

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:  
 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 8 **JEWEL DR**  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 1 1 Feet **N S E W** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **24-60-AC**

License S DOB/A: Reg # **C451** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement  
 Operator **BARNES, ZACHARY CHARLES** Owner **BARNES, ZACHARY CHARLES**  
 Address **39 PARK ST** Address **39 PARK ST**  
 City **NORTH READING** State **MA** Zip **01864-2809** City **NORTH READING** State **MA** Zip **01864-2809**  
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 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: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **97** 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</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 # S DOB/Age Reg # **AL68670** Reg Type **PC** Reg State **AZ**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement  
 Operator **MOSHER, SCOTTY MARLAND** Owner **U-HAUL CO OF ARIZONA**  
 Address **56 S SHORE RD** Address **2727 N CENTRAL AVE APT 3 S**  
 City **SALEM** State **NH** Zip **03079** City **PHOENIX** State **AZ** Zip **85004**  
 Insurance Company **UHAUL** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 1 27 8 27 2 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: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? **2** 33

Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash: 02/19/2024 | Time of Crash: 1038 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35 | State Police  | Local Police  | MBTA Police  | Campus Police  | Other:

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>271</b> <b>MAIN ST</b> Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-61-AC**

<p>License: _____ JOB/Age: _____</p> <p>Sex: _____ Lic. Class: <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions: <b>I</b> <b>20</b> CDL _____</p> <p>Operator: _____</p> <p>Address: _____</p> <p>City: _____ Sta _____ Zip _____</p> <p>Insurance Company: <b>ARBELLA PROTECTION INSURA</b></p> <p>Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued): <b>457998AC</b></p> <p>Viol. 1: Ch/Sec/Sub <b>89</b> <b>9</b> Viol. 2: Ch/Sec/Sub <b>90</b> <b>10A</b></p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>eg # <b>9DA537</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2021</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner: <b>VEHICLE ASSET UNIVERSAL LEASING TRUST</b></p> <p>Address: <b>9401 JAMES S AVE APT E 14</b></p> <p>City: <b>BLOOMINGTON</b> State <b>MN</b> Zip <b>55431-0000</b></p> <p>Vehicle Action Prior to Crash: <b>6</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence: <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event: <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code: <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by: <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></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>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</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

<p>License: _____ JOB/Age: _____</p> <p>Sex: <b>M</b> Lic. Class: <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions: <b>20</b> CDL _____</p> <p>Operator: <b>STONE, MATTHEW LUCAS</b></p> <p>Address: <b>1 ADELAIDE ST</b></p> <p>City: <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2677</b></p> <p>Insurance Company: <b>MILIA</b></p> <p>Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b></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 # <b>MF86L</b> Reg Type <b>DC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make _____ Veh Config. <b>97</b> <b>21</b></p> <p>Owner: <b>WILMINGTON TOWN OF FIRE DEPT</b></p> <p>Address: <b>121 GLEN RD</b></p> <p>City: <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b></p> <p>Vehicle Action Prior to Crash: <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence: <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b></p> <p>Most Harmful Event: <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code: <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by: <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></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>X</del>	<del>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
<b>KRISTOFER STOKES</b>	<b>1 ADELAIDE ST WILMINGTON, MA 01887-1605</b>		<b>M</b>	<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 24-61-AC



Date of Crash 02/20/2024 Time of Crash 2033 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**193NBR31 RAMP**  
Route# Direction Name of Roadway/Street

At  
**ROUTE 129 HWY**  
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 \_\_\_\_\_  
Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **24-62-AC**

Licent# \_\_\_\_\_ S JOB/Agc \_\_\_\_\_ Reg # **59DEGO** Reg Type **PC** Reg State **FL**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21

Operator **FERRO, MARIA EDUARDA ELISBO** Owner **HERTZ VEHICLES**

Address **12306 INWOOD DR APT 306** Address **PO BOX 24130**

City **WOBURN** State **MA** Zip **01801-5179** City **OKLAHOMA CITY** State **OK** Zip **73134-4130**

