

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **04/01/2019** Time of Crash **1400** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **35**
 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 # **234** Name of Roadway/Street **BALLARDVALE ST**
 Feet **NSEW** of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet **NSEW** of _____
 Route# _____ Intersecting Roadway/Street _____
 Feet **NSEW** of _____
 Landmark _____

Please Select One of the Following:

Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **19-125-AC**

License # **S14069956** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____
 Operator **CONRAD, MICHAEL R**
 Last First Middle
 Address **25 SARGENT ST**
 City **GLOUCESTER** State **MA** Zip **01930-2718**
 Insurance Company **plymouth rock ins**
 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 _____

Reg # **42102** Reg Type **PC** Reg State **MA**
 Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1** **21**
 Owner **ACAR LEASING LTD**
 Last First Middle
 Address **4001 EMBARCADERO DR**
 City **OUT OF STATE** State **CT** Zip _____
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **99** **25** **25** BAC Test Result: **30**
 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
Operator	See Above	XXXXXX	X	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 # **G155440933844603359** St **NY** DOB/Age _____
 Sex **M** Lic. Class **99** **19** **19** Lic. Restrictions **1** **20** CDL _____
 Endorsement _____
 Operator **GONZALEZ, CORNELIO**
 Last First Middle
 Address **425 W 205TH ST APT 2H**
 City **NEW YORK** State **NY** Zip **10034**
 Insurance Company **NTL UNION FIRE INS PITTS**
 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 _____

Reg # **2639328** Reg Type **AP** Reg State **IN**
 Veh Year **2015** Veh Make **Other-not listed** Veh Config. **10** **21**
 Owner **RYDER TRUCK RENTAL**
 Last First Middle
 Address **3100 INDUSTRIAL WAY**
 City **JEFFERSONVILLE** State **IN** Zip **47130**
 Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **0** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Most Harmful Event **1** **24** Type of Test: **29**
 Driver Contributing Code **9** **25** **25** BAC Test Result: **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **2** **33**

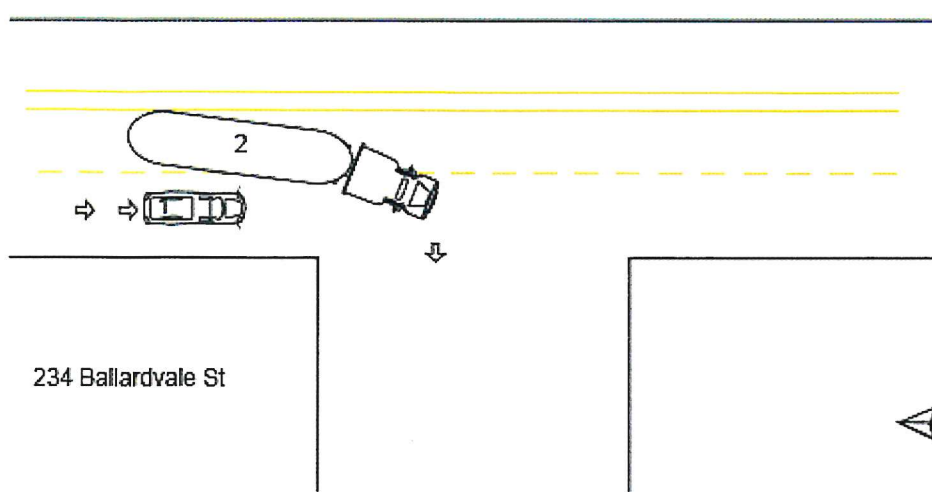
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	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:

Opr of vehicle 1 was traveling straight in the right travel lane, Opr stated he was not aware that the Tractor Trailer Unit was making a wide right from the outside travel lane. Trailer made contact with the front drive's side fender causing damage vehicle 1. Opr of TT unit stated he did not see vehicle 1 and did not believe he made contact with the vehicle.

