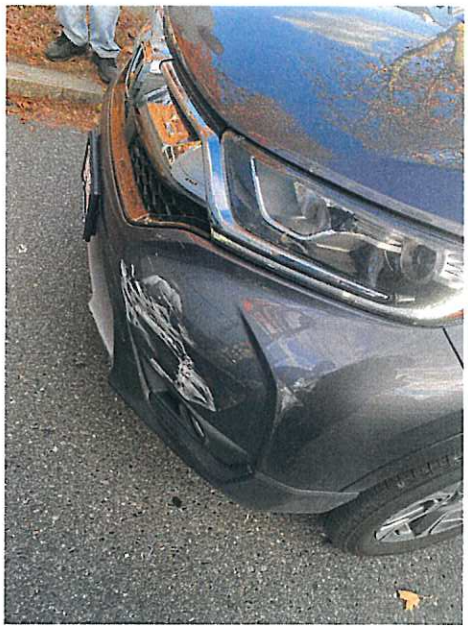
Hazmat Information:

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

Patrol Officer Thomas Lawrenson		222	Wilmington Police Department		10/30/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-320-AC





Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	Police
10/31/2026	1558 (24HR)	Wilmington	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ☐

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | Address # | Name of Roadway/Street: 190 MIDDLESEX AVE

_____ 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# 26-321-AC

License # _____ St _____ DOB/Age _____

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

Operator TAYLOR, ELIZA GRACE (Last First Middle)

Address 10 TIBBETTS AVE

City DANVERS | State MA | Zip 01923-3914

Insurance Company THE COMMERCE INSURANCE CO

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 # 5PWH66 | Reg Type PC | Reg State MA

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

Owner TAYLOR, KRISTIN LEAH (Last First Middle)

Address 10 TIBBETTS AVE

City DANVERS | State MA | Zip 01923-3914

Vehicle Action Prior to Crash: 1

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 9 | 19

Driver Distracted by: 99

Damaged Area Code: 7 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

Please fill out for operator and all occupants involved

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

Operator NESTOR, KEELY MAE (Last First Middle)

Address 1 ACORN DR

City WILMINGTON | State MA | Zip 01887-1560

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 # 6KKE28 | Reg Type PC | Reg State MA

Veh Year 2026 | Veh Make HYUNDAI | Veh Config. 1

Owner NESTOR, KEELY MAE (Last First Middle)

Address 1 ACORN DR

City WILMINGTON | State MA | Zip 01887-1560

Vehicle Action Prior to Crash: 2

Event Sequence: 1 | | | |

Most Harmful Event: 1

Driver Contributing Code: 1

Driver Distracted by: 0

Damaged Area Code: 4 | | |

Test Status: 1

Type of Test: 0

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

Please fill out for operator and all occupants involved

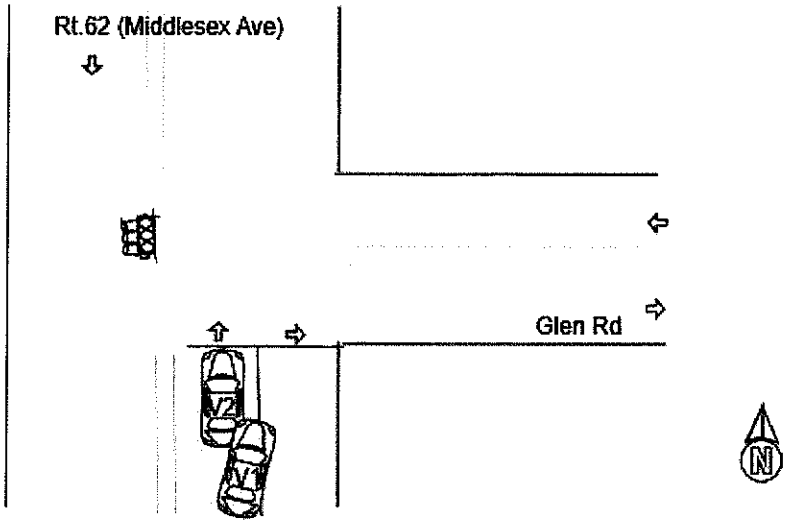
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

Form No. 10364 CRA-65 08/23

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

Crash Diagram:

ie: → 1 → 2 → ♀ → 🚲



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 2 (V2) was stationary at the traffic signal at the intersection of Middlesex Ave and Glen RD. Vehicle 1 (V1) was traveling behind V2 and rear ended V2. No injuries were reported. No airbags were deployed. V1 was 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		10/31/2026
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 26-321-AC

