

Date of Crash 03/30/2026 Time of Crash 2019 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# Direction Address # GLEN RD Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-102-AC

License # S DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator MOJTABAI, FARIBA Address 168 MAIN ST City WAKEFIELD State MA Zip 01880-1703 Insurance Company THE COMMERCE INSURANCE CO 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 # 310VYM Reg Type PC Reg State MA Veh Year 2025 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner MOJTABAI, FARIBA Address 168 MAIN ST City WAKEFIELD State MA Zip 01880-1703 Vehicle Action Prior to Crash 7 22 Damaged Area Code: 8 27 1 27 7 27 Event Sequence 42 23 1 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 9 25 19 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 4 26 26 Towed from scene? 1 33

Table with 10 columns: 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 row: See Above, 1, 99, 1, 0, 0, 10, 0, Winchester Hospital

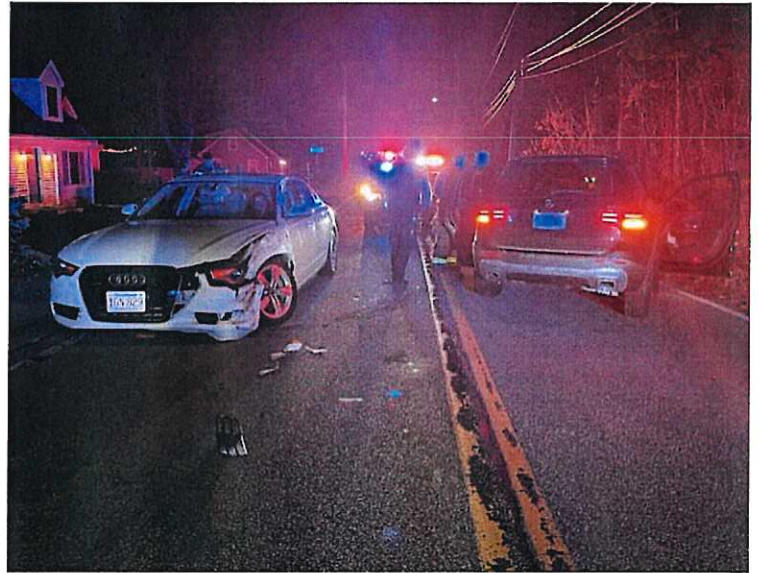
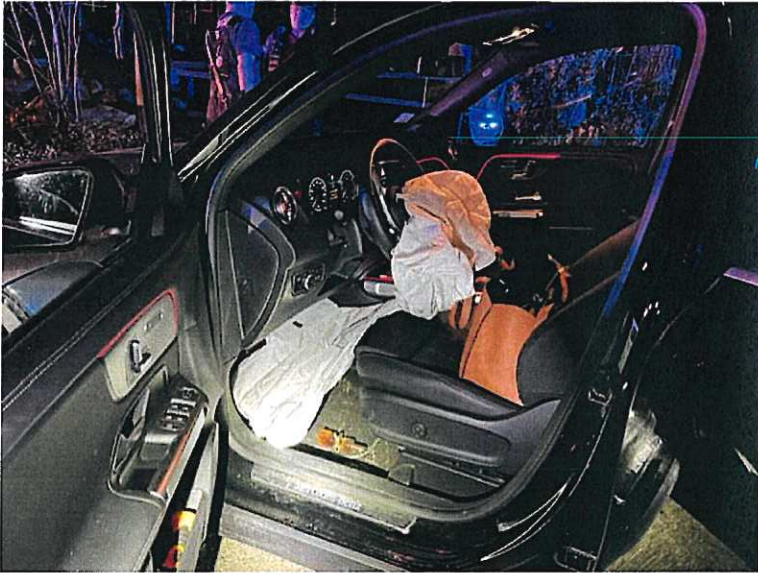
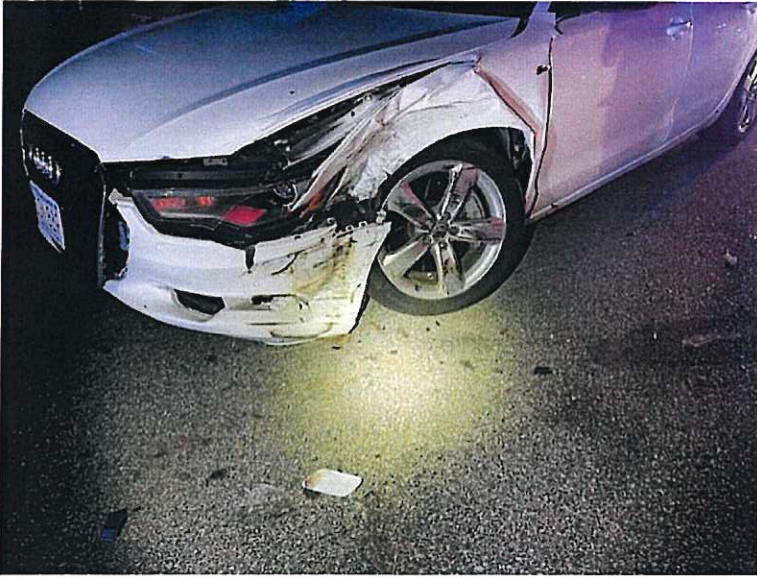
Please Select One of the Following: [X] Vehicle 2 1 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: N S E [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

