

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/25/2019** Time of Crash **0506** City/Town **Wilmington**

Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police
Local Police
MBTA Police
Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

1 4 Route# Direction Name of Roadway/Street
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 2 Route# Direction Name of Intersecting Roadway/Street

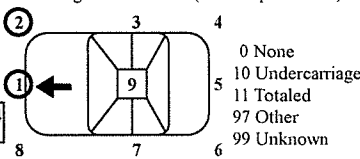
2 9 2 10 10 11
38 S 823 MAIN ST
Route# Direction Address # Name of Roadway/Street
Feet N S E W of . or
Mile Marker Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
Landmark

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

19-71-AC

4 1 License # **NHL18664909** St **NH** DOB/Age _____
Sex **M** Lic. Class **D** **18** **18** Lic. Restrictions **19** CDL Endorsement _____
Operator **WOICULEVICZ, MARK**
Address **10 TIFFANY RD**
City **SALEM** State **NH** Zip **03019**
Insurance Company **SAFETY**
5 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
6 1 Viol. 2: Ch/Sec/Sub _____ / _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ / _____
Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Reg # **S17010** Reg Type **CO** Reg State **MA**
Veh Year **2015** Veh Make **FORD** Veh Config. **2** **20**
Owner **MCCARTHY, MARK O**
Address **247 PLAYSTEAD RD APT 3**
City **MEDFORD** State **MA** Zip _____
Vehicle Action Prior to Crash **1** **21** Damaged Area Code: (Circle Up to Three)
Event Sequence **5** **22** **22** **22** **22** **2**
Most Harmful Event **5** **23** **1** **9**
Driver Contributing Code **1** **24** **24**
Underride/Override **25** Towed **2**



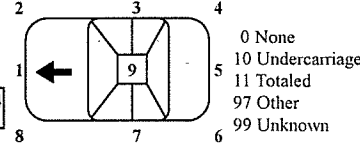
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8 1 License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **18** **18** Lic. Restrictions **19** CDL Endorsement _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: **N S E W** Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
Viol. 2: Ch/Sec/Sub _____ / _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ / _____
Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. **20**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **21** Damaged Area Code: (Circle Up to Three)
Event Sequence **22** **22** **22** **22** **2**
Most Harmful Event **23** **1** **9**
Driver Contributing Code **24** **24**
Underride/Override **25** Towed _____

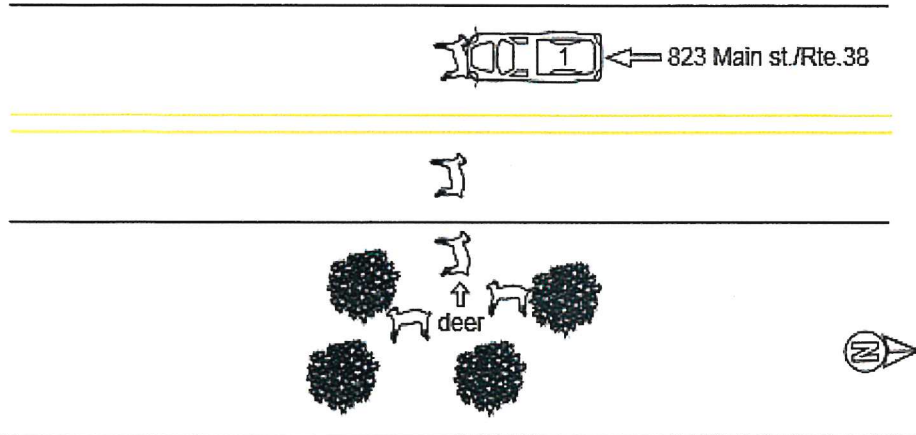


Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								

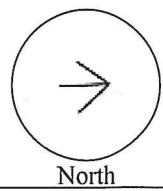
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: → 1 → 2 → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Oper.#1 Related he was traveling south on Main st./Rte.38, When a deer ran across the street and into the front of his m/v#1 and they collided, causing heavy damage to the fron of his truck m/v#1. (PWJ)

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Paul W Jepson

142

Wilmington Police Department

02/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash 02/25/2019	Time of Crash 0650 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Lat. _____ Lon. _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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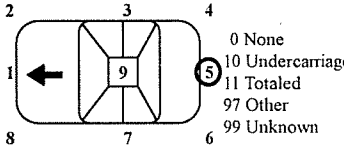
AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>25 CONCORD ST</p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

19-72-AC

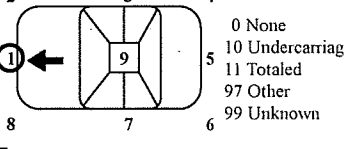
<p>4 License # S50934865 St MA DOB/Age _____ Sex F Lic. Class D <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator OKEEFE, CHRISTINE M Address 66 TERCENTENNIAL DR City BILLERICA State MA Zip 01821-0000 Insurance Company STANDARD FIRE INS. CO.</p> <p>5 Vehicle Travel Direction: N S X W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ / _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____ / _____ Viol. 3: Ch/Sec/Sub _____ / _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____ / _____</p>	<p>Reg # 261WR9 Reg Type PC Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. <u>1</u> <u>20</u> Owner OKEEFE, CHRISTINE M Address 66 TERCENTENNIAL DR City BILLERICA State MA Zip 01821-0000 Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>2</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

7 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

<p>8 License # S17479255 St MA DOB/Age _____ Sex M Lic. Class D <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator SPRAGUE, DANIEL R Address 21 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-4495 Insurance Company SAFETY INSURANCE</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ / _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____ / _____ Viol. 3: Ch/Sec/Sub _____ / _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____ / _____</p>	<p>Reg # 8JE877 Reg Type PC Reg State MA Veh Year 2008 Veh Make CHRYSLER Veh Config. <u>1</u> <u>20</u> Owner SPRAGUE, DANIEL R Address 21 MIDDLESEX AVE City WILMINGTON State MA Zip 01887-4495 Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>5</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>2</u></p>
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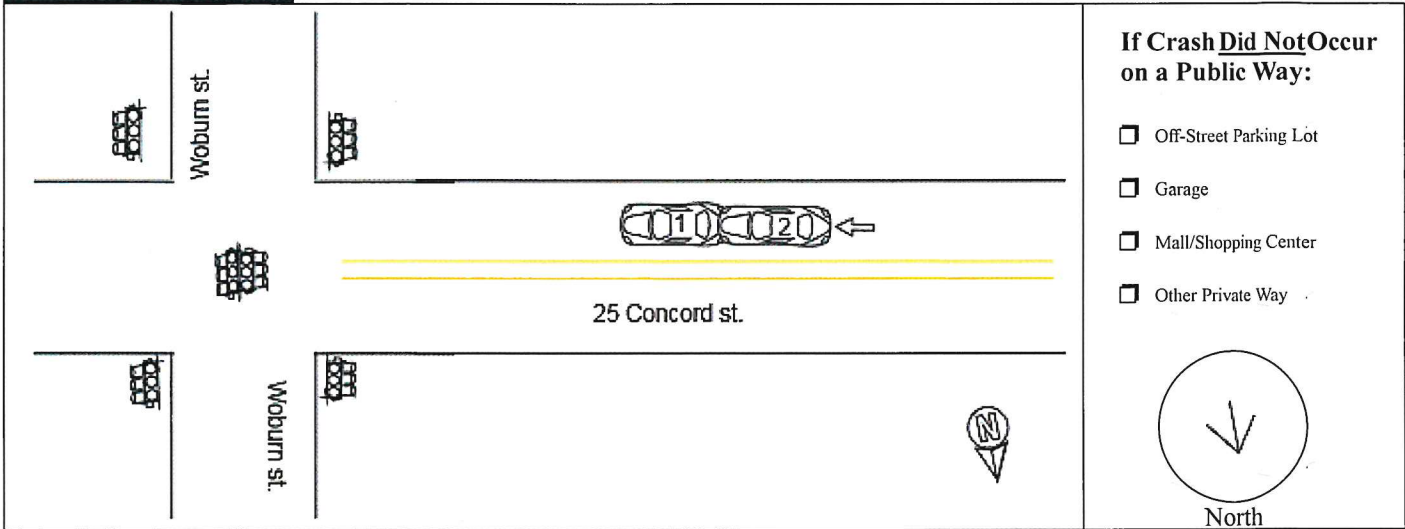


Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4		0	0	10	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 O X X = Pedestrian

Crash Diagram:

ie: → [1] → [2] → O X X



Crash Narrative:

Oper.#1 Related she was traveling east on Concord st. prior to the intersection of Concord/Woburn st.. As she began to slow for the traffic in front of her, m/v#2 came from behind and crashed into the rear of her m/v#1.

Oper.#2 Related he was attempting to stop for the m/v#1 in front of him, when his brakes went to the floor. He believes he hit a patch of ice in the roadway, as he began to apply his brakes and they failed at this time, causing him to crash into the rear end of m/v#1.

While at the scene I looked for a patch of ice prior to the crash and after. At this time I did not see any ice in the roadway that would cause his brakes to fail. (PWJ/142)

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Patrol Officer Paul W Jepson 142 Wilmington Police Department 02/25/2019
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/25/2019 Time of Crash 1214 City/Town Wilmington
24HR

Number Vehicles 1 Number Injured 0 Speed Limit _____
Lat. _____ Lon. _____
State Police Local Police MBTA 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 _____

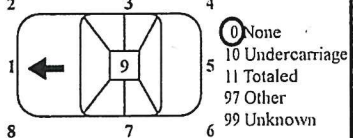
Route# 121 Direction _____ Address # GLEN RD Name of Roadway/Street _____
_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
_____ Feet N S E W of _____ WILMINGTON TOWN HALL Landmark

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

19-73-AC Revised 3/4/19

License # S54069181 St. MA DOB/Age _____
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____
Endorsement _____
Operator CORCORAN, GLORIA L
Last First Middle
Address 615 WOBURN ST
City WILMINGTON State MA Zip 01887-2962
Insurance Company SAFETY 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 # 44SY64 Reg Type PC Reg State MA
Veh Year 2006 Veh Make HONDA Veh Config. 1 20
Owner CORCORAN, GLORIA L
Last First Middle
Address 615 WOBURN ST
City WILMINGTON State MA Zip 01887-2962
Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)
Event Sequence 3 22 22 22 22 2
Most Harmful Event 3 23
Driver Contributing Code 99 24 24
Underride/Override 25 Towed 2

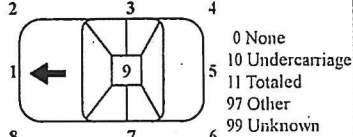


Please fill out for operator and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	4		0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants _____ Non-Motorist A Type 1 14 Action 5 15 Location 4 16 Condition 99 17 Hit/Run Moped

License # S39199537 St. MA DOB/Age _____
Sex F Lic. Class D 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator TAVARES, MARGARET M
Last First Middle
Address 58 LOWELL ST
City WILMINGTON State MA Zip 01887-2948
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. 20
Owner _____
Last First Middle
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)
Event Sequence 22 22 22 22 2
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed _____

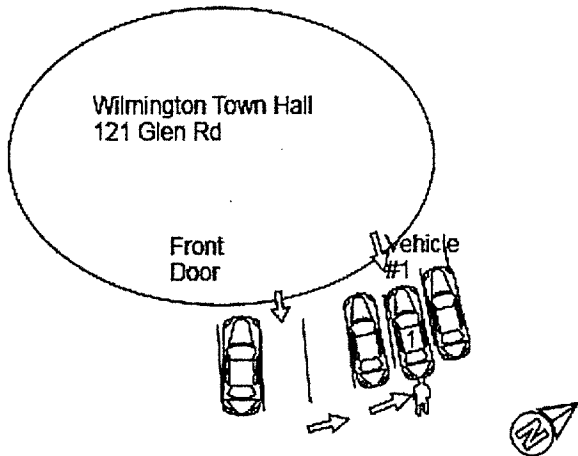


Please fill out for operator/non-motorist and all occupants involved												
Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---						8	2	

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

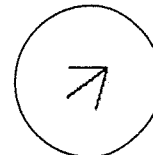
Crash Diagram:

ie: → 1 → 2 → ○



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Vehicle #1 was backing out of a parking space when it collided with a pedestrian who was passing behind the vehicle at that time. Witnesses indicated that the pedestrian appeared to stop behind the vehicle just prior to being struck and was turned facing the back of vehicle #1 at that time.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
GEORGE SHARON A	13 WALKER ST GLOUCESTER MA	978-944-1988	2
TOUMA-CONWAY CHRISTINE R	26 HIDEAWAY LN METHUEN MA	978-833-8439	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Sergeant David J Bradbury

Police Officer Name (Please Print)

Signature

158

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

02/25/2019

Date

Commonwealth of Massachusetts

Date of Crash 02/25/2019	Time of Crash 1440 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Lat. _____ Lon. _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

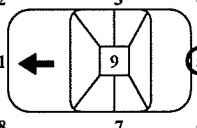
1 **MIDDLESEX AVE**
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
HIGH ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

2 9
2 10
2 11
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 _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

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

19-74-AC

4 3 License # **S23532508** St **MA** DOB/Age _____
Sex **M** Lic. Class **B** 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator **MCDERMOTT, MICHAEL S**
Last First Middle
Address **171 PLD BURLEY ST**
City **DANVERS** State **MA** Zip **01923**
Insurance Company **U S FIRE INSURANCE**
5 1 Vehicle Travel Direction: **N S X W** Responding to Emergency? 2
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
6 1 Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

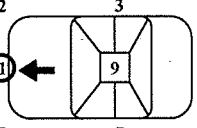
Reg # **P10413** Reg Type **CO** Reg State **MA**
Veh Year **2011** Veh Make **GMC** Veh Config. **1** 20
Owner **EASTERN PROPANE GAS INC**
Last First Middle
Address **131 WATER ST**
City **DANVERS** State **MA** Zip **01923-3727**
Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)
Event Sequence 1 22 22 22 22 2 
Most Harmful Event 1 23 0 None
11 Totalled
97 Other
99 Unknown
Driver Contributing Code 1 24 24
Underride/Override 25 Towed 2