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 Julie M Pozzi

167

Wilmington Police Department

04/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

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

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **19-126-AC**

License # **S91382570** St **MA** DOB/Age _____ Reg # **P93720** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **B** **M** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **1995** Veh Make **GMC** Veh Config. **6** **21**
 Operator **DINSMORE, BRIAN J** Owner **BRIAN J DINSMORE LANDSCAPE CONTRACTORS INC**
 Address **14 TOPLIFF ST** Address **14 TOPLIFF ST**
 City **BILLERICA** State **MA** Zip **01821-6435** City **BILLERICA** State **MA** Zip **01821-6435**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **5** **27** - **27** **27**
 Vehicle Travel Direction: **N S X 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 **1** **25** **25** BAC Test Result: **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		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	1	99	4	0	0	9	1	
JAMES CAULFIELD	108 CURRIER RD PELHAM, NH 03076	06/30/1964	M	3	99	4	0	0	9	1	

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

License # **S55419267** St **MA** DOB/Age _____ Reg # **28E940** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2008** Veh Make **FORD** Veh Config. **1** **21**
 Operator **DESOSA, ANDERSON C** Owner **DESOSA, ANDERSON C**
 Address **324 ANDOVER RD** Address **324 ANDOVER RD**
 City **BILLERICA** State **MA** Zip **01821-1441** City **BILLERICA** State **MA** Zip **01821-1441**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: **N S X 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 **13** **25** **25** BAC Test Result: **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/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
Operator/Non-Motorist		See Above	X	1	99	1	0	0	8	2	Lahey Clinic

Date of Crash 04/03/2019 Time of Crash 1645 24HR City/Town **Wilmington**

Number Vehicles 2 Number Injured 1

Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

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# **19-127-AC**

License # **S83814478** St **MA** DOB/Ag. Reg # **28E460** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2018** Veh Make **FORD** Veh Config. **1**

Operator **JOYCE, NANINA M** Owner **JOYCE, NANINA M**

Address **900 PADDOCK LN** Address **900 PADDOCK LN**

City **BOXBOROUGH** State **MA** Zip **01719-1793** City **BOXBOROUGH** State **MA** Zip **01719-1793**

Insurance Company **STANDARD FIRE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N X 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 **20 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **5 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	X	1	99	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 # **S36144991** St **MA** DOB/Ag. Reg # **899LD1** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2007** Veh Make **FORD** Veh Config. **1**

Operator **BARBOSA, RONNIE A** Owner **BARBOSA, RONNIE A**

Address **50 BOOTH RD** Address **50 BOOTH RD**

City **METHUEN** State **MA** Zip **01844-5621** City **METHUEN** State **MA** Zip **01844-5621**

Insurance Company **LM GENERAL** Vehicle Action Prior to Crash **2** Damaged Area Code: **4 27 5 27 6 27**

Vehicle Travel Direction: **N X 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 **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**