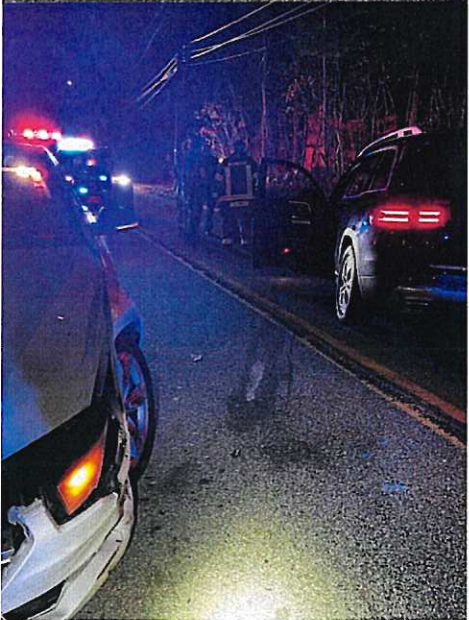
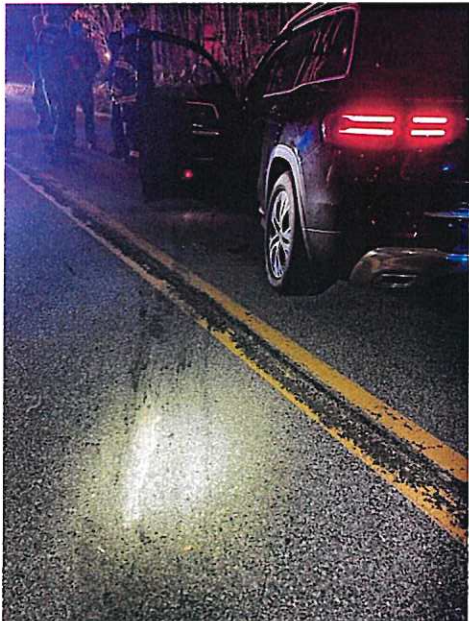
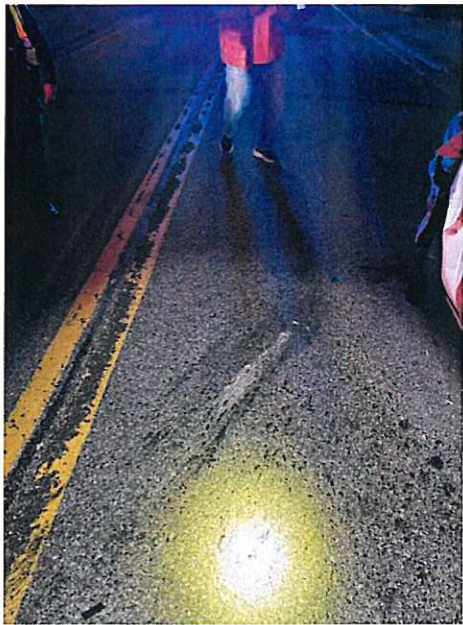
Reg # 1GN829 Reg Type PC Reg State MA Veh Year 2012 Veh Make AUDI Veh Config. 1 21 Owner LAPOINTE, FABIEN GERALD Address 20 AUBURN AVE City WILMINGTON State MA Zip 01887-2611 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 1 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 0 26 26 Towed from scene? 1 33

Table with 10 columns: 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 row: See Above, 1, 1, 4, 0, 0, 8, 2, Winchester Hospital

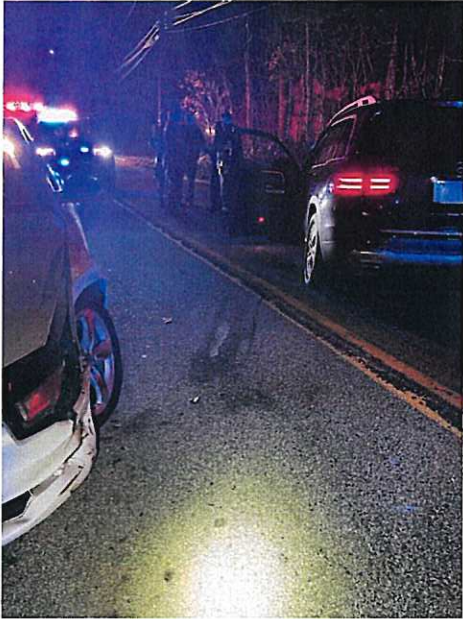
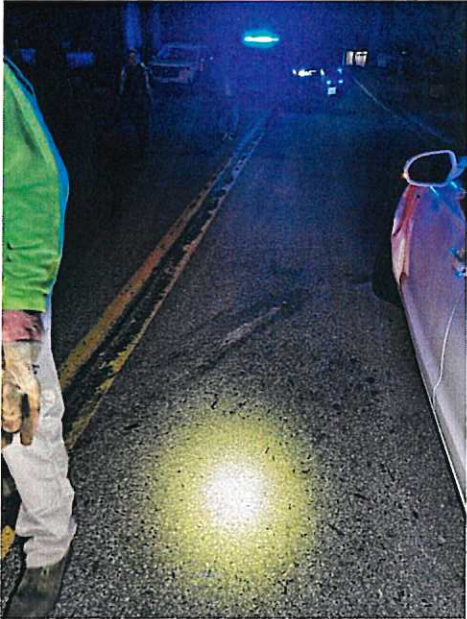
Wilmington Police Department
Images Associated with 26-102-AC