1 13

Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

7 2 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

8 2 License # **S71390513** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** 18 18 Lic. Restrictions 19 CDL _____
Endorsement _____
Operator **BEOHNER, NANCY M**
Last First Middle
Address **391 SALEM ST**
City **BRADFORD** State **MA** Zip **01835-7622**
Insurance Company **PLYMOUTH ROCK ASSU**
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 # **4TR776** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** 20
Owner **BEOHNER, NANCY M**
Last First Middle
Address **391 SALEM ST**
City **BRADFORD** State **MA** Zip **01835-7622**
Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)
Event Sequence 1 22 22 22 22 2 
Most Harmful Event 1 23 0 None
10 Undercarriage
11 Totalled
97 Other
99 Unknown
Driver Contributing Code 99 24 24
Underride/Override 25 Towed 2

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4		0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☒ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ☒

Middlesex Ave

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

North

Crash Narrative:

V1 stopped at the traffic light at the intersection of Middlesex Ave. and High St. V2 was behind V1 and struck the rear of V2.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer John W Delorey 185 Wilmington Police Department 02/25/2019

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

Commonwealth of Massachusetts

Date of Crash **02/26/2019** Time of Crash **1444** City/Town **Wilmington**
24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police
Local Police
MBTA Police
Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

Route# **CHURCH ST** 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 _____

_____ Feet **N S E W** of _____ or _____
Mile Marker _____ Exit Number _____

3

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

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

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

19-75-AC

4

License # **S37852618** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** **18** **18** Lic. Restrictions **1** **19** CDL _____
Endorsement _____

Reg # **LYNB50** Reg Type **PC** Reg State **MA**
Veh Year **2013** Veh Make **FORD** Veh Config. **1** **20**

Operator **MCCONOLOGUE, BRENDA S**
Last First Middle

Owner **MCCONOLOGUE, BRENDA S**
Last First Middle

Address **11 TOMAHAWK DR**

Address **11 TOMAHAWK DR**

City **WILMINGTON** State **MA** Zip **01887-2266**

City **WILMINGTON** State **MA** Zip **01887-2266**

Insurance Company **COMMERCE INSURANCE**

Vehicle Action Prior to Crash **1** **21** Damaged Area Code: (Circle Up to Three)

5

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

Event Sequence **1** **22** **22** **22** **22** **2**

Citation # (If Issued) _____

Most Harmful Event **1** **23**

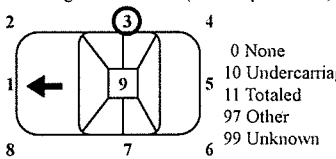
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____

Driver Contributing Code **1** **24** **24**

6

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

Underride/Override **25** Towed **2**



Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

7

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8

License # **S52456805** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** **18** **18** Lic. Restrictions **B** **19** CDL _____
Endorsement _____

Reg # **5HD135** Reg Type **PC** Reg State **MA**
Veh Year **2005** Veh Make **SUBARU** Veh Config. **1** **20**

Operator **TARARA, IRENE**
Last First Middle

Owner **TARARA, IRENE**
Last First Middle

Address **5 LANG ST**

Address **5 LANG ST**

City **WILMINGTON** State **MA** Zip **01887-2515**

City **WILMINGTON** State **MA** Zip **01887-2515**

Insurance Company **CITIZENS INSURANCE**

Vehicle Action Prior to Crash **4** **21** Damaged Area Code: (Circle Up to Three)

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

Event Sequence **1** **22** **22** **22** **22** **2**

Citation # (If Issued) _____

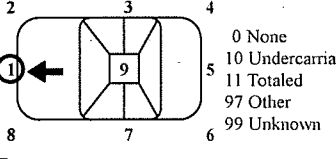
Most Harmful Event **1** **23**

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

Driver Contributing Code **4** **24** **19** **24**

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

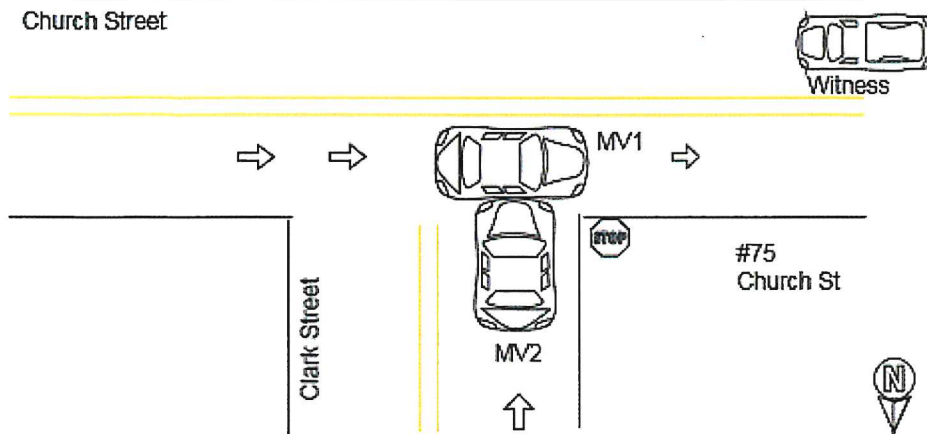
Underride/Override **25** Towed **2**



Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4		0	0	10	1	

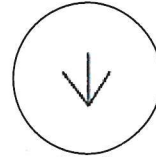
➔ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: ➔ 1 ➔ 2 ➔ ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

MV1 was traveling west on Church Street. MV2 was at the stop sign on Clark Street and attempting to take a left onto Church Street. As MV2 proceeded to take a left it struck the passenger side of MV1. Operator of MV2 didn't realize that MV1 was directly in front of them when they pulled out. There was damage to the passenger side of MV1 and front of MV2. There was a witness that observed the crash. The witness was traveling East on Church Street and it happened in front of him.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LEONE MARC JOSEPH	38 FAIRMEADOW RD WILMINGTON MA 01887-1649		2

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Daryl J Ceruolo

212

Wilmington Police Department

02/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash **02/26/2019** Time of Crash **1517** 24HR City/Town **Wilmington**

Number Vehicles **2** Number Injured **0** Speed Limit 25 State Police
Local Police
MBTA Police
Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

Route# **93** Direction **S** Name of Roadway/Street **BALLARDVALE ST**

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

Route# **93** Direction **S** Name of Intersecting Roadway/Street **I93SBR41 RAMP**

Feet N S E W of _____ Mile Marker _____ Exit Number _____

2

Also at Intersection with

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

3

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

Feet N S E W of _____ Landmark _____

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

19-76-AC

3

License # **S69722418** St **MA** DOB/Age _____ Sex **M** Lic. Class **D** 18 18 Lic. Restrictions **1** 19 CDL Endorsement _____

Reg # **185ZZ4** Reg Type **PC** Reg State **MA** Veh Year **2012** Veh Make **HYUNDAI** Veh Config. **1** 20