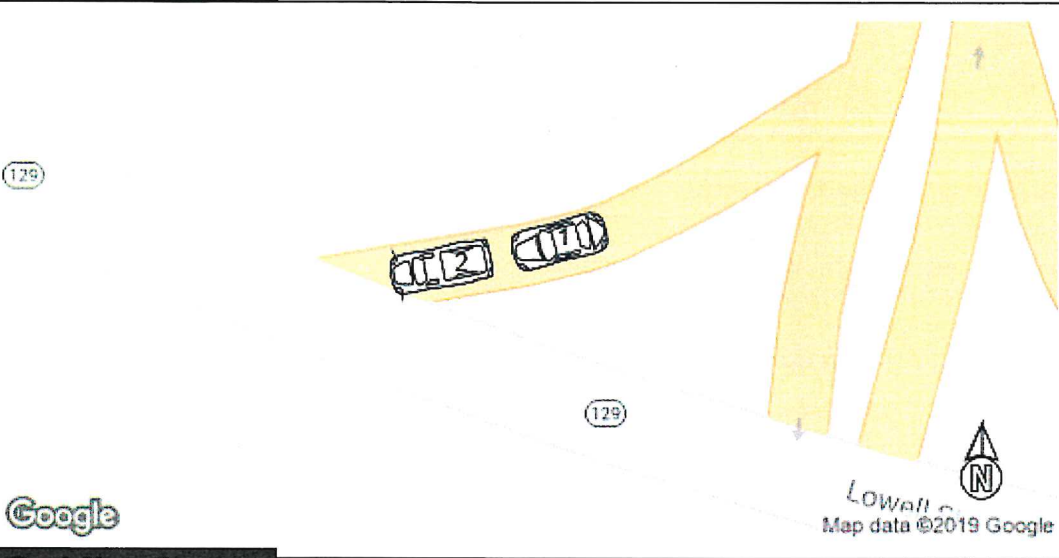
Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved		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		See Above	X	X	1	99	4	0	0	8	2
PATRICIA BARBOSA		50 BOOTH RD METHUEN, MA 01844-5621	F	1	99	4	0	0	10	1	LAWRENCE GENERAL

→ = 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:

Vehicle 2 was awaiting to make the turn onto Lowell Street. The operator of Vehicle 1 stated that she sneezed momentarily and rear ended Vehicle 2.

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 Rafael G Cruz

198

Wilmington Police Department

04/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/04/2019 Time of Crash 1417 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # 397 Name of Roadway/Street MIDDLESEX AVE	2 10
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____	2 11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ 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# **19-128-AC**

3	License # S62147957 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator GUM, JAMES C Address 35 MOORE ST City WILMINGTON State MA Zip 01887-3736 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 # 49TY82 Reg Type PC Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 21 Owner GUM, JAMES C Address 35 MOORE ST City WILMINGTON State MA Zip 01887-3736 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33	1 12
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	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

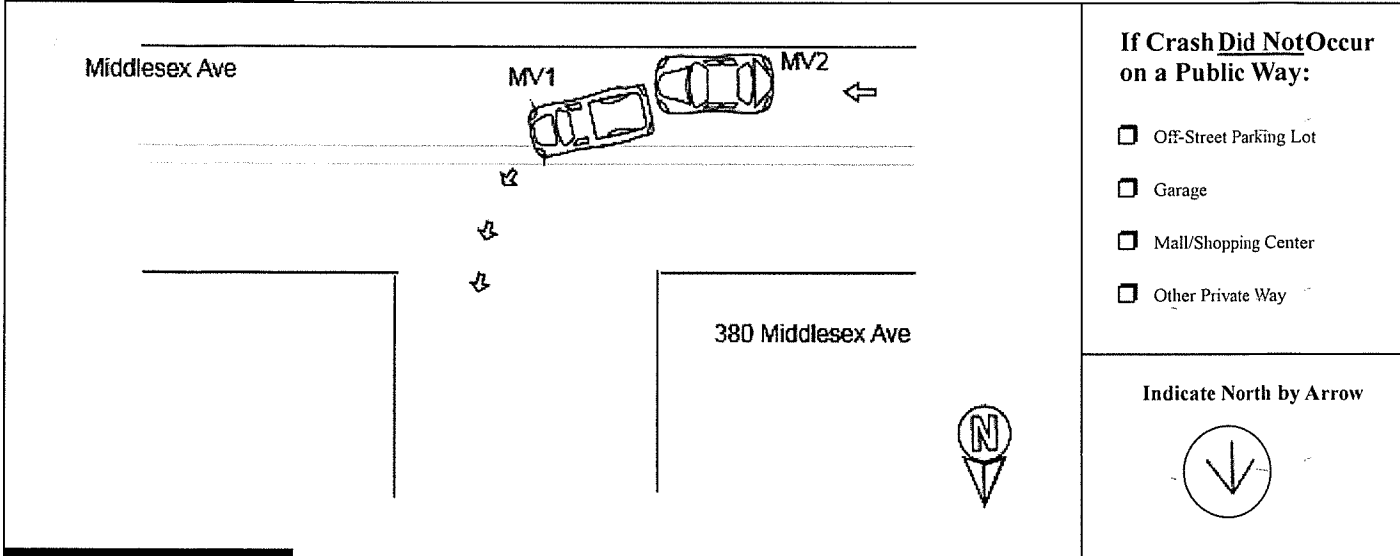
7	License # S77631031 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Operator CONLIN, EVELYN W Address 13 GUNDERSON RD City WILMINGTON State MA Zip 01887-1519 Insurance Company CITIZENS INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 3197AX Reg Type PC Reg State MA Veh Year 1999 Veh Make TOYOTA Veh Config. 1 21 Owner CONLIN, EVELYN W Address 13 GUNDERSON RD City WILMINGTON State MA Zip 01887-1519 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 19 25 5 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33	1 14
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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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 and MV2 were traveling east on Middlesex Ave. MV1 slowed down to take a left into the parking lot of #380 Middlesex Ave. As MV1 was waiting to safely take a left turn it was struck from behind by MV2. No reported injuries, MV2 was towed by A&S.

