

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/04/2025

Time of Crash
2058
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
0

Speed Limit
30

Latitude
Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

14 STROUT AVE

Feet N S E W of or Exit Number

Feet N S E W of Mile Marker

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

Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants☐ Hit/Run☐ Moped

Crash Report ID# 25-69-AC

License # St DOB/Agt

Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement

Operator DALEY, SHANNON DAWN

Address 8 WESTDALE AVE

City WILMINGTON State MA Zip 01887-0000

Insurance Company SAFETY INSURANCE COMPANY

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

Citation # (If Issued) 236955AD

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub

Reg # 72SH69 Reg Type PC Reg State MA

Veh Year 2018 Veh Make FORD Veh Config. 1 21

Owner DALEY, SHARON LEE

Address 8 WESTDALE AVE

City WILMINGTON State MA Zip 01887-3044

Vehicle Action Prior to Crash 1 22

Event Sequence 22 23 23 23 23

Most Harmful Event 22 24

Driver Contributing Code 9 25 25

Driver Distracted by 99 26 26

Damaged Area Code: 1 27 2 27 3 27

Test Status: 2 28

Type of Test: 2 29

BAC Test Result: 30

Susp. Alcohol: 1 31 Susp. Drug: 99 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
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

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

Citation # (If Issued)

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

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

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

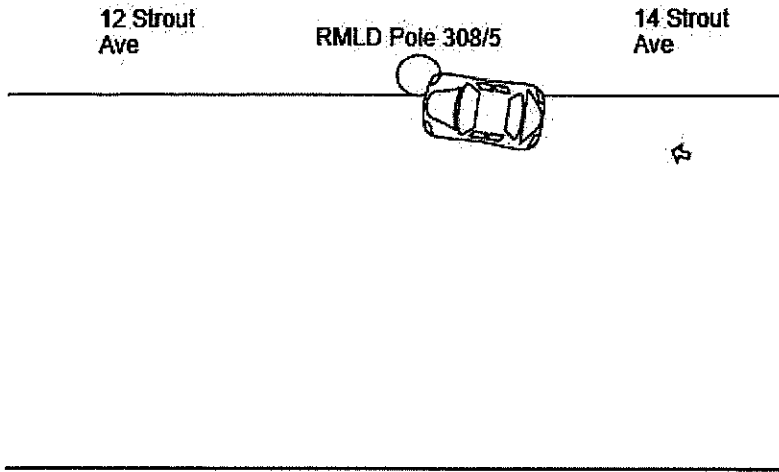
Towed from scene? 33

Please fill out for operator and all occupants involved

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

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

Indicate North by Arrow



Crash Narrative:

The vehicle appeared to have been traveling westbound on Strout Ave and it left the roadway to the right side. Once it left the roadway the vehicle struck RMLD Pole 308/5 causing damage to the center and right front of the vehicle as well as the the right side. No airbags were deployed. The vehicle was towed by Cains Towing.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST READING MA 01867		4	WOODEN UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