Operator **TWOMBLY, KEVIN M** Last First Middle

Owner **TWOMBLY, KEVIN M** Last First Middle

Address **92R PINEDALE AVE**

Address **92R PINEDALE AVE**

City **BILLERICA** State **MA** Zip **01821-6316**

City **BILLERICA** State **MA** Zip **01821-6316**

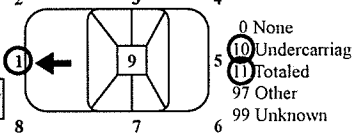
Insurance Company **PLYMOUTH ROCK ASSU**

Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)

5

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

Event Sequence **1** 22 22 22 22 2 Most Harmful Event **1** 23



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

Driver Contributing Code **1** 24 24 Underride/Override 25 Towed **1**

6

Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	3		0	0	10	1	

7

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

8

License # **S68260414** St **MA** DOB/Age _____ Sex **F** Lic. Class **D** 18 18 Lic. Restrictions **1** 19 CDL Endorsement _____

Reg # **7DY716** Reg Type **PC** Reg State **MA** Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 20

Operator **ROBERTS, DANIELLE M** Last First Middle

Owner **ROBERTS, DANIELLE M** Last First Middle

Address **6121 AVALON DR**

Address **6121 AVALON DR**

City **WILMINGTON** State **MA** Zip **01887-1165**

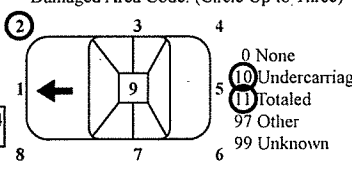
City **WILMINGTON** State **MA** Zip **01887-1165**

Insurance Company **METROPOLITAN PROP**

Vehicle Action Prior to Crash **4** 21 Damaged Area Code: (Circle Up to Three)

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

Event Sequence **1** 22 22 22 22 2 Most Harmful Event **1** 23



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

Driver Contributing Code **4** 24 24 Underride/Override 25 Towed **1**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	0	3		0	0	8	2	Lahey Clinic

Commonwealth of Massachusetts

Date of Crash 02/27/2019 Time of Crash 1759 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA 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

CASTLE DR Route# Direction Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number

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

19-77-AC

License # S65242255 St MA DOB/Age Sex M Lic. Class 18 18 Lic. Restrictions 99 19 CDL Endorsement Operator VACHON, EVAN C Address 47 GRACE DR City WILMINGTON State MA Zip 01887-1618 Insurance Company STANDARD FIRE INS

Reg # 6XM922 Reg Type PC Reg State MA Veh Year 2006 Veh Make CHEVROLET Veh Config. 1 20 Owner VACHON, KENNETH JOSEPH Address 47 GRACE DR City WILMINGTON State MA Zip 01887-1618 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed 2

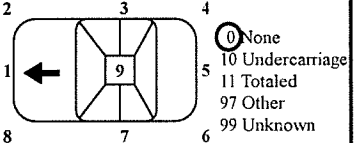


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator: VACHON, EVAN C.

Please Select One of the Following: Vehicle 21 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

License # S55873501 St MA DOB/Age Sex M Lic. Class 18 18 Lic. Restrictions 99 19 CDL Endorsement Operator HOFFMAN, BRYAN M Address 4 POPLAR ST City WILMINGTON State MA Zip 01887-3196 Insurance Company GREAT NORTHERN INS

Reg # 322XT2 Reg Type PC Reg State MA Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1 20 Owner HOFFMAN, BRYAN M Address 4 POPLAR ST City WILMINGTON State MA Zip 01887-3196 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed 1

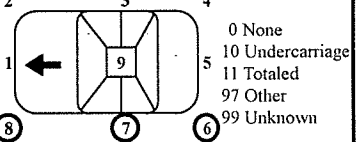
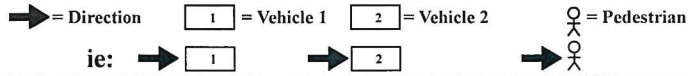
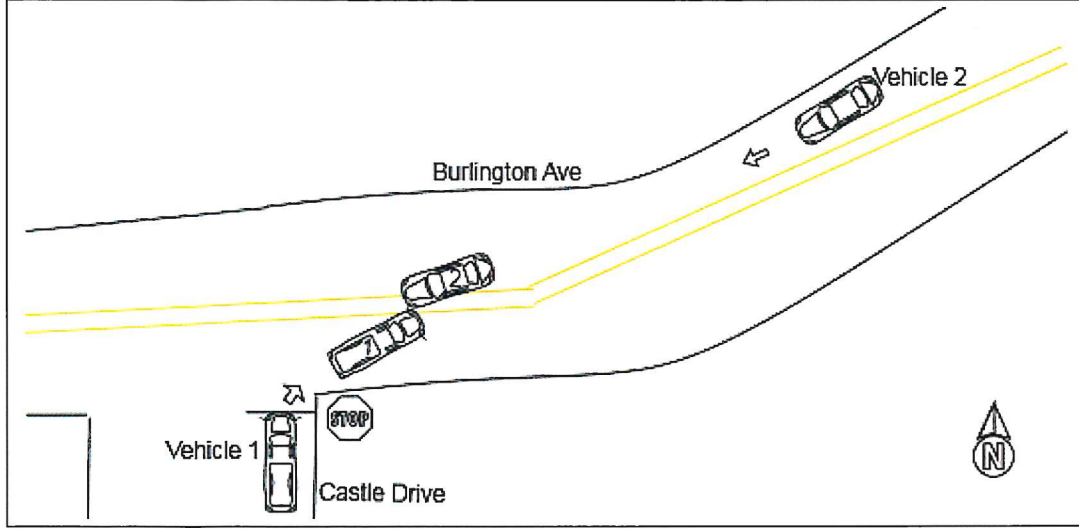


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Operator/Non-Motorist: HOFFMAN, BRYAN M.

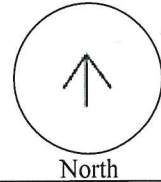


Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Vehicle 1 Operator stated that he was taking a right from Castle Drive onto Burlington Avenue when he took the turn, Vehicle 2 was on the wrong side of the road and struck his plow.

Vehicle 2 Operator stated that he was travelling on Burlington Avenue when a vehicle with a plow (Vehicle 1) and his vehicle made contact with each other causing his tires on the front and rear drivers side to pop.