Wilmington Police Department
Images Associated with 26-102-AC



Wilmington Police Department
Images Associated with 26-102-AC



Wilmington Police Department
Images Associated with 26-102-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **03/31/2026** Time of Crash **0925** City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police
 Latitude _____ MBTA Police
 Longitude _____ 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# **23** Direction _____ Address # **FLORADALE AVE** Name of Roadway/Street _____
 _____ Feet **N S E W** of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet **N S E W** of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **26-103-AC**

License # _____ St. _____ DOB/Age _____
 Sex **M** Lic. Class **C** **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator **TANNER, PURVIS**
 Last First Middle
 Address **442 CARSON RIDGE DR**
 City **SPRING** State **TX** Zip **77386**
 Insurance Company **Tailored Insurance Group**
 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 # **XFY3359** Reg Type **PC** Reg State **TX**
 Veh Year **2026** Veh Make **International** Veh Config. **6** **21**
 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** **22** Damaged Area Code: **9** **27** **27** **27**
 Event Sequence **97** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **97** **24** Type of Test: **29**
 Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
 Driver Distracted by **99** **26** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

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

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

License # _____ St. _____ DOB/Age _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____
 Endorsement _____
 Operator _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Insurance Company _____
 Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
 Citation # (If Issued) _____
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
 Veh Year _____ Veh Make _____ Veh Config. **21**
 Owner _____
 Last First Middle
 Address _____
 City _____ State _____ Zip _____
 Vehicle Action Prior to Crash **22** 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		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							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **62 W CHURCH ST**
Route# Direction Name of Roadway/Street

2 2 **CLARK ST**
Route# Direction Name of Intersecting Roadway/Street

3 3 **CLARK ST**
Route# Direction Name of Intersecting Roadway/Street

4 4 **CLARK ST**
Route# Direction Name of Intersecting Roadway/Street

5 5 _____
Route# Direction Name of Intersecting Roadway/Street

6 6 _____
Route# Direction Name of Intersecting Roadway/Street

7 7 _____
Route# Direction Name of Intersecting Roadway/Street

8 8 _____
Route# Direction Name of Intersecting Roadway/Street

9 9 _____
Route# Direction Name of Intersecting Roadway/Street

10 10 _____
Route# Direction Name of Intersecting Roadway/Street

11 11 _____
Route# Direction Name of Intersecting Roadway/Street

12 12 _____
Route# Direction Name of Intersecting Roadway/Street

13 13 _____
Route# Direction Name of Intersecting Roadway/Street

14 14 _____
Route# Direction Name of Intersecting Roadway/Street

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

Crash Report ID# **26-104-AC**

License # _____ St _____ DOB/Age _____ Reg # **4137AX** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1**

Operator **TOTH, JOHN F** Owner **TOTH, JOHN F**

Address **54 FIORENZA DR** Address **54 FIORENZA DR**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

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

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

License # _____ St _____ DOB/Age _____ Reg # **8ET365** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL _____ Veh Year **2023** Veh Make **HONDA** Veh Config. **2**

Operator **BERGERON, KEVIN JEROME** Owner **BERGERON, KEVIN JEROME**

Address **51 SAINT MARYS DR** Address **51 SAINT MARYS DR**

City **JEFFERSON** State **MA** Zip **01522-1477** City **JEFFERSON** State **MA** Zip **01522-1477**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **NSW** Responding to Emergency? **2** Event Sequence **1 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 18 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

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	

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/31/2026

Time of Crash
1352
24HR

City/Town
Wilmington

Number Vehicles
2

Number Injured
0

Speed Limit **30**
Latitude
Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

Motor Vehicle Crash Police Report

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

78 NICHOLS ST

Feet N S E W of _____ or _____

Mile Marker Exit Number

Feet N S E W of _____

Route# Intersecting Roadway/Street

Feet N S E W of _____

Landmark

Please Select One of the Following:

Vehicle **1** #Occupants

Hit/Run

Moped

Crash Report ID# **26-105-AC**

License # _____ St. _____ DOB/Age _____

Sex **M** Lic. Class **B** Lic. Restrictions **20** CDL _____

Operator **EFRAIMSON, CARL S JR**

Address **38 CRESTHAVEN DR**

City **BURLINGTON** State **MA** Zip **01803-2126**

Insurance Company **MIIA**

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 # **M30714** Reg Type **DC** Reg State **MA**

Veh Year **2012** Veh Make **Freightliner** Veh Config. **97 21**

Owner **WILMINGTON TOWN OF**

Address **121 GLEN RD**

City **WILMINGTON** State **MA** Zip **01887-3500**

Vehicle Action Prior to Crash **10 22** Damaged Area Code: **6 27 27 27**

Event Sequence **1 23 23 23 23** Test Status: **1 28**

Most Harmful Event **1 24** Type of Test: **29**

Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			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.

