

<b>Police Use Only</b>	Date of Crash 03/27/2020	Time of Crash 2233 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>1</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	Latitude	Longitude	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <b>6</b> Direction _____ Address # _____ Name of Roadway/Street <b>BOUTWELL ST</b>							
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Mile Marker _____ Exit Number _____							
Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Intersecting Roadway/Street _____							
			Landmark _____							

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

Crash Report ID# **20-89-AC**

License # <b>S60599740</b> St <b>MA</b> DOB/Agc _____	Reg # <b>9ZC612</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year <b>2006</b> Veh Make <b>HONDA</b> Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21
Operator <b>LYONS, MICHAEL F JR</b> Last First Middle	Owner <b>LYONS, MICHAEL FREDERICK</b> Last First Middle
Address <b>109 BANCROFT AVE</b>	Address <b>109 BANCROFT AVE</b>
City <b>READING</b> State <b>MA</b> Zip <b>01867-2101</b>	City <b>READING</b> State <b>MA</b> Zip <b>01867-2101</b>
Insurance Company <b>ALLSTATE INSURANCE COMPAN</b>	Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) <b>T1684210</b>	Event Sequence <input type="checkbox"/> 30 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub <b>90 23</b> Viol. 2: Ch/Sec/Sub <b>89 4A</b>	Most Harmful Event <input type="checkbox"/> 30 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub <b>90 17</b> Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 7 <input type="checkbox"/> 25 <input type="checkbox"/> 12 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26
	Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

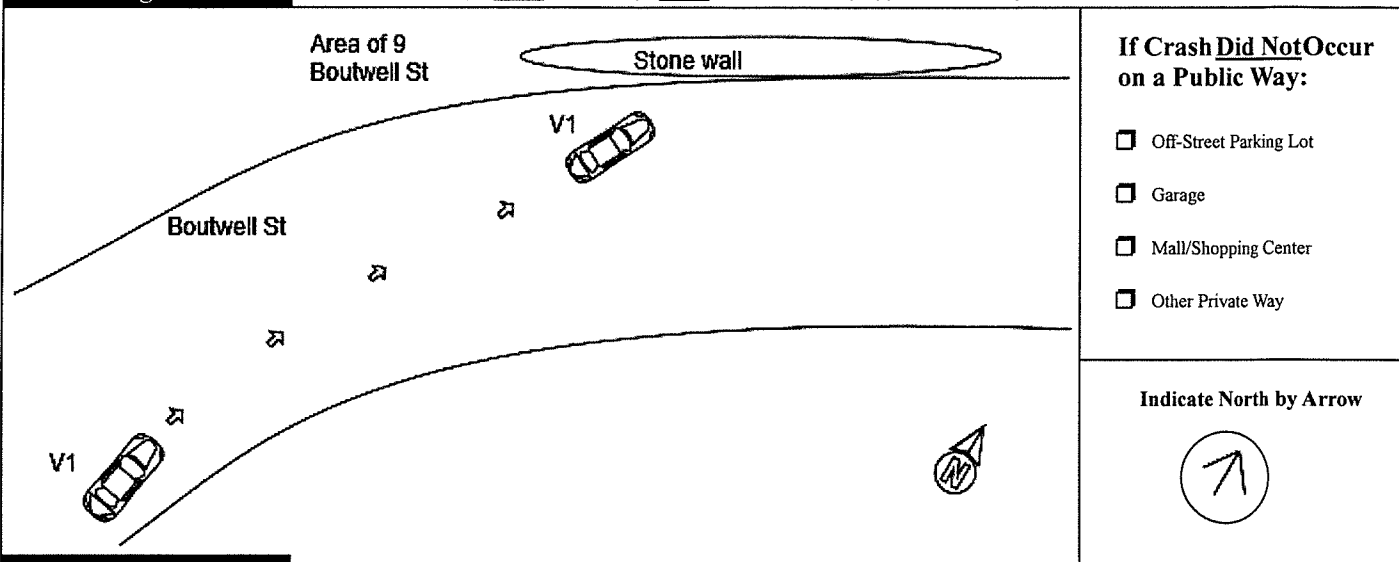
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