Vehicle 2 suffered significant damage and it was towed by A&S Towing. Vehicle 1 had a minor scratch on the plow. Both parties refused medical treatment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name _____ Material 4 digit # _____ Release code [42]

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/28/2019 Time of Crash 0649 24HR City/Town **Wilmington**

Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Other:

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

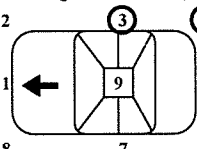
1 Route# Direction Name of Roadway/Street
At
2 Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **132 GLEN RD**
Feet 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

3 4 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

19-78-AC

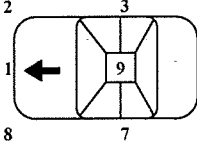
4 1 License # **S83712811** St **MA** DOB/Ag _____
Sex **M** Lic. Class **18 18** Lic. Restrictions **19** CDL _____
Operator **BUCKLEY, JAMES HAROLD**
Address **6 CHRISTINE DR**
City **N WILMINGTON** State **MA** Zip **01887-1803**
Insurance Company **SAFETY INSURANCE**
5 2 Vehicle Travel Direction: S E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
Viol. 2: Ch/Sec/Sub _____ / _____ / _____
6 4 Viol. 3: Ch/Sec/Sub _____ / _____ / _____
Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Reg # **154TV3** Reg Type **PC** Reg State **MA**
Veh Year **2017** Veh Make **FORD** Veh Config. **1 20**
Owner **BUCKLEY, JAMES HAROLD**
Address **6 CHRISTINE DR**
City **N WILMINGTON** State **MA** Zip **01887-1803**
Vehicle Action Prior to Crash **1 21**
Event Sequence **22 22 22 22**
Most Harmful Event **22 23**
Driver Contributing Code **1 24 24**
Underride/Override **25** Towed **2**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	1		0	0	10	1	

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

8 1 License # _____ St _____ DOB/Ag _____
Sex _____ Lic. Class **18 18** Lic. Restrictions **19** CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
Viol. 2: Ch/Sec/Sub _____ / _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ / _____
Viol. 4: Ch/Sec/Sub _____ / _____ / _____

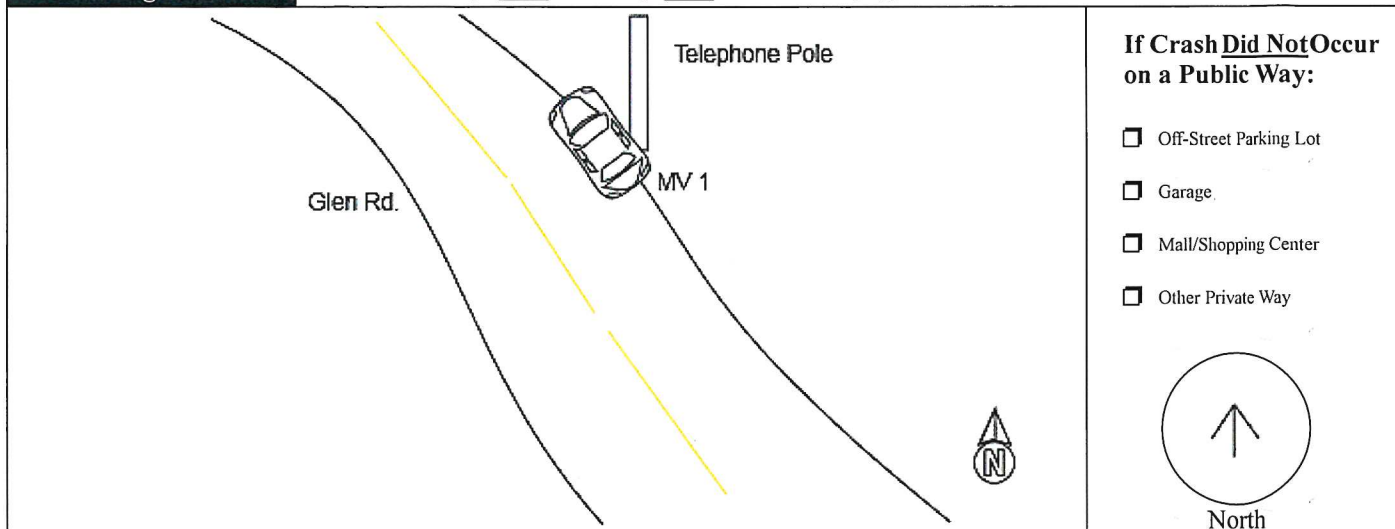
Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. **20**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **21**
Event Sequence **22 22 22 22**
Most Harmful Event **23**
Driver Contributing Code **24 24**
Underride/Override **25** Towed _____
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								

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

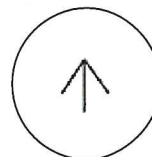
Crash Diagram:

ie: → 1 → 2 → O



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

While travelling northbound on Glen Rd. MV 1 was operating in accordance within the speed limit and hit a patch of ice and lost control of his motor vehicle. In reaction to the sliding on the ice, he attempted to right the direction of the vehicle and was unable to do so. As a result he crashed into Verizon Telephone pole 52.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Shane A Foley

211

Wilmington Police Department

02/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/28/2019 Time of Crash 0757 24HR City/Town **Wilmington**

Number Vehicles 1 Number Injured 0 Speed Limit 20 Lat. +042.548087 Lon. -071.210560 State Police Local Police MBTA Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street
156 **ALDRICH RD**
Feet **NSEW** of _____ or _____
Mile Marker Exit Number
Feet **NSEW** of _____
Route# Intersecting Roadway/Street
Feet **NSEW** of _____
Landmark

9
10
11

2

3

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

19-79-AC

4

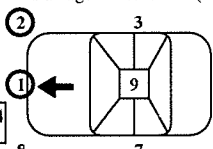
License # **S77016794** St **MA** DOB/Age _____
Sex **F** Lic. Class **18 18** Lic. Restrictions **19** CDL Endorsement _____
Operator **AU, KAMING**
Address **128 CROSS ST**
City **MALDEN** State **MA** Zip **02148-7855**

Reg # **IC24PD** Reg Type **PC** Reg State **MA**
Veh Year **2001** Veh Make **Jeep** Veh Config. **2 20**
Owner **LEONG, WILLIAM JEFFREY**
Address **16 SHORT ST**
City **READING** State **MA** Zip **01867-1013**

12

5

Insurance Company **METROPOLITAN PROP**
Vehicle Travel Direction: **NSEW** Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ / _____
Viol. 2: Ch/Sec/Sub _____ / _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ / _____
Viol. 4: Ch/Sec/Sub _____ / _____ / _____

Vehicle Action Prior to Crash **2 21**
Event Sequence **40 22 35 22 10 22 22**
Most Harmful Event **35 23**
Driver Contributing Code **7 24 24**
Underride/Override **25** Towed **1**
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

6

Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

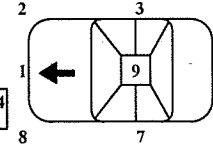
13

7

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **18 18** Lic. Restrictions **19** CDL Endorsement _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: **NSEW** 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. **20**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **21**
Event Sequence **22 22 22 22**
Most Harmful Event **23**
Driver Contributing Code **24 24**
Underride/Override **25** Towed _____
Damaged Area Code: (Circle Up to Three)

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/28/2019 Time of Crash 1020 24HR City/Town **Wilmington**

Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

2

3

4

5

6

7

8

2 9

2 10

1 11

1 12

30 13

Route# Direction **AGOSTINO DR** Name of Roadway/Street
At
Route# Direction **GANDALF WAY** Name of Intersecting Roadway/Street
Also at Intersection with
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

19-80-AC

License # **S12736481** St **MA** DOB/Age _____
Sex _____ Lic. Class 18 18 Lic. Restrictions I 19 CDL Endorsement _____