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27

Vehicle Travel Direction: **N S E**  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: **2** 29

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

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

Licent# \_\_\_\_\_ S DOB/Ag \_\_\_\_\_ Reg # **2YBN29** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **NISSAN** Veh Config. **1** 21

Operator **LOWELL, STEVEN PAUL** Owner **LOWELL, STEVEN PAUL**

Address **495 WOBURN ST** Address **495 WOBURN ST**

City **WILMINGTON** State **MA** Zip **01887-2503** City **WILMINGTON** State **MA** Zip **01887-2503**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** 27

Vehicle Travel Direction: **N S E**  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: **2** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **5** 25 BAC Test Result: **30**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** 33

Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 02/21/2024 Time of Crash 1403 City/Town 24HR Wilmington

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 30 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 # Name of Roadway/Street 14A HOBSON AVE Feet NSEW of Mile Marker Exit Number

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

Crash Report ID# 24-63-AC

License # Se. ic. Class 19 19 Lic. Restrictions I 20 CDL Endorsement Oper. Address City State Insurance Company PLYMOUTH ROCK ASSURANCE C

Reg # 4LEZ47 Reg Type PC Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 1 21 Owner STEEVES, TAMMY M Address 14A HOBSON AVE City WILMINGTON State MA Zip 01887-2061

Vehicle Travel Direction: NSW 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 10 22 Damaged Area Code: 10 27 5 27 27 Event Sequence 35 23 21 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Contributing Code 97 25 25 Driver Distracted by 0 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, 1, 4, 0, 0, 10, 1

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/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Oper. Address City State Zip Insurance Company

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip

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

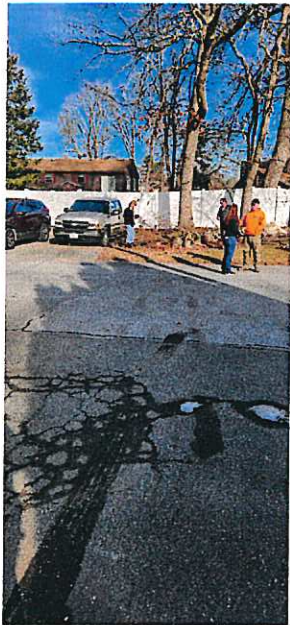
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Susp. Alcohol: 31 Susp. Drug: 32 Driver Contributing Code 25 25 Driver Distracted by 26 Towed from scene? 33

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/Non-Motorist row: See Above, 1





Wilmington Police Department  
Images Associated with 24-63-AC



Date of Crash 02/22/2024 Time of Crash 1748 24HR City/Town Wilmington Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 1 Speed Limit 5 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

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 24-65-AC

License # St DOB/Age Reg # CRPDTH Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement Veh Year 2014 Veh Make Jeep Veh Config. 1 Operator LAKUS, RANIER J Owner LAKUS, RANIER J Address 5 FRANKLIN ST City PEPPERELL State MA Zip 01463-1511