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 Daryl J Ceruolo

212

Wilmington Police Department

04/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Princt/Barracks

Date

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 # **40 I93 NB40**
 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 **11** #Occupants Hit/Run Moped
 Crash Report ID# **19-129-AC**

License # **S36433421** St **MA** DOB/Age _____ Reg # **4BW856** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2008** Veh Make **AUDI** Veh Config. **1** 21
 Operator **CRUZ, BELLANILDA** Owner **CORDERO-GONZALEZ, JUAN ALCIDES**
 Address **12 PLYMOUTH ST** Address **359 LAWRENCE ST APT APT3**
 City **METHUEN** State **MA** Zip **01844** City **LAWRENCE** State **MA** Zip **01841-1105**
 Insurance Company **PREFERRED MUTUAL** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **S62094551** St **MA** DOB/Age _____ Reg # **T10008** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2017** Veh Make **DODGE** Veh Config. **2** 21
 Operator **FARMER, MARCUS L** Owner **OZ PACIFIC WINES INC**
 Address **31 ROLLINS ST** Address **41 ROGERS RD**
 City **GROVELAND** State **MA** Zip **01834** City **HAVERHILL** State **MA** Zip **01835-6931**
 Insurance Company **CONTINENTAL WESTER** 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 **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 **5** 25 BAC Test Result: **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

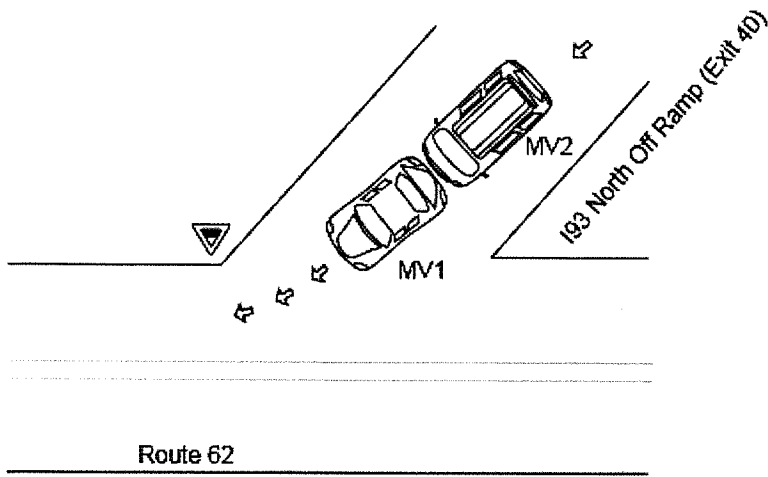
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	1	0	0	9	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:

MV1 and MV2 were both traveling north on the I93 North off-ramp (Exit 40). MV1 had slowed down to attempt to merge onto Route 62. As MV1 attempted to merge onto R62 it was struck from behind by MV2. There was airbag deployment on MV2. Operator of MV2 refused any medical care or treatment. Both MV1 and MV2 were towed by A&S.