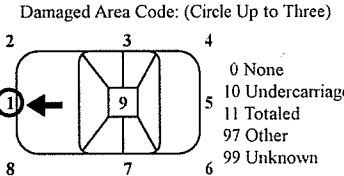
Reg # **62MW11** Reg Type **PC** Reg State **MA**
Veh Year **2013** Veh Make **KIA** Veh Config. 2 20

Operator _____
Address _____
City _____ State _____ Zip _____

Owner **SULLIVAN, MARK J**
Address **49 AGOSTINO DR**
City **WILMINGTON** State **MA** Zip **01887-2323**

Insurance Company **UNITED SERVICES**
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 _____ / _____

Vehicle Action Prior to Crash 4 21
Event Sequence 40 22 35 22 35 22 22
Most Harmful Event 35 23
Driver Contributing Code 7 24 24
Underride/Override 25 Towed 2



Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsement _____

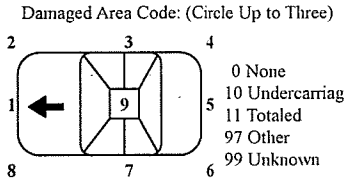
Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. 20

Operator _____
Address _____
City _____ State _____ Zip _____

Owner _____
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 _____ / _____

Vehicle Action Prior to Crash 21
Event Sequence 22 22 22 22
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed _____

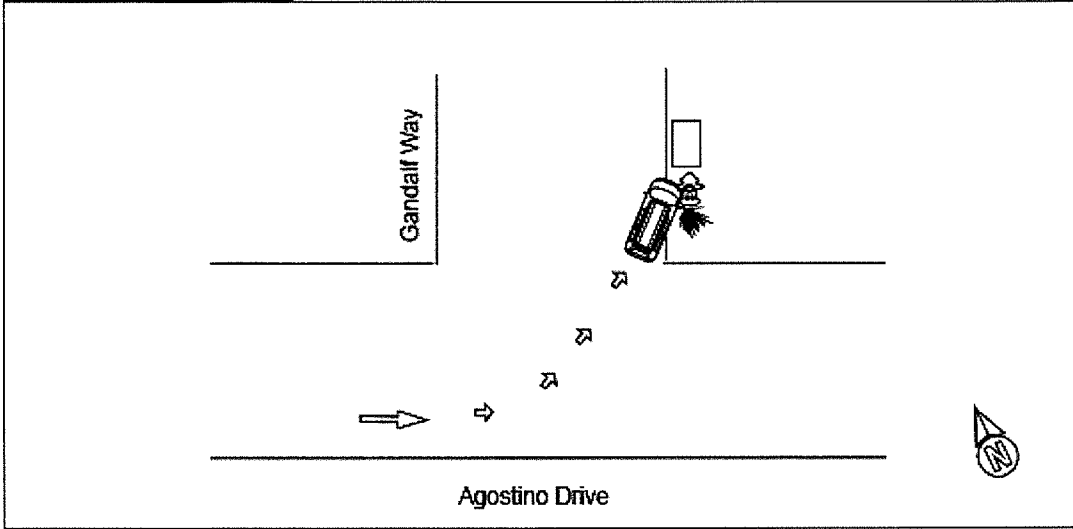


Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---								

→ = Direction = Vehicle 1 = Vehicle 2 = Pedestrian

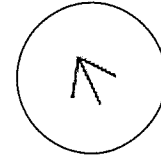
Crash Diagram:

ie: → → →



If Crash Did Not Occur on a Public Way:

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



North

Crash Narrative:

Vehicle 1 was traveling east on Agostino Dr turning left onto Gandalf Way. As the vehicle made the turn, the vehicle started sliding on snow. The vehicle went over the curb on the right side of the road and struck a fire hydrant and a utility box. The operator was uninjured. Vehicle 1 sustained moderate front end damage. The fire hydrant was knocked from it's base.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	FIRE HYDRANT

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Matthew D Stavro

180

Wilmington Police Department

02/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash 02/28/2019	Time of Crash 1354 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit 15 Lat. _____ Lon. _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
-----------------------------	--------------------------------------	--------------------------------	--	-----------------------------	----------------------------	---	---

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

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

5 **WALTHAM ST**
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 _____

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

19-81-AC

4 License # **S12700382** St **MA** DOB/Age: _____
Sex **M** Lic. Class **D** **18** **18** Lic. Restrictions **1** **19** CDL _____
Operator **SANTEUSANIO, CHRISTOPHER DOUGLAS**
Address **50 MOUNT VERNON ST**
City **NORTH READING** State **MA** Zip **01864-2570**
Insurance Company **SELF INSURED**

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

6 Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ / _____ Viol. 2: Ch/Sec/Sub _____ / _____
Viol. 3: Ch/Sec/Sub _____ / _____ Viol. 4: Ch/Sec/Sub _____ / _____

Reg # **0206409** Reg Type **PO** Reg State **MA**
Veh Year **2010** Veh Make **grumman** Veh Config. **97** ²⁰

Owner **US POSTAL SERVICE**
Address _____
City **OTHER** State **MA** Zip _____

Vehicle Action Prior to Crash **10** ²¹ Damaged Area Code: (Circle Up to Three)

Event Sequence **1** **22** **22** **22** **22** ²

Most Harmful Event **1** **23** ¹

Driver Contributing Code **14** **24** **24** ¹

Underride/Override **25** Towed **2** ⁸

0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	1	4		0	0	10	1	

1 Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

8 License # **S35369103** St **MA** DOB/Age: _____
Sex **F** Lic. Class **D** **18** **18** Lic. Restrictions **1** **19** CDL _____
Operator **PRESTIPINO, DIANE DUBOIS**
Address **94 HAWTHORN ST**
City **LOWELL** State **MA** Zip **01851**
Insurance Company **COMMERCE INSURANCE**

99 Vehicle Travel Direction: **N X 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 # **5RCY80** Reg Type **PC** Reg State **MA**
Veh Year **2010** Veh Make **VOLKSWAGEN** Veh Config. **1** ²⁰

Owner **PRESTIPINO, DIANE DUBOIS**
Address **94 HAWTHORN ST**
City **LOWELL** State **MA** Zip **01851**

Vehicle Action Prior to Crash **1** ²¹ Damaged Area Code: (Circle Up to Three)