Table with 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

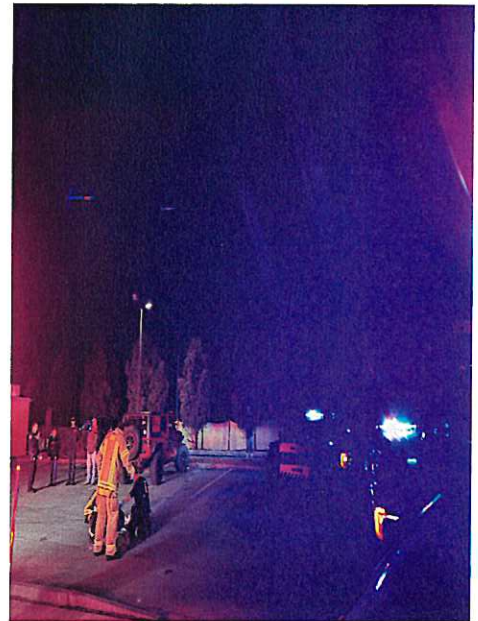
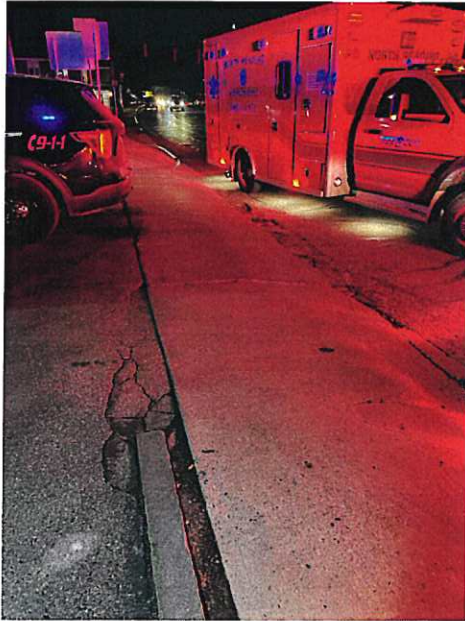
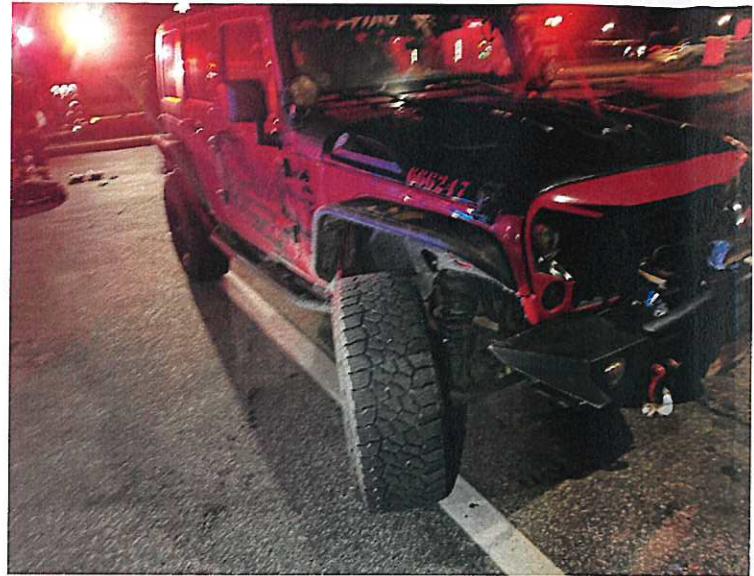
Please Select One of the Following: [ ] Vehicle 2 #Occupants [X] Non-Motorist A Type 1 Action 2 Location 99 Condition 1 [ ] Hit/Run [ ] Moped

License # St DOB/Age Reg # Reg Type Reg State Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Veh Year Veh Make Veh Config. 21 Operator BRESCIA, ROBERT ANDREW Owner Address 65 MARTHA RD APT 6A City BOSTON State MA Zip 02114

Table with 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



Wilmington Police Department  
Images Associated with 24-65-AC



Wilmington Police Department  
Images Associated with 24-65-AC



Date of Crash **02/21/2024** Time of Crash **1536** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police  Local Police  MBTA Police  Campus Police  Other

**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>200</u> Direction <u>        </u> Address # <u>        </u> Name of Roadway/Street <u>RESEARCH DR</u></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **24-66-AC**

<p>License # _____ It _____ DOB/Agri _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>COHEN, RICHARD B</b></p> <p>Address <b>142 E SURRY RD</b></p> <p>City <b>KEENE</b> State <b>NH</b> Zip <b>03431</b></p> <p>Insurance Company <b>GREAT NORTHERN INS CO</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></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 # <b>4356043</b> Reg Type <b>PC</b> Reg State <b>NH</b></p> <p>Veh Year <b>2015</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1 21</b></p> <p>Owner <b>COHEN, RICHARD B</b></p> <p>Address <b>142 E SURRY RD</b></p> <p>City <b>KEENE</b> State <b>NH</b> Zip <b>03431</b></p> <p>Vehicle Action Prior to Crash <b>10 22</b> Damaged Area Code: <b>6 27 27 27</b></p> <p>Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></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	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</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