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 Daryl J Ceruolo

212

Wilmington Police Department -04/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 04/05/2019	Time of Crash 1657 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit 20	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>SHAWSHEEN AVE</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>HOPKINS ST</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 # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ • _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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# **19-130-AC**

<p>License # S64766877 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator MACEACHERN, KERRILYN F</p> <p>Address 173 POND ST</p> <p>City BILLERICA State MA Zip 01821-1334</p> <p>Insurance Company SAFETY INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 43PA09 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make DODGE Veh Config. 1</p> <p>Owner MACEACHERN, ALAN R</p> <p>Address 173 POND ST</p> <p>City BILLERICA State MA Zip 01821-1334</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 27 27</p> <p>Event Sequence 4 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 4 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

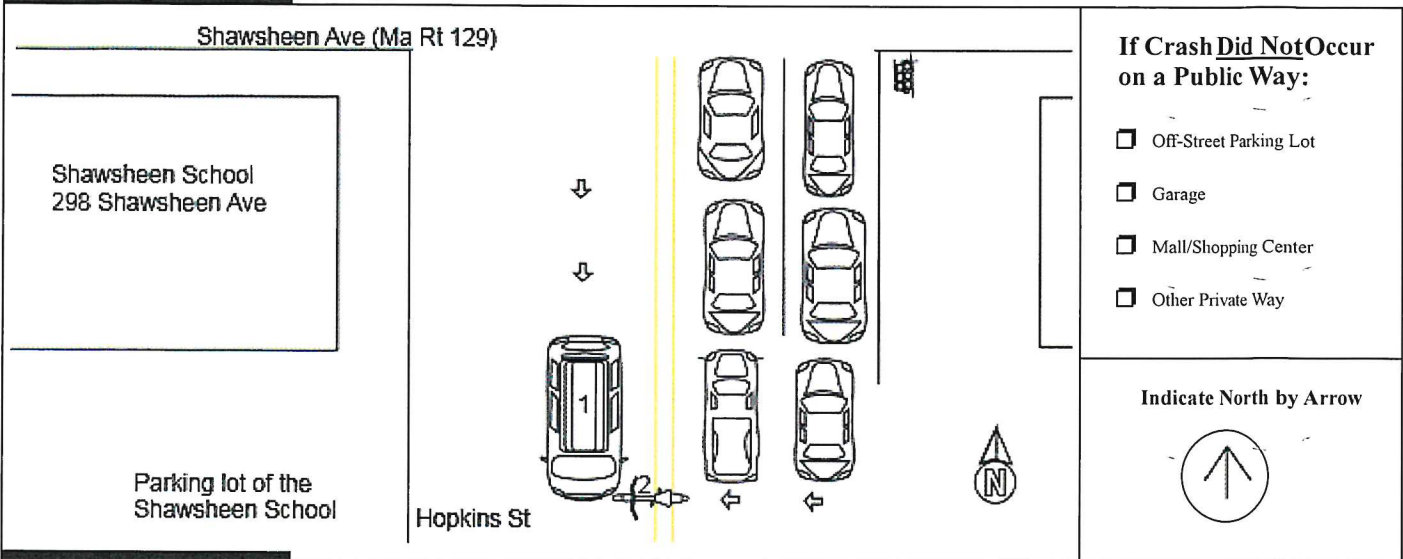
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **2** Action **2** Location **4** Condition **1** Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator BRANLEY, KENNETH</p> <p>Address 55 SWAIN RD</p> <p>City WILMINGTON State MA Zip 01887</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 97 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 19 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</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
Operator/Non-Motorist	See Above	XXXXXX	X	1	0				8	1	

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:

On 4/5/19 I was dispatched to a motor vehicle crash car vs bicycle. Vehicle 1 operator was not injured and was wearing a seatbelt at the time of crash. She reported that she was traveling on Hopkins St when a bicycle suddenly popped out in front of her from a line of cars stopped in traffic. She reported it happened quickly and she was unable to avoid crash. Veh 1 struck bike at front tire knocking down rider. Rider was not wearing helmet at time of crash. Rider reported he was trying to cross Hopkins St and rode through a line of vehicles. Rider reported he did not look for oncoming traffic and rode out in front of Veh 1. Veh 1 stopped after crash and attempted to render aid. Veh 1 suffered front bumper damage and a flat front driver's tire caused from running over bike tire. Bike suffered damage to front tire. Witnesses confirmed bike pulled out in front of the oncoming Veh 1. Rider did not use crosswalk. Rider had minor injuries. See

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
ANDERSON JEANINE ALLARD	1 DANIEL FINN CIR BILLERICA MA 01821		
JAGELER SABINA SCHILLER	45 TOWPATH DR WILMINGTON MA 01887-3917		

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 Daniel P Furbush

196

Wilmington Police Department

04/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

19-130-AC

On 4/5/19 I was dispatched to a motor vehicle crash car vs bicycle. Vehicle 1 operator was not injured and was wearing a seatbelt at the time of crash. She reported that she was traveling on Hopkins St when a bicycle suddenly popped out in front of her from a line of cars stopped in traffic. She reported it happened quickly and she was unable to avoid crash. Veh 1 struck bike at front tire knocking down rider. Rider was not wearing helmet at time of crash. Rider reported he was trying to cross Hopkins St and rode through a line of vehicles. Rider reported he did not look for oncoming traffic and rode out in front of Veh 1. Veh 1 stopped after crash and attempted to render aid. Veh 1 suffered front bumper damage and a flat front driver's tire caused from running over bike tire. Bike suffered damage to front tire. Witnesses confirmed bike pulled out in front of the oncoming Veh 1. Rider did not use crosswalk. Rider had minor injuries. See 19-367-OF

Wilmington Police Department
Images Associated with 19-130-AC



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
 Feet **NSEW** of or Exit Number
 Feet **NSEW** of Mile Marker
 Feet **NSEW** of Route# Intersecting Roadway/Street
 Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
 Crash Report ID# **19-131-AC**

License # **S75800170** St **MA** DOB/Agc _____ Reg # **7HA213** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2013** Veh Make **ACURA** Veh Config. **1**
 Operator **COOK, PAXTON A** Owner **COOK, ROBERTA P**
 Address **31 APACHE WAY** Address **90 WOBURN ST**
 City **WILMINGTON** State **MA** Zip **01887-2692** City **WILMINGTON** State **MA** Zip **01887-1432**
 Insurance Company **STANDARD FIRE INS** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