Event Sequence **1** **22** **22** **22** **22** ²

Most Harmful Event **1** **23** ¹

Driver Contributing Code **1** **24** **24** ¹

Underride/Override **25** Towed **2** ⁸

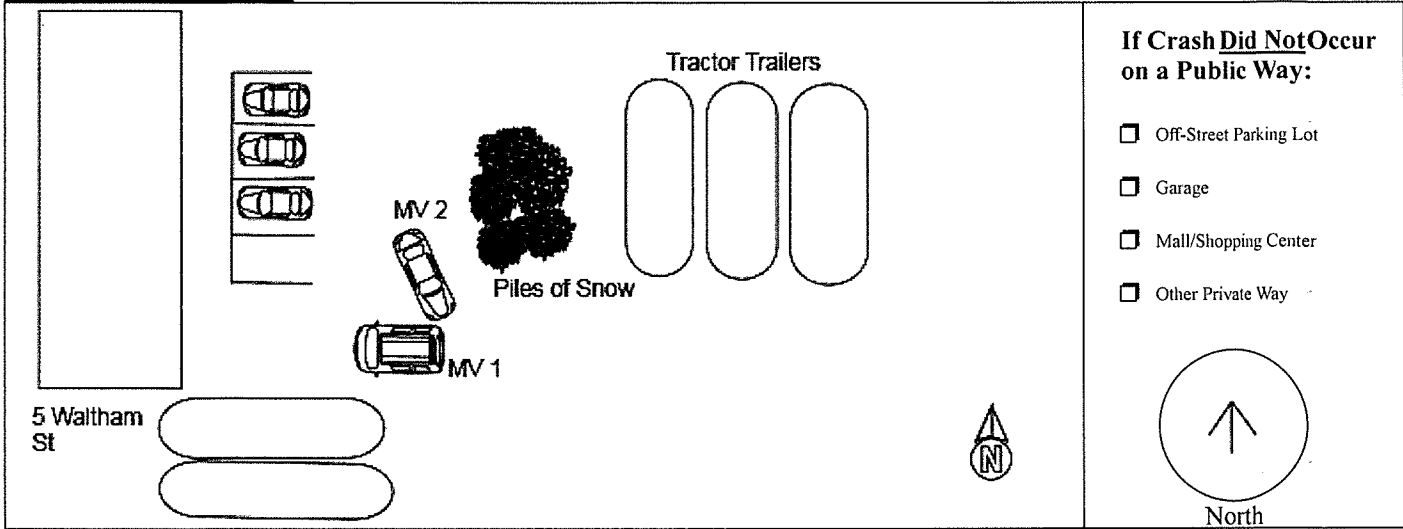
0 None
10 Undercarriage
11 Totaled
97 Other
99 Unknown

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	4		0	0	10	1	

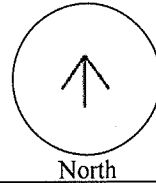
→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian
 ie: → 1 → 2 → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

MV 1 was parked in front of the walk way of 5 Waltham Rd. The operator was backing out of the parking lot after making a delivery. MV 2 was leaving the parking lot when she, at the last minute noticed MV 1 backing out of the parking spot. She attempted to honk her horn to get her attention but was unable to do so. She was unable to get his attention because the operator of the mail truck is deaf. MV 2 attempted to swerve out of the way but still managed to hit the right side of MV 1.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Shane A Foley

211

Wilmington Police Department

02/28/2019

Police Officer Name (Please Print)

Signature

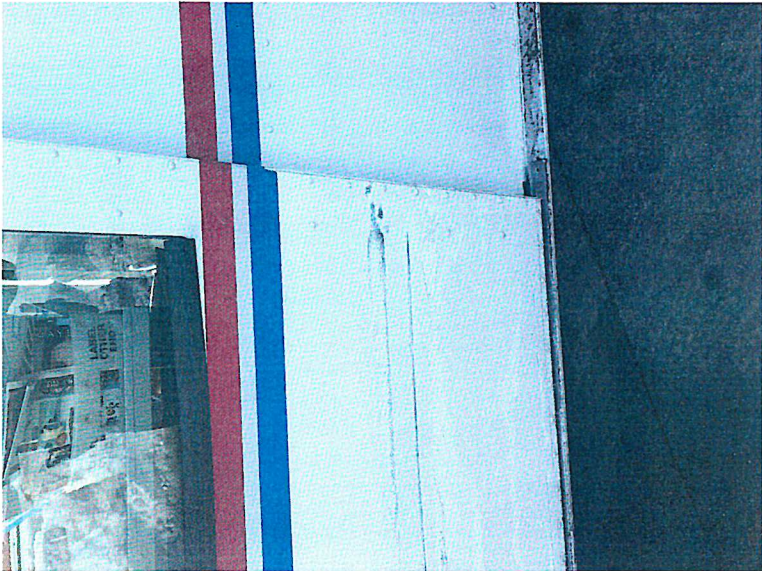
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-81-AC



Commonwealth of Massachusetts

Date of Crash 02/28/2019	Time of Crash 1508 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Lat. _____ Lon. _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 Route# _____ Direction <u>GLEN RD</u> Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction <u>KING ST</u> Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">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>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# Intersecting Roadway/Street</p> <p style="text-align: center;">Landmark</p>
---	---

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **19-82-AC**

<p>4 License # <u>S50464488</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>99</u> <u>19</u> CDL _____</p> <p>Operator <u>LOUN, SOUN</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>427 LINCOLN ST</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-4812</u></p> <p>Insurance Company <u>GOVT EMPLOYEE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>6DF271</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2011</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u></p> <p>Owner <u>LOUN, SOUN</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>427 LINCOLN ST</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-4812</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)</p> <p>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u></p> <p>Most Harmful Event <u>1</u> <u>23</u></p> <p>Driver Contributing Code <u>99</u> <u>24</u> <u>24</u></p> <p>Underride/Override <u>25</u> Towed <u>2</u></p> <div style="text-align: center;"> <p>0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown</p> </div>
---	---

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	4		0	0	10	1	

7 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

<p>8 License # <u>S83446536</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>99</u> <u>19</u> CDL _____</p> <p>Operator <u>COLANTUONI, ALANAH M</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 NEW HAMPSHIRE RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1608</u></p> <p>Insurance Company <u>COMMERCE INSURANCE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></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 # <u>8EN215</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2006</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u></p> <p>Owner <u>COLANTUONI, THOMAS M</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>10 NEW HAMPSHIRE RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1608</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)</p> <p>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u></p> <p>Most Harmful Event <u>1</u> <u>23</u></p> <p>Driver Contributing Code <u>99</u> <u>24</u> <u>24</u></p> <p>Underride/Override <u>25</u> Towed <u>2</u></p> <div style="text-align: center;"> <p>0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown</p> </div>
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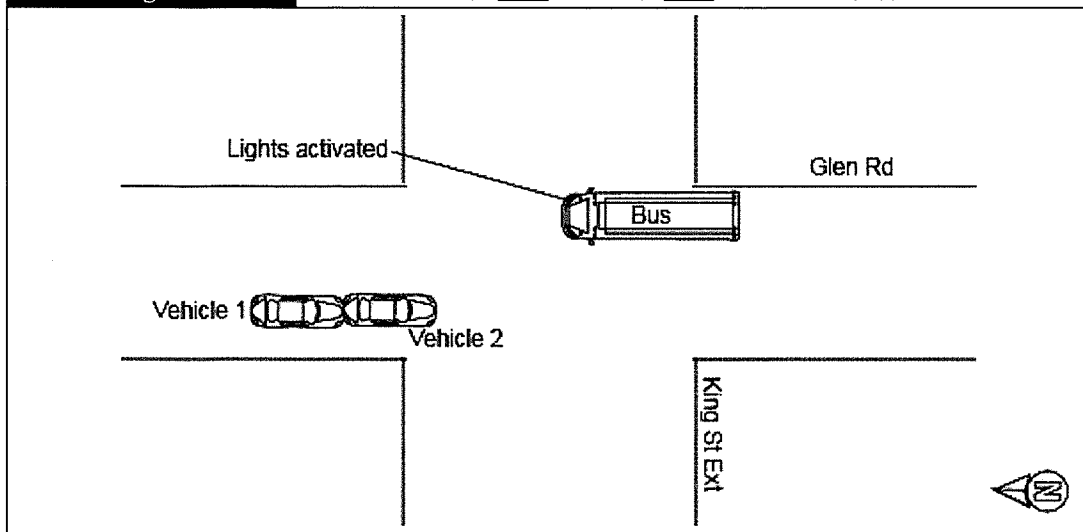
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	99	4		0	0	10	1	