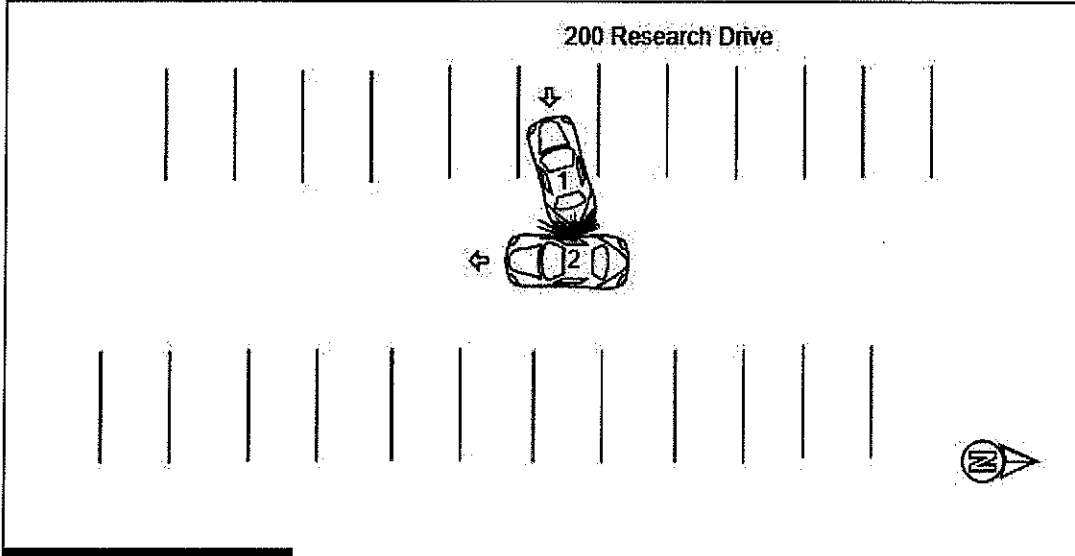
<p>License # _____ It _____ DOB/Agri _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>MAMAKOUKAS, GEORGIOS</b></p> <p>Address <b>30 CHILTON ST APT 3</b></p> <p>City <b>CAMBRIDGE</b> State <b>MA</b> Zip <b>02138-6885</b></p> <p>Insurance Company <b>STATE FARM MUTUAL AUTOMOB</b></p> <p>Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b></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 # <b>1WSE27</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make <b>Jeep</b> Veh Config. <b>1 21</b></p> <p>Owner <b>GIFFORD, LIBBY ARLENE</b></p> <p>Address <b>30 CHILTON ST APT 3</b></p> <p>City <b>CAMBRIDGE</b> State <b>MA</b> Zip <b>02138-6885</b></p> <p>Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>3 27 27 27</b></p> <p>Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>1 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></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	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

MV2 WAS TRAVELING SOUTH IN THE PARKING LOT OF 200 RESEARCH DRIVE, ABOUT TO PULL INTO A PARKING SPOT ON ITS LEFT. MV1 WAS PARKED FACING WEST, WHEN IT BEGAN TO BACK OUT OF A PARKING SPOT. MV1 BACKED INTO AND STRUCK THE PASSENGER SIDE OF MV2. THERE WAS REPORTED DAMAGE TO THE DRIVERS SIDE TAIL LIGHT/REAR LEFT FENDER OF MV1, WHICH WAS NOT ON SCENE WHEN POLICE ARRIVED. THERE WAS DAMAGE TO THE PASSENGER SIDE DOORS AND RIMS OF MV2. NO INJURIES REPORTED, NO AIRBAG DEPLOYMENT, NO TOWS.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Kayla M Hanson

230

Wilmington Police Department

02/24/2024

Police Officer Name (Please Print)