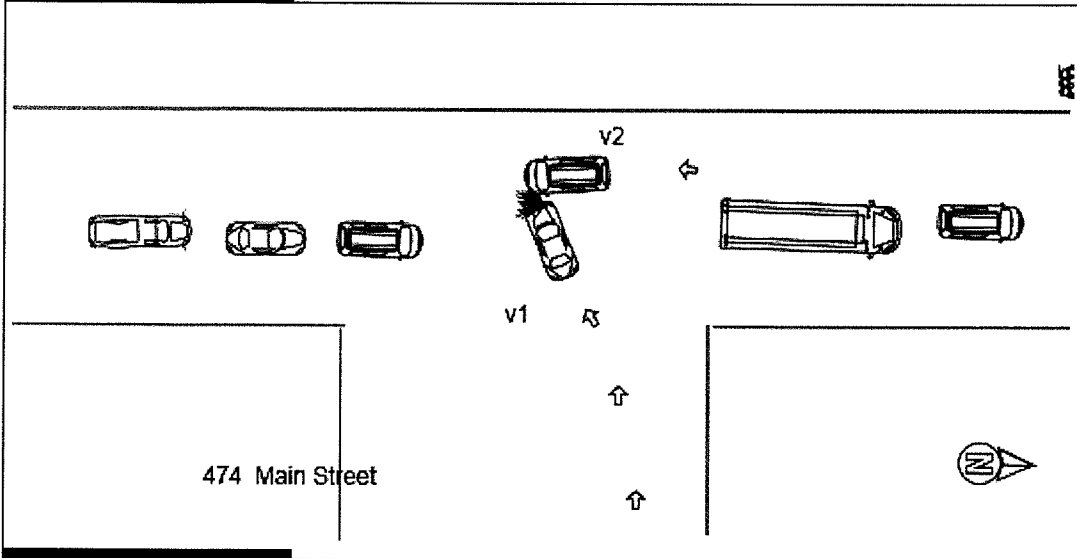
Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S61679820** St **MA** DOB/Agc _____ Reg # **6CR735** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **2**
 Operator **FERNANDES, NAYARA M** Owner **FERNANDES, NAYARA M**
 Address **20 REED AVE** Address **20 REED AVE**
 City **EVERETT** State **MA** Zip **02149-3920** City **EVERETT** State **MA** Zip **02149-3920**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N X E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2 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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
CEARA SIRQUERIA		37 SCHOOL ST EVERETT, MA 02149	F	3	1	4	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:

The driver of v1 stated that he was pulling left out of the lot of 474 Main street. He stated the north bound traffic waved him through, he attempted to take his left and he collided with V2

V2 stated she was going south on Main street, when v1 pulled out of the lot and struck her.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Brian D Thornton
 Police Officer Name (Please Print) Signature **190** ID/Badge # **Wilmington Police Department** Department **04/05/2019** Precinct/Barracks Date

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
 Feet **N S E W** of _____ or _____ Exit Number
 Feet **N S E W** of _____ Route# Intersecting Roadway/Street
 Feet **N S E W** of **TEMPLE ST** Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **19-132-AC**

License # **S95686041** St **MA** DOB/Ag _____ Reg # **6WF452** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **FORD** Veh Config. **2** 21
 Operator **CLOUGH, ROBERT JOHN** Owner **CLOUGH, ROBERT JOHN**
 Address **85 CHURCH ST** Address **85 CHURCH ST**
 City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**
 Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **7** 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) **T1151734** Most Harmful Event **22** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90 24G** Viol. 2: Ch/Sec/Sub **89 4A** Driver Contributing Code **10** 25 **97** 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub **90 24E** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 26 Susp. Alcohol: **31** Susp. Drug: **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	XXXXXX	XX	1	0	4	0	0	9	2	Winchester Hospital

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

License # **S71003868** St **MA** DOB/Ag _____ Reg # **D82779** Reg Type **TR** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2017** Veh Make **Other-not listed** Veh Config. **8** 21
 Operator **MINGHELLA, PHILIP M** Owner **MINGHELLA, PHILIP M**
 Address **21 MIDDLESEX AVE** Address **21 MIDDLESEX AVE**
 City **WILMINGTON** State **MA** Zip **01887-2756** City **WILMINGTON** State **MA** Zip **01887-2756**
 Insurance Company **GREEN MOUNTAIN INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **6** 27 27 27
 Vehicle Travel Direction: **N S** **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 **1** 25 **25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **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
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **22 BURT RD** Name of Roadway/Street

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

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

Feet **N S E W** of _____ Mile Marker _____

Route# Direction Name of Intersecting Roadway/Street

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

VERIZON POLE 13 Landmark

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

Crash Report ID# **19-134-AC**

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator **unknown** 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** 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	See Above	XXXX	XX	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 _____ Reg # _____ Reg Type _____ Reg State _____

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

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** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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
Operator/Non-Motorist	See Above	XXXX	XX	1							