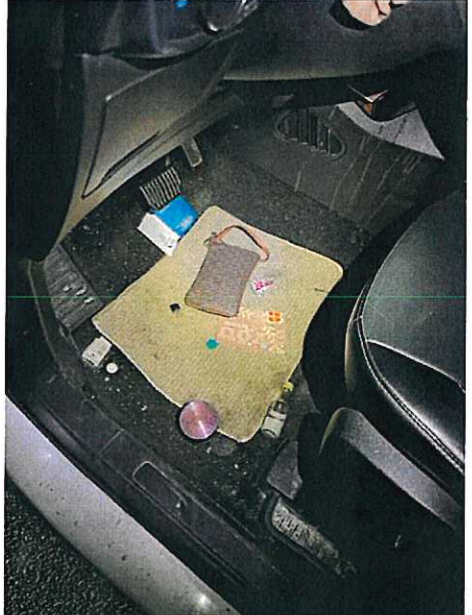
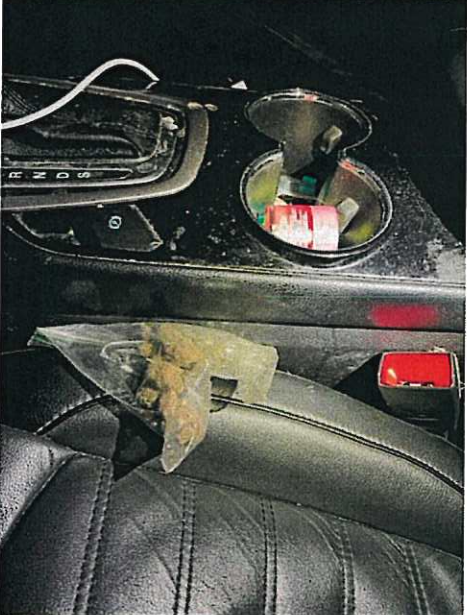
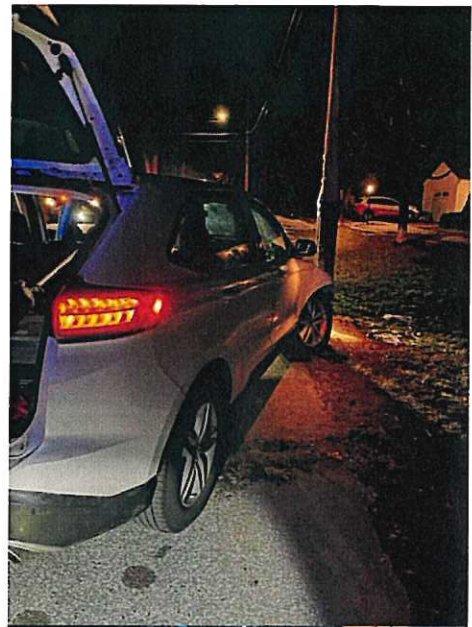
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 03/04/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-69-AC



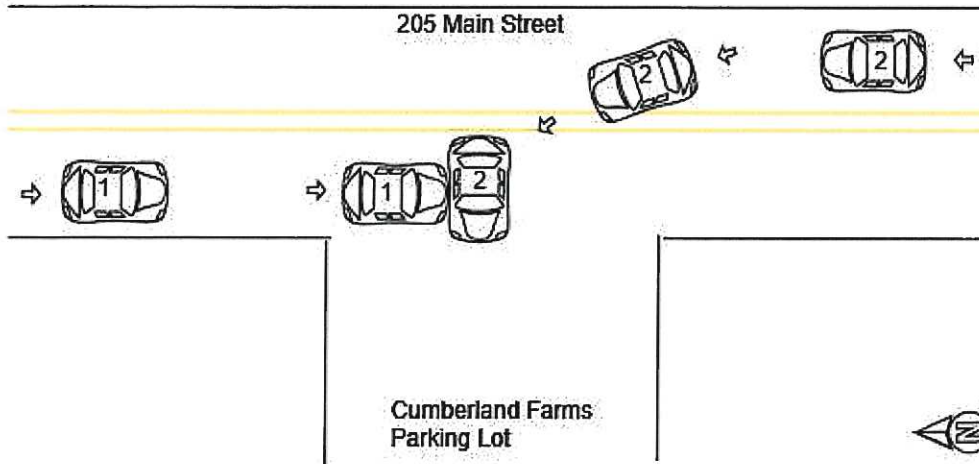
Wilmington Police Department
Images Associated with 25-69-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 03/05/2025	Time of Crash 1210 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other											
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:																
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street																				
At			Feet N S E W of or Mile Marker Exit Number																				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street																				
Also at Intersection with			Landmark																				
Route# Direction Name of Intersecting Roadway/Street																							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-70-AC											
License # 9 St. DOB/Age			Reg # SN27CV Reg Type PC Reg State MA			Veh Year 2016 Veh Make DODGE Veh Config. 1 21			Owner CHALIFOUR, LEON G														
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Address 411 CUTTS AVE			City WILMINGTON State MA Zip 01887			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27											
Operator CHALIFOUR, DIANNE MARIE			Address 230 SHAWSHEEN AVE			City WILMINGTON State MA Zip 01887			Event Sequence 1 23 23 23 23			Test Status: 1 28											
City PORTSMOUTH State NH Zip 03801			City WILMINGTON State MA Zip 01887			Most Harmful Event 1 24			Type of Test: 0 29														
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Travel Direction: N X E W Responding to Emergency? 2			Driver Contributing Code 1 25 25			BAC Test Result: 1 30														
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Viol. 3: Ch/Sec/Sub Viol. 4: 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	
Operator		See Above		X		X		1		1		4		0		0		10		1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.											
License # St. DOB/Age			Reg # VT38746 Reg Type PC Reg State MA			Veh Year 2013 Veh Make TOYOTA Veh Config. 1 21			Owner LAWLESS, JOHN FRANCIS JR														
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Address 50 CYNTHIA RD			City TEWKSBURY State MA Zip 01876-2956			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 3 27 27 27											
Operator LAWLESS, BARBARA			Address 50 CYNTHIA RD			City TEWKSBURY State MA Zip 01876-2956			Event Sequence 1 23 23 23 23			Test Status: 1 28											
City TEWKSBURY State MA Zip 01876-2956			City TEWKSBURY State MA Zip 01876-2956			Most Harmful Event 1 24			Type of Test: 0 29														
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Travel Direction: X S E W Responding to Emergency? 2			Driver Contributing Code 19 25 25			BAC Test Result: 1 30														
Citation # (If Issued)			Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32														
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			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	
Operator/Occupants		See Above		X		X		1		1		2		0		0		10		1			