Reg # **6ALV27** Reg Type **PC** Reg State **MA**

Veh Year **2024** Veh Make **NISSAN** Veh Config. **1 21**

Owner **ENTERPRISE FM TRUST**

Address **600 CORPORATE PARK DR**

City **SAINT LOUIS** State **MO** Zip **63105-4204**

Vehicle Action Prior to Crash **9 22** Damaged Area Code: **2 27 27 27**

Event Sequence **1 23 23 23 23** Test Status: **1 28**

Most Harmful Event **1 24** Type of Test: **29**

Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Driver Distracted by **0 26 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

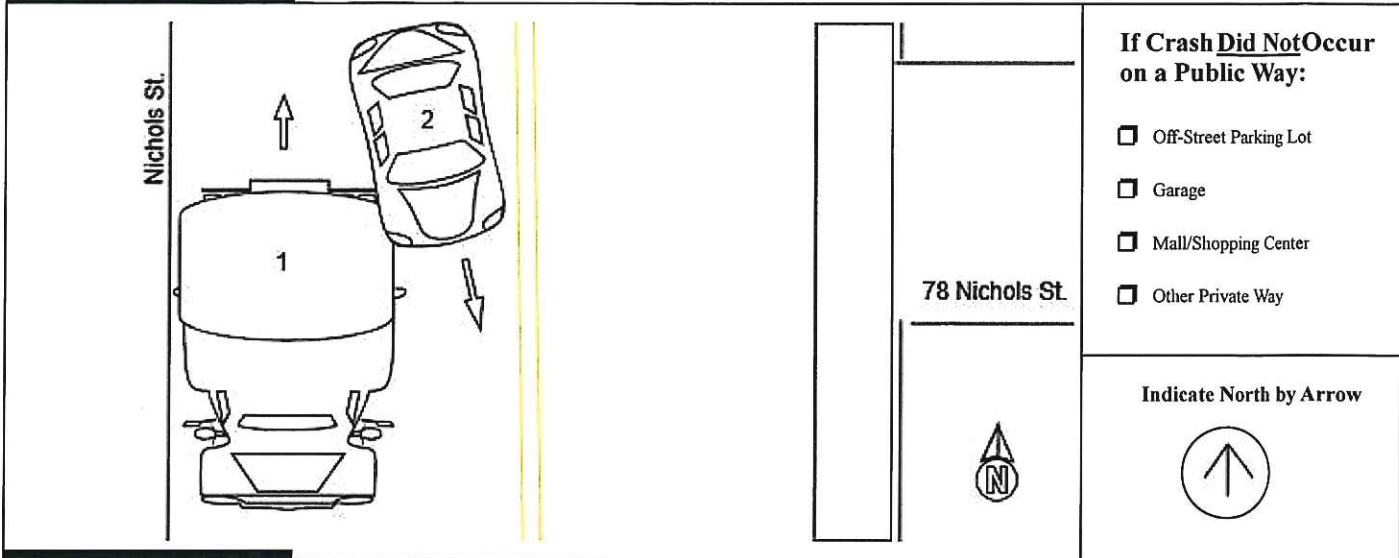
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Motor Vehicle 1 (MV1), a street sweeper, was performing roadway cleaning operations and was required to make an additional pass while traveling in reverse. While MV1 was backing up, Motor Vehicle 2 (MV2) was traveling southbound in a forward direction and attempted to pass the street sweeper. As the two vehicles were passing each other, a collision occurred. The rear corner of MV1 struck the front right corner of MV2.

The collision resulted in minor damage. There were no injuries reported and no vehicles required 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 Brian Tavares

206

Wilmington Police Department

03/31/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-105-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **03/31/2026** Time of Crash **1642** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

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

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 291 Name of Roadway/Street SHAWSHEEN AVE</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **26-106-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator ZATOPEK, KELLY MARIE</p> <p>Address 19 GREEN MEADOW DR</p> <p>City WILMINGTON State MA Zip 01887-4617</p> <p>Insurance Company THE COMMERCE INSURANCE CO</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1HP334 Reg Type PC Reg State MA</p> <p>Veh Year 2022 Veh Make NISSAN Veh Config. 1</p> <p>Owner ZATOPEK, KELLY MARIE</p> <p>Address 19 GREEN MEADOW DR</p> <p>City WILMINGTON State MA Zip 01887-4617</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 4</p> <p>Most Harmful Event 4</p> <p>Driver Contributing Code 1</p> <p>Driver Distracted by 0</p>
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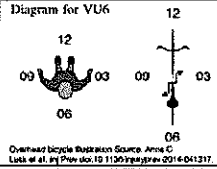
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	4	0	0	10	1	

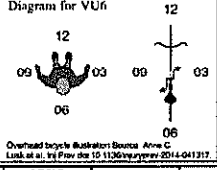
Please Select One of the Following: Vehicle **2** #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