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

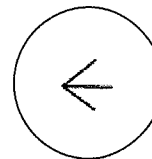
ie: → 1 → 2 → ○

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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



Crash Narrative:

Vehicle 2 was stopped for a bus who was allowing kids off when Vehicle 1 did not stop and hit Vehicle 2 in the rear. Both vehicles suffered damage and both parties denied medical treatment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Patrol Officer Michael R Cabral 207 Wilmington Police Department 02/28/2019

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

Commonwealth of Massachusetts

Date of Crash 02/28/2019	Time of Crash 1614 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Lat. _____ Lon. _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

COCHRANE RD

Route# _____ Direction _____ Name of Roadway/Street _____
At _____

SHERWOOD RD

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 _____

_____ 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 _____
Route# _____ Intersecting Roadway/Street _____
Landmark _____

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

19-83-AC

License # **S47695838** St **MA** DOB/Ag. _____
Sex **F** Lic. Class **D** 18 18 Lic. Restrictions **99** 19 CDL _____
Endorsement _____

Reg # **27PA76** Reg Type **PC** Reg State **MA**
Veh Year **2007** Veh Make **BMW** Veh Config. **1** 20

Operator **CULLEN, ASHLEY NICOLE**
Last First Middle

Owner **CULLEN, ASHLEY NICOLE**
Last First Middle

Address **9 COCHRANE RD**

Address **9 COCHRANE RD**

City **WILMINGTON** State **MA** Zip **01887-2843**

City **WILMINGTON** State **MA** Zip **01887-2843**

Insurance Company **COMMERCE INSURANCE**

Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)

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

Event Sequence **1** 22 22 22 22 22 2

Citation # (If Issued) _____

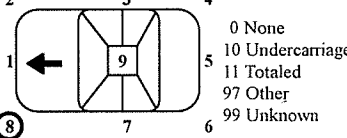
Most Harmful Event **1** 23

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

Driver Contributing Code **99** 24 24

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

Underride/Override **25** Towed 2 **8**



Please fill out for operator and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	4		0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # **S84234212** St **MA** DOB/Ag. _____
Sex **F** Lic. Class **D** 18 18 Lic. Restrictions **99** 19 CDL _____
Endorsement _____

Reg # **967WK9** Reg Type **PC** Reg State **MA**
Veh Year **2012** Veh Make **HONDA** Veh Config. **1** 20

Operator **BOKUN, MICHELE L**
Last First Middle

Owner **BOKUN, SCOTT A**
Last First Middle

Address **15 MIDDLEBY RD**

Address **15 MIDDLEBY RD**

City **LEXINGTON** State **MA** Zip **02421-6920**

City **LEXINGTON** State **MA** Zip **02421-6920**

Insurance Company **STANDARD FIRE INS**

Vehicle Action Prior to Crash **1** 21 Damaged Area Code: (Circle Up to Three)

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

Event Sequence **1** 22 22 22 22 22 2

Citation # (If Issued) _____

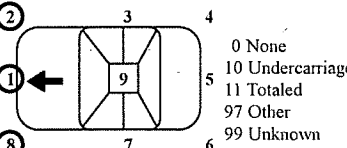
Most Harmful Event **1** 23

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

Driver Contributing Code **99** 24 24

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

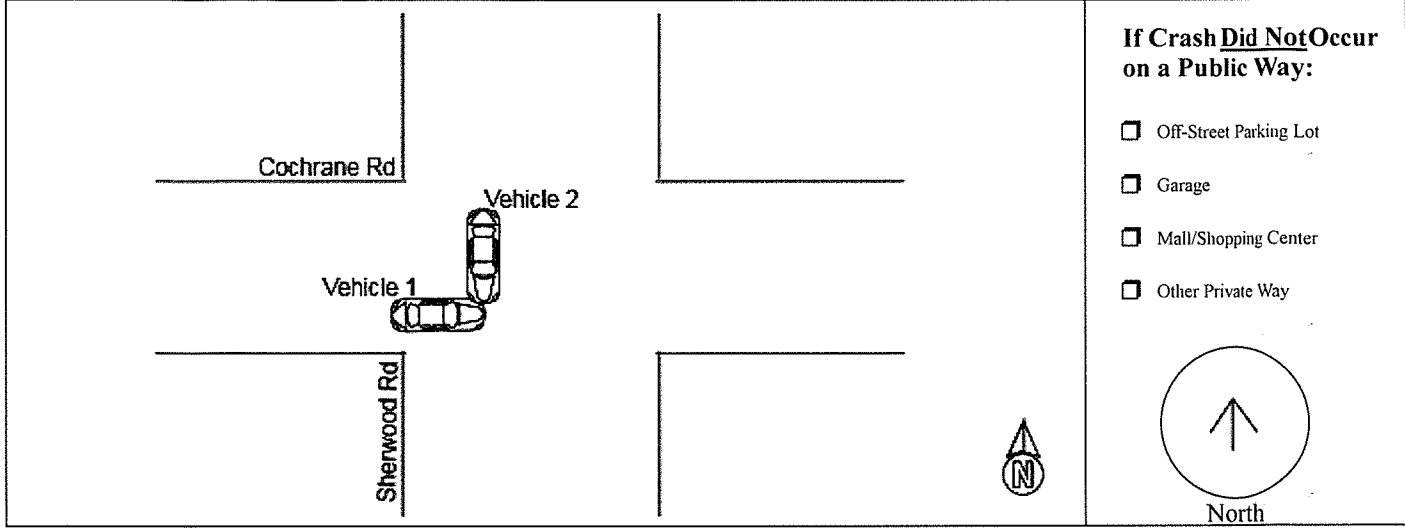
Underride/Override **25** Towed 1 **8**



Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	99	4		0	0	10	1	

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

Crash Diagram:



Crash Narrative:

Vehicle 1 operator stated they were driving home on Cochrane when Vehicle 2 struck them. Vehicle 2 operator stated that they were driving straight on Sherwood when they hit Vehicle 1. It should be noted that there are no stop signs at this intersection. Vehicle 2 had air bag deployment and was towed. Vehicle 1 suffered damage and was able to get the vehicle home and wait for triple A. Both operators refused medical treatment.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information: Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

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

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Michael R Cabral 207 Wilmington Police Department 02/28/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date