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

Indicate North by Arrow



Crash Narrative:

MV 1 was driving south on Main Street. MV 2 was driving north on Main Street attempting to turn left into the Cumberland Farms Parking Lot. MV 1 sustained front end damage. MV 2 sustained passenger side damage. No injuries. MV 2 was awaiting tow from AAA Towing.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

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

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

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

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

03/05/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/06/2025	Time of Crash 0018 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				1 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-71-AC							
License # St OB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Reg # 5BYM34 Reg Type PC Reg State MA				5 12			
Operator ACKERMAN, MATTHEW JOSEPH Last First Middle			Veh Year 2023 Veh Make TOYOTA Veh Config. 1 21				5 12			
Address 497 WOBURN ST			Owner ACKERMAN, MATTHEW JOSEPH Last First Middle				Address 497 WOBURN ST			
City WILMINGTON State MA Zip 01887-2503			City WILMINGTON State MA Zip 01887-2503				21 13			
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 11 27 27 27			
Vehicle Travel Direction: N S E X Responding to Emergency? 2			Event Sequence 40 23 23 23 23				Test Status: 1 28			
Citation # (If Issued) T3549271			Most Harmful Event 21 24				Type of Test: 97 29			
Viol. 1: Ch/Sec/Sub 90 24J Viol. 2: Ch/Sec/Sub 90 24E			Driver Contributing Code 10 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub 90 23D Viol. 4: Ch/Sec/Sub 89 4A			Driver Distracted by 99 26 26				Susp. Alcohol: 1 31 Susp. Drug: 1 32			
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved				Towed from scene? 1 33			
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator See Above			1 99 3 0 0 9 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age			Reg # Reg Type Reg State				21			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year Veh Make Veh Config.							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22				Damaged Area Code: 27 27 27			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23				Test Status: 28			
Citation # (If Issued)			Most Harmful Event 24				Type of Test: 29			
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 25 25				BAC Test Result: 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 26 26				Susp. Alcohol: 31 Susp. Drug: 32			
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved				Towed from scene? 33			
Name (Last First Middle) Address DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility							
Operator/Occupants See Above			1							

→ = 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:

03/06/25 appx 1215hrs, dispatched, 1-car MVC, car v. tree area 47 West St (25-115-AR). On arrival, full airbag deployment, OP1 fled prior to police arrival. WIT1 stated heard crash and came out. Shouted for OP1 but no response. Reviwed video footage from WIT2. From video: MV1 traveling high rate of speed W-Bound West St. MV1 traveled straight as roadway turned to L. MV1 off roadway R-side. Head-on into tree. MV1 spun and sat perpendicular to roadway. OP1 exited MV1 and fled E-Bound down West St. MV1 totaled, Cain's Towed MV1. Possible minor injury sustained, OP1 not forthcoming on injury, no apparent serious injury.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ZANNELLI NICOLO J	44 WEST ST WILMINGTON MA 01887-3040		
MORRISSEY CLAYTON	47 WEST ST WILMINGTON MA 01887		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	TREE

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 Joseph A Fitzgerald

Police Officer Name (Please Print)

Signature

215

ID/Badge #

Wilmington Police Department

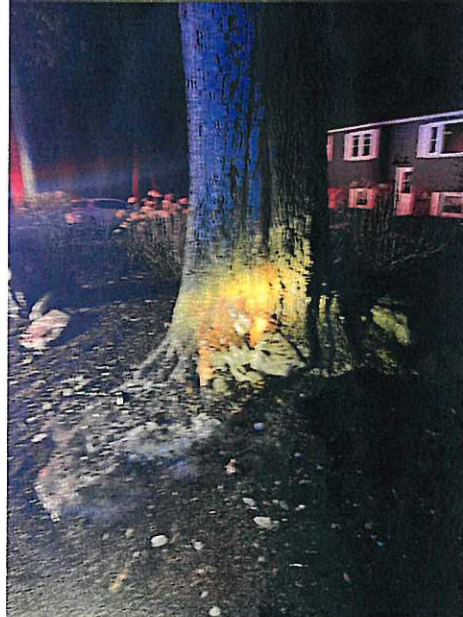
Department

Precinct/Barracks

03/06/2025

Date

Wilmington Police Department
Images Associated with 25-71-AC



Attachments for 25-71-AC	
Description	Type
VIDEO3	MP4
Attachment#: 5AEE90DD74A54461B504C1CDBB47CED5	
VIDEO2	MP4
Attachment#: ABF3B0325DAC4D9B8805F0198B6355B6	
VIDEO1	MP4
Attachment#: D880AE217A0C4DE4BDA231F897B342DD	

→ = 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 westbound on Burlington Ave with a pickup truck bed loaded with various wooden furniture pieces and scrap metal. A piece of wooden furniture fell onto the roadway near 62 Burlington Ave. In an attempt to avoid the obstacle, MV1 swerved to the right and collided with a pole. As the wooden object hit the road, a fragment broke off and struck MV3.

Video footage from MV3 have been attached.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
DANIELS SCOTT LEE	5 CHESTER AVE BURLINGTON MA 01803		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian Tavares 206 Wilmington Police Department 03/06/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
03/06/2025

Time of Crash
1401
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
3

Number Injured
1

Speed Limit 25
Latitude
Longitude

State Police
Local Police
MBTA Police
Campus Police
Other

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street
At

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

Route# Direction Name of Intersecting Roadway/Street

62 62 BURLINGTON AVE
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

Please Select One
of the Following:

☒ Vehicle 31 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-72-AC

License # S: DOB/Age
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL
Endorsement

Operator DANIELS, SCOTT LEE

Address 5 CHESTER AVE

City BURLINGTON State MA Zip 01803-1311

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: N S E X 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 # FW637K Reg Type PC Reg State MA

Veh Year 2013 Veh Make CHEVROLET Veh Config. 1 21

Owner DANIELS, SCOTT LEE

Address 5 CHESTER AVE

City BURLINGTON State MA Zip 01803-1311

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27

Event Sequence 10 23 23 23 23

Most Harmful Event 10 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

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

See Above

				1	99	4	0	0	10	1	
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Please Select One
of the Following:

☐ Vehicle 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # S: DOB/Age
Sex Lic. Class 19 19 Lic. Restrictions 20 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. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

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

See Above

				1							
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Attachments for 25-72-AC	
Description	Type
INSIDE CABIN VIEW	MP4
Attachment#: 42D33333C7724FE2B5AEA702B578F003	
FOWARD FACING CAMERA	MP4
Attachment#: E6D154F2AA344C1A96833A0F8341FEEC	