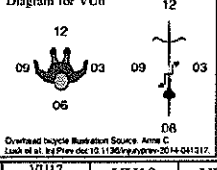
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions 20 CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25</p> <p>Driver Distracted by 26</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	_____	_____	1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="2"/> VU1	Action <input style="width: 40px;" type="text" value="1"/> VU2	Location <input style="width: 40px;" type="text" value="4"/> VU3					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="99"/> VU7							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value="1"/> VU11							
License # _____ St _____ DOB/Age _____		Event Sequence <input style="width: 40px;" type="text" value="2"/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8		Type of Test: <input style="width: 40px;" type="text" value="0"/> VU12					
Traffic Control Device <input style="width: 40px;" type="text" value="0"/> VU4	Diagram for VU6  <small>Overhead Bicycle Buckle/Seat Source: Arnie C. Lusk et al. by Priv doc 10 1130799rev 2014-041317.</small>	Contributing Code <input style="width: 40px;" type="text" value="2"/> VU9 <input style="width: 40px;" type="text" value="7"/> VU9		BAC Test Result: <input style="width: 40px;" type="text" value="1"/> VU13					
Origin/Destination <input style="width: 40px;" type="text" value="97"/> VU5		Distracted by <input style="width: 40px;" type="text" value="1"/> VU10 <input style="width: 40px;" type="text" value=""/> VU10		Susp. Alcohol: <input style="width: 40px;" type="text" value="2"/> VU14					
Contact Point: <input style="width: 40px;" type="text" value="03"/> VU6		Susp. Drug: <input style="width: 40px;" type="text" value="2"/> VU15							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User	M	8	6	0	0	10	2		

Vulnerable User		Type <input style="width: 40px;" type="text" value=""/> VU1	Action <input style="width: 40px;" type="text" value=""/> VU2	Location <input style="width: 40px;" type="text" value=""/> VU3					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value=""/> VU7							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value=""/> VU11							
License # _____ St _____ DOB/Age _____		Event Sequence <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8		Type of Test: <input style="width: 40px;" type="text" value=""/> VU12					
Traffic Control Device <input style="width: 40px;" type="text" value=""/> VU4	Diagram for VU6  <small>Overhead Bicycle Buckle/Seat Source: Arnie C. Lusk et al. by Priv doc 10 1130799rev 2014-041317.</small>	Contributing Code <input style="width: 40px;" type="text" value=""/> VU9 <input style="width: 40px;" type="text" value=""/> VU9		BAC Test Result: <input style="width: 40px;" type="text" value=""/> VU13					
Origin/Destination <input style="width: 40px;" type="text" value=""/> VU5		Distracted by <input style="width: 40px;" type="text" value=""/> VU10 <input style="width: 40px;" type="text" value=""/> VU10		Susp. Alcohol: <input style="width: 40px;" type="text" value=""/> VU14					
Contact Point: <input style="width: 40px;" type="text" value=""/> VU6		Susp. Drug: <input style="width: 40px;" type="text" value=""/> VU15							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

Vulnerable User		Type <input style="width: 40px;" type="text" value=""/> VU1	Action <input style="width: 40px;" type="text" value=""/> VU2	Location <input style="width: 40px;" type="text" value=""/> VU3					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value=""/> VU7							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value=""/> VU11							
License # _____ St _____ DOB/Age _____		Event Sequence <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8 <input style="width: 40px;" type="text" value=""/> VU8		Type of Test: <input style="width: 40px;" type="text" value=""/> VU12					
Traffic Control Device <input style="width: 40px;" type="text" value=""/> VU4	Diagram for VU6  <small>Overhead Bicycle Buckle/Seat Source: Arnie C. Lusk et al. by Priv doc 10 1130799rev 2014-041317.</small>	Contributing Code <input style="width: 40px;" type="text" value=""/> VU9 <input style="width: 40px;" type="text" value=""/> VU9		BAC Test Result: <input style="width: 40px;" type="text" value=""/> VU13					
Origin/Destination <input style="width: 40px;" type="text" value=""/> VU5		Distracted by <input style="width: 40px;" type="text" value=""/> VU10 <input style="width: 40px;" type="text" value=""/> VU10		Susp. Alcohol: <input style="width: 40px;" type="text" value=""/> VU14					
Contact Point: <input style="width: 40px;" type="text" value=""/> VU6		Susp. Drug: <input style="width: 40px;" type="text" value=""/> VU15							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

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

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

Route# Direction 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 #Occupants Hit/Run Moped
 Crash Report ID# **26-107-AC**

License # _____ St _____ DOB/Age _____ Reg # **1JB739** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2023** Veh Make **FORD** Veh Config. **1**
 Operator **BRUNO, MEGHAN CRISTINA** Owner **BRUNO, MEGHAN CRISTINA**
 Address **215 BANCROFT AVE** Address **215 BANCROFT AVE**
 City **READING** State **MA** Zip **01867-2059** City **READING** State **MA** Zip **01867-2059**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **0** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 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	XXXXXX	X	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 _____ Reg # **3KJ848** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2016** Veh Make **SUBARU** Veh Config. **1**
 Operator **SUMMA, JAMES DAVID** Owner **SUMMA, JAMES DAVID**
 Address **14 LANDMARK DR** Address **14 LANDMARK DR**
 City **METHUEN** State **MA** Zip **01844-2365** City **METHUEN** State **MA** Zip **01844-2365**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **0** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **1** 26 26 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	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 26-107-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/02/2026 Time of Crash 1121 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Form section for intersection details, including Route#, Direction, Name of Roadway/Street, and Address #.

Please Select One of the Following: [X] Vehicle 11 #Occupants [] Hit/Run [] Moped Crash Report ID# 26-108-AC

Form section for operator and owner details, including License #, Reg #, Sex, Lic. Class, Operator Name, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for operator and occupants involved, with columns for Name, Address, DOB/Age, Sex, and various safety/medical codes.

Please Select One of the Following: [X] Vehicle 21 #Occupants [] Hit/Run [] Moped [] Vulnerable User Complete the Vulnerable User section.