License # _____ St _____ DOB/Agc _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 26
	Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 33

Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

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

**Crash Diagram:**



**Crash Narrative:**

V1 was traveling on Boutwell St at a high rate of speed towards the intersection of Burlington Ave. As V1 entered turn in the area of 9 Boutwell the Opr lost control of his vehicle. This caused the vehicle to cross onto the opposite side of the road, strike a field stone wall, and roll onto its roof. The Opr was uninjured in this accident and refused all medical treatment offered to him. He stated that he was traveling "no faster than 45MPH" when entering the turn, the posted speed limit on the road is 30MPH. During the crash investigation it was discovered that the Opr's license was suspended. Due to this he was issued MA citation T16842010 a criminal application for OAS, marked lanes violation, and speed greater then reasonable. The vehicle was towed from the scene by Forest towing to their facility. The stone wall sustained minor damage as a result of this accident.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
LORD EDWARD R JR	9 BOUTWELL ST WILMINGTON MA 01887-		97	FIELD STONE WALL

**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

Date of Crash 03/28/2020 Time of Crash 1829 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police  Local Police  MBTA Police  Campus Police  Other   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

<p>Route# <u>          </u> Direction <u>          </u> Name of Roadway/Street <u>          </u></p> <p style="text-align: center;">At</p> <p>Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street <u>          </u></p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# <u>          </u> Direction <u>          </u> Name of Intersecting Roadway/Street <u>          </u></p>	<p>Route# <u>          </u> Direction <u>          </u> Address # <u>          </u> Name of Roadway/Street <u>          </u></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 <u>          </u> Exit Number <u>          </u></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# <u>          </u> Intersecting Roadway/Street <u>          </u></p> <p style="text-align: center;">Landmark <u>          </u></p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **20-90-AC**

<p>License # <u>S61554466</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>STANCATO, JAKE TYLER</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>123 GLEN RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3541</u></p> <p>Insurance Company <u>PROGRESSIVE DIRECT INSURA</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T2061647</u></p> <p>Viol. 1: Ch/Sec/Sub <u>90 24</u> Viol. 2: Ch/Sec/Sub <u>89 4A</u></p> <p>Viol. 3: Ch/Sec/Sub <u>90 18</u> Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>7LWK60</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2018</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>STANCATO, JOSEPH R</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>123 GLEN RD</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3541</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>3</u> <u>27</u> <u>0</u> <u>27</u></p> <p>Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>7</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></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
<b>Operator</b>	See Above	<del>          </del>	<del>          </del>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