Signature

ID/Badge #

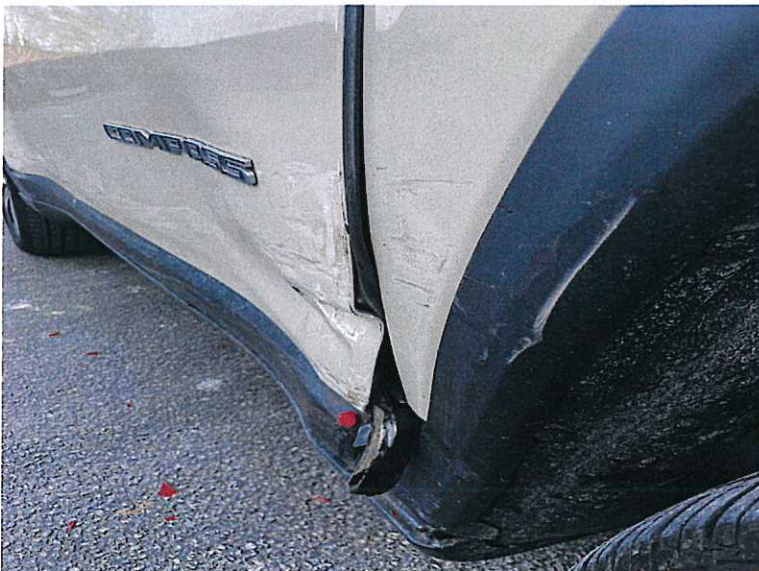
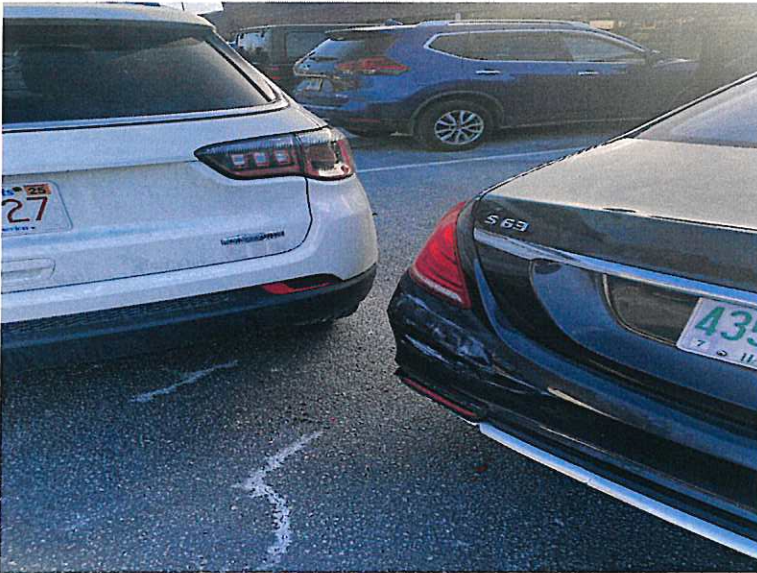
Department

Precinct/Barracks

Date



Wilmington Police Department  
Images Associated with 24-66-AC



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

Route# 1 Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ At \_\_\_\_\_

Route# 1 Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_ Also at Intersection with \_\_\_\_\_

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # 222 MAIN ST Name of Roadway/Street \_\_\_\_\_

\_\_\_\_\_ Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

\_\_\_\_\_ Feet N S E W of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped **Crash Report ID# 24-67-AC**

License \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # 1MER85 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2011 Veh Make HYUNDAI Veh Config. 1 21

Operator HORAK, KATHLEEN M Owner HORAK, KATHLEEN M

Address 24 LEXINGTON ST Address 24 LEXINGTON ST

City WILMINGTON State MA Zip 01887-1341 City WILMINGTON State MA Zip 01887-1341

Insurance Company PREFERRED MUTUAL INSURANC Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 24 Type of Test: 1 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

License \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # 3DBX99 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2018 Veh Make Infinity Veh Config. 1 21

Operator FAHEY, LAURA MARIE Owner FAHEY, LAURA MARIE

Address 11 GARNET RD Address 11 GARNET RD

City BILLERICA State MA Zip 01821-2113 City BILLERICA State MA Zip 01821-2113

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 6 27 4 27

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 2 24 Type of Test: 1 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator/non-motorist 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