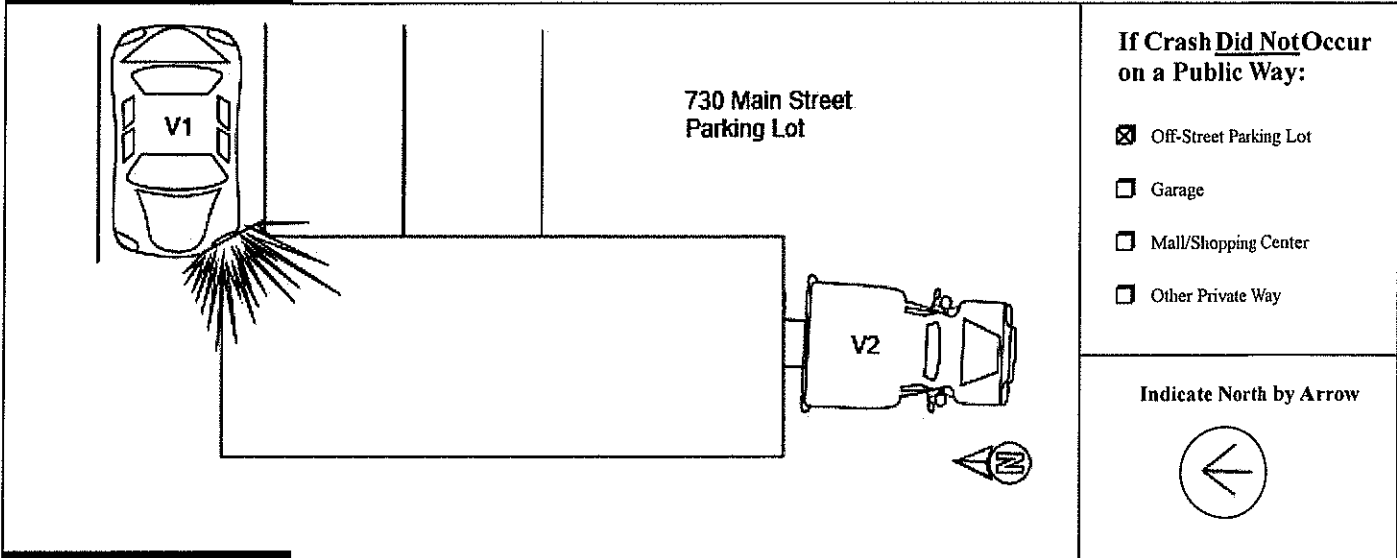
Form section for operator and owner details for the second vehicle, including License #, Reg #, Sex, Lic. Class, Operator Name, Address, City, State, Zip, Insurance Company, and Vehicle details.

Table for operator and occupants involved for the second vehicle, with columns for Name, Address, DOB/Age, Sex, and various safety/medical codes.

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

Crash Diagram:

ie: → 1 → 2 → ○ ○ ○ ○ → ○



Crash Narrative:

V1 was parked in the parking lot of 730 Main Street and unoccupied. V2 was attempting to leave the parking lot and was unable to angle back out of the exit. V2 then backed up into V1 causing significant front and center damage to V1. V1 was pushed out of its parking spot (see pictures). No injuries reported and both vehicles were operable and 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 # **PXB4104** (From Vehicle Section)

Carrier Name **Boqq Express** Bus Use 42

Address **2300 SEYMOUR AVE** City **CINCINNATI** St **OH** Zip **45212**

US DOT #: **00319571** State Number _____ Issuing State **OH** MC/MX/ICC #: _____

Interstate 1 43 Cargo Body Type Code 0 44 GVWR/GCWR 3 45

Trailer Reg #: **5462577** Reg Type **TR** Reg State **ME** Reg Year **2025** Trailer Length 4 46

Hazmat Information:

Placard 2 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer **Justin T Crowley** 240 **Wilmington Police Department** 04/02/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-108-AC



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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 Route# Direction Name of Intersecting 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 Hit/Run Moped **Crash Report ID# 26-109-AC**

License # _____ S DOB/Age _____ Reg # **9VX785** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **SUBARU** Veh Config. **1** 21

Operator **CONROY, CHRISTIAN THOMAS** Owner **CONROY, CHRISTIAN THOMAS**

Address **16 GROVELAND COMMONS WAY** Address **16 GROVELAND COMMONS WAY**

City **GROVELAND** State **MA** Zip **01834-1319** City **GROVELAND** State **MA** Zip **01834-1319**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 0 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **4** 23 23 23 23 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event **4** 24 Type of Test: 0 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 **19** 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

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	XXXXXX	XXXX	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 _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence **23** **23** **23** **23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25** **25** BAC Test Result: **30**

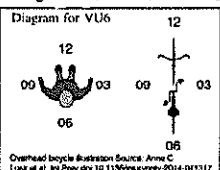
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** **26** Susp. Alcohol: **31** Susp. Drug: **32**

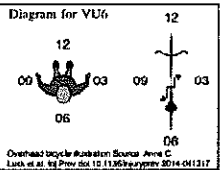
Towed from scene? **33**

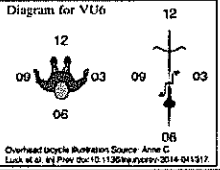
Please fill out for operator and all occupants involved

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	XXXXXX	XXXX	1							

Please complete a section for each vulnerable user involved in the crash.