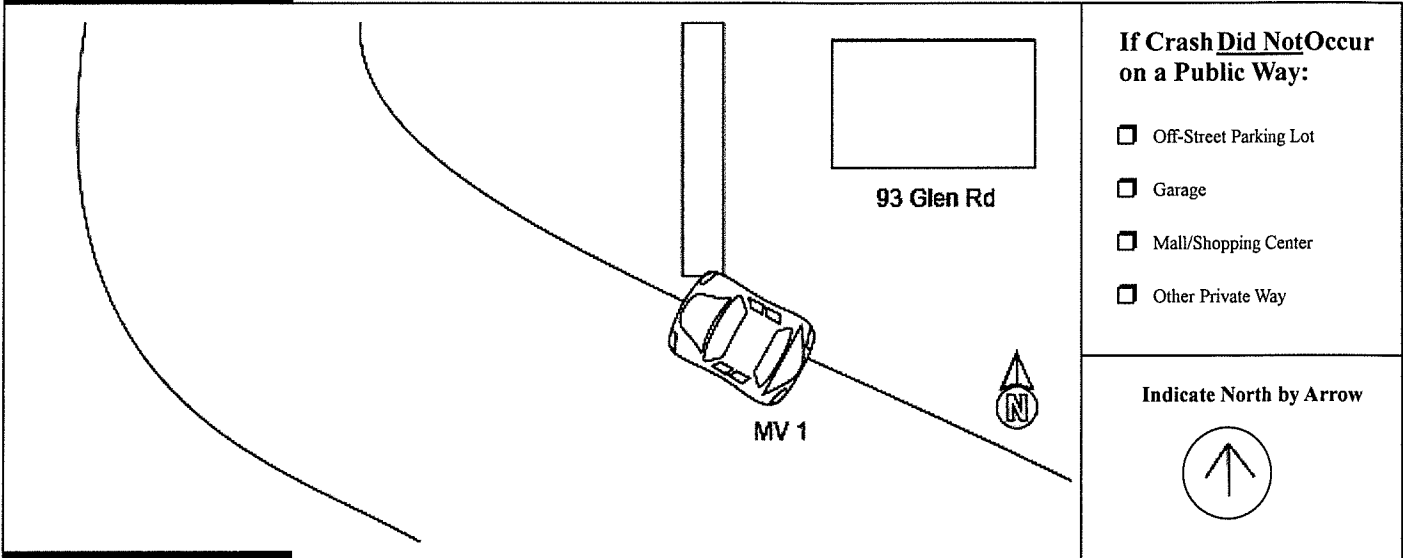
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ <u>19</u> <u>19</u> Lic. Restrictions _____ <u>20</u> CDL _____ Endorsement _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance 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. <u>21</u></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>33</u></p>
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Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above	<del>          </del>	<del>          </del>	<u>1</u>							

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

MV 1 was travelling northbound on Glen Rd at an accelerated rate of speed and was unable to maneuver the curvature of the road and crashed into a Verizon Utility Pole. The Utility Pole did not suffer any structural damage (See Images) When I spoke with the operator of the vehicle he stated that he was exceeding the 25 mph speed limit on the road, and he was unable to maintain control of his vehicle. After the crash he left the scene and continued to his residence 123 Glen Rd in Wilmington. After assessing the damage, the vehicles front right tire was flat and had splintered wood from the telephone pole embedded in it. The passenger side airbag had deployed, and there were several scratches along the panel of the vehicle with wood embedded in it. (See Images)

**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 Shane A Foley

211

Wilmington Police Department

03/28/2020

Police Officer Name (Please Print)

Signature

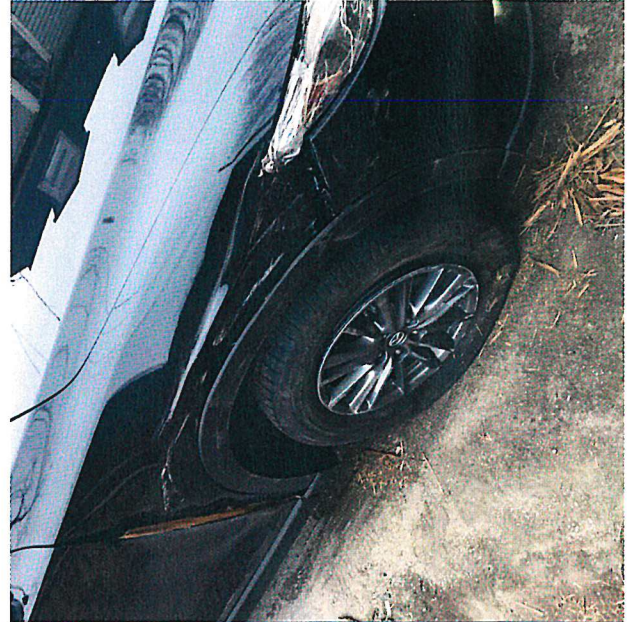
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 20-90-AC



Wilmington Police Department  
Images Associated with 20-90-AC