Vulnerable User		Type <input style="width: 40px;" type="text" value="9 VU1"/>	Action <input style="width: 40px;" type="text" value="1 VU2"/>	Location <input style="width: 40px;" type="text" value="1 VU3"/>					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="9 VU7"/>							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value="1 VU11"/>							
License # _____ St _____ DOB/Age _____		Type of Test: <input style="width: 40px;" type="text" value="0 VU12"/>							
Traffic Control Device <input style="width: 40px;" type="text" value="2 VU4"/>		Event Sequence <input style="width: 40px;" type="text" value="3 VU8"/> <input style="width: 40px;" type="text" value="2 VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>							
Origin/Destination <input style="width: 40px;" type="text" value="97 VU5"/>		Contributing Code <input style="width: 40px;" type="text" value="1 VU9"/> <input style="width: 40px;" type="text" value="VU9"/>							
Contact Point: <input style="width: 40px;" type="text" value="09 VU6"/>		Distracted by <input style="width: 40px;" type="text" value="1 VU10"/> <input style="width: 40px;" type="text" value="VU10"/>							
		BAC Test Result: <input style="width: 40px;" type="text" value="1 VU13"/>							
		Susp. Alcohol: <input style="width: 40px;" type="text" value="2 VU14"/>							
		Susp. Drug: <input style="width: 40px;" type="text" value="2 VU15"/>							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User	M	8	6	3	0	10	1		

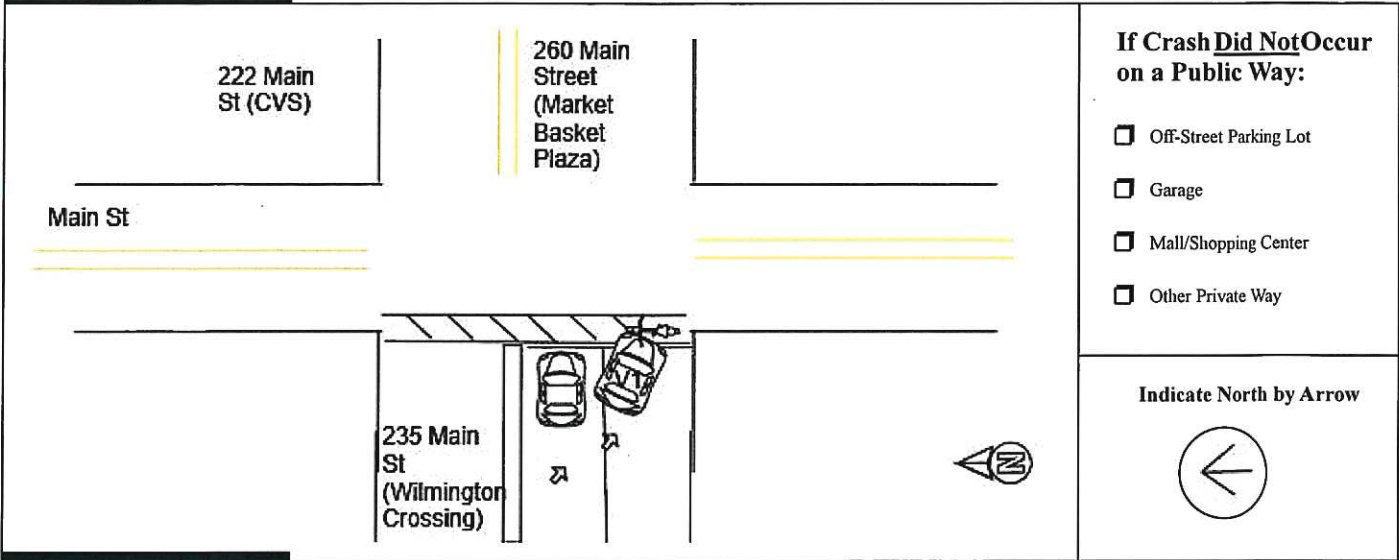
Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value="VU11"/>							
License # _____ St _____ DOB/Age _____		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>							
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>							
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>							
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>							
		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>							
		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>							
		Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

Vulnerable User		Type <input style="width: 40px;" type="text" value="VU1"/>	Action <input style="width: 40px;" type="text" value="VU2"/>	Location <input style="width: 40px;" type="text" value="VU3"/>					
VU: _____ <small style="display: block; text-align: center;">Last First Middle</small>		Primary Injury Area: <input style="width: 40px;" type="text" value="VU7"/>							
Address _____ City _____ State _____ Zip _____		Test Status: <input style="width: 40px;" type="text" value="VU11"/>							
License # _____ St _____ DOB/Age _____		Type of Test: <input style="width: 40px;" type="text" value="VU12"/>							
Traffic Control Device <input style="width: 40px;" type="text" value="VU4"/>		Event Sequence <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/> <input style="width: 40px;" type="text" value="VU8"/>							
Origin/Destination <input style="width: 40px;" type="text" value="VU5"/>		Contributing Code <input style="width: 40px;" type="text" value="VU9"/> <input style="width: 40px;" type="text" value="VU9"/>							
Contact Point: <input style="width: 40px;" type="text" value="VU6"/>		Distracted by <input style="width: 40px;" type="text" value="VU10"/> <input style="width: 40px;" type="text" value="VU10"/>							
		BAC Test Result: <input style="width: 40px;" type="text" value="VU13"/>							
		Susp. Alcohol: <input style="width: 40px;" type="text" value="VU14"/>							
		Susp. Drug: <input style="width: 40px;" type="text" value="VU15"/>							
	Sex	VU16 Seat Pos.	VU17 Safety Equipment	VU18 Eject Code	VU19 Trap Code	VU20 Injury Status	VU21 Transp. Code	Medical Facility	
Vulnerable User									

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

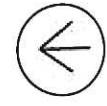
Crash Diagram:

ie: → 1 → 2 → O → ⚡



- If Crash Did Not Occur on a Public Way:**
- Off-Street Parking Lot
 - Garage
 - Mall/Shopping Center
 - Other Private Way

Indicate North by Arrow



Crash Narrative:

Vehicle 1 (V1) was stationary in the left lane to exit 235 Main St (Wilmington Crossing). The traffic signal for this traffic was red. V1 stated that he didnt want to wait through the light cycle to turn left and so he left the current lane, entered the right most lane and continued to enter Main St attempting to travel southbound on Main St. V1 was operating an electric bicycle and was stopped on the sidewalk saw the red light and proceeded to cross the driveway within the marked crosswalk. V1's operator stated he didnt see the bicyclist until he struck him.

Vehicle was driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KEEFE KIMBERLY A	5 GOVE RD BILLERICA MA 01821-1318		

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 04/03/2026
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 26-109-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/04/2026 Time of Crash 1536 City/Town WILMINGTON
24HR

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 40
Latitude Longitude State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# Direction **MAIN ST** Name of Roadway/Street
At

Route# Direction Address # Name of Roadway/Street
Feet **N S E W** of _____ or _____
Mile Marker Exit Number

1

Route# Direction **MARJORIE RD** Name of Intersecting Roadway/Street
Also at Intersection with

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

2

Route# Direction Name of Intersecting Roadway/Street

Landmark

3

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# **26-110-AC**

4

License # _____ S _____ DOB/Ag _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement

Reg # **2XEX65** Reg Type **PC** Reg State **MA**
Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1** 21

1

Operator **KOUYOUMJIAN, JOSEPH**
Last First Middle

Owner **KOUYOUMJIAN, JOSEPH**
Last First Middle

1

Address **17 MARJORIE RD**

Address **17 MARJORIE RD**

1

City **WILMINGTON** State **MA** Zip **01887-1709**

City **WILMINGTON** State **MA** Zip **01887-1709**

5

Insurance Company **AMICA MUTUAL INSURANCE CO**

Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **8** 27 27 27

5

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

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

6

Citation # (If Issued) _____

Most Harmful Event **1** 24 Type of Test: **1** 29

6

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

Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30

6

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

Driver Distracted by **0** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

6

Please fill out for operator and all occupants involved		DOB/Ag	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

7

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

Reg # **6PKM61** Reg Type **PC** Reg State **MA**

8

License # _____ S _____ DOB/Ag _____
Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL

Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **2** 21

8

Operator _____
Last First Middle

Owner **WEATHERBEE, LINDSAY ANN**
Last First Middle

9

Address _____

Address **10 MARJORIE RD**

9

City _____ State _____ Zip _____

City **WILMINGTON** State **MA** Zip **01887-1756**

9

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 27 27

9

Vehicle Travel Direction: **N E W** Responding to Emergency? **2**

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

9

Citation # (If Issued) _____

Most Harmful Event **1** 24 Type of Test: **1** 29

9

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

Driver Contributing Code **19** 25 **6** 25 BAC Test Result: **1** 30

9

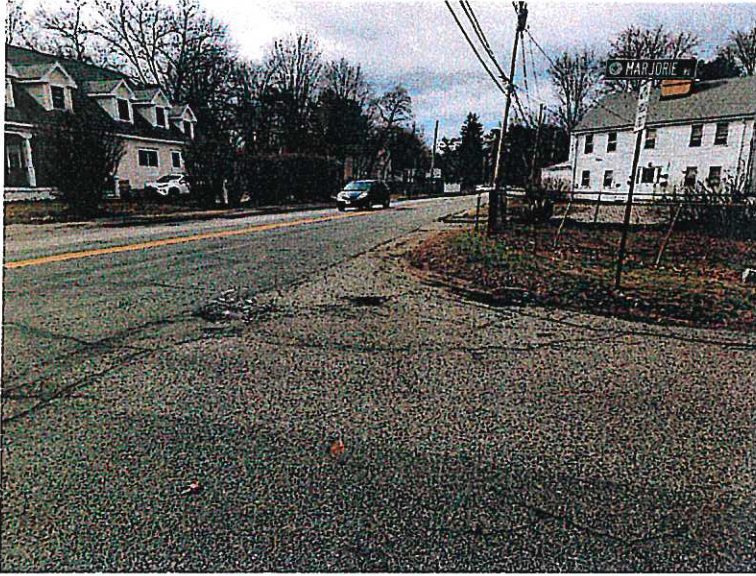
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **99** 26 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

9

Please fill out for operator and all occupants involved		DOB/Ag	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 26-110-AC



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