

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

1 **38** **MAIN ST**
Route# Direction Name of Roadway/Street

At

Route# Direction **BRIDGE LN**
Name of Intersecting Roadway/Street

Also at Intersection with

2 **1**
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# **19-159-AC**

License # **S48278851** St **MA** DOB/Age _____ Reg # **6WE952** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2019** Veh Make **Jeep** Veh Config. **1**

Operator **GRINOVICH, NICOLE** Owner **GRINOVICH, NICOLE**

Address **20 OAKDALE RD** Address **20 OAKDALE RD**

City **WILMINGTON** State **MA** Zip **01887-1920** City **WILMINGTON** State **MA** Zip **01887-1920**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	XXXX	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 _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **1 21**

Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **1 23 23 23 23** Test Status: **28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** Susp. Alcohol: **31** Susp. Drug: **32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Towed from scene? **33**

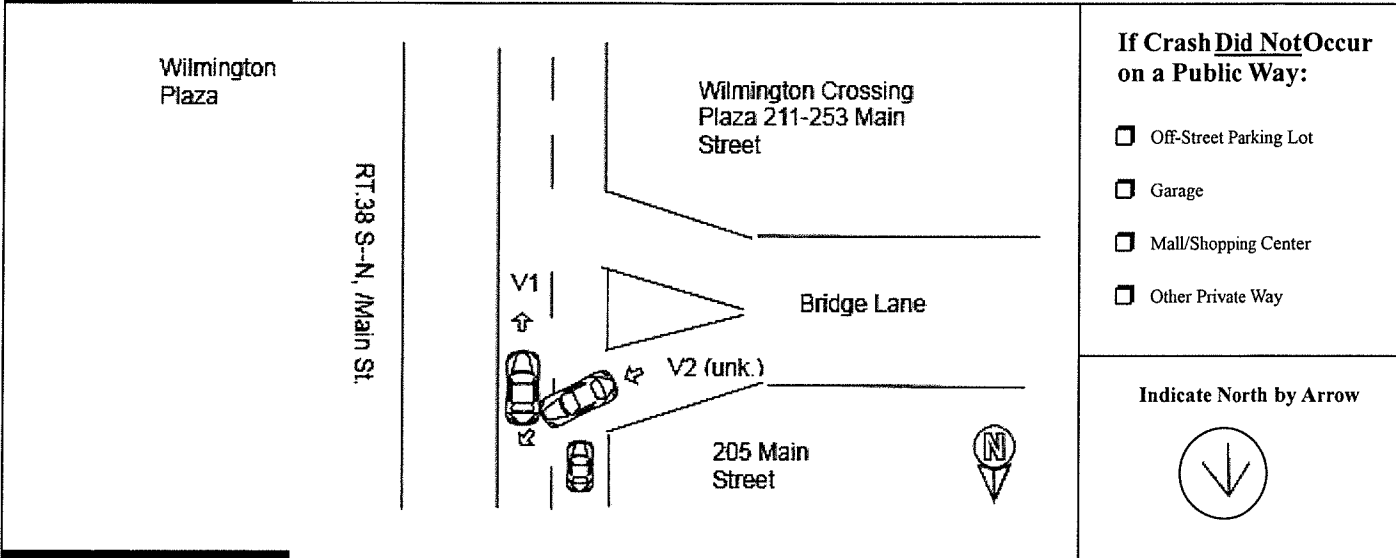
Please fill out for operator/non-motorist and all occupants involved

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	XXXXXX	XXXX	1	99	99	99	99	99	99	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

V1 (Grinovich) was traveling straight on RT.38S in the left portion of the split travel lane in the vicinity of Bridge Lane (205/211 Main Street). V2 possibly a red Subaru sedan (unknown registration), exited Bridge lane and made left turn on to Main Street. While doing so V2 clipped rear right tire of V1 as it turned behind and or into V1. No injuries observed or reported. V2 stopped momentarily and then left the area on nearby RT.129 towards Billerica without contacting V1 opr or notifying police to identify self. V1 opr contacted police and arrived at station to make report. Damage observed to right rear tire, and tire appeared bent. Opr. will make arrangements for tow. Referred to insurance.

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 Richard DiPerri 173 Wilmington Police Department 05/06/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

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

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

Route# Direction Name of Intersecting 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# **19-160-AC**

License # **S94219724** St **MA** DOB/Age _____ Reg # **1690KG** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **FORD** Veh Config. **2**

Operator **MARINO, PETER T** Owner **MARINO, PETER T**

Address **132 GROVE AVE** Address **132 GROVE AVE**

City **WILMINGTON** State **MA** Zip **01887-3722** City **WILMINGTON** State **MA** Zip **01887-3722**

Insurance Company **LIBERTY MUTUAL** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **1 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	

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

License # **S21387084** St **MA** DOB/Age _____ Reg # **99ML11** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **DODGE** Veh Config. **2**

Operator **GREENLAND, JEANNE KATHLEEN** Owner **GREENLAND, DOUGLAS A**

Address **10 WALTER ST** Address **10 WALTER ST**

City **TEWKSBURY** State **MA** Zip **01876-2769** City **TEWKSBURY** State **MA** Zip **01876-2769**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) _____ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** 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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Date of Crash 05/10/2019	Time of Crash 1256 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other:
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	2	Route# _____ Direction _____ Address # <u>586</u> Name of Roadway/Street <u>MAIN ST</u>	10
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	4	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____	11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	4	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	4	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	11

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-162-AC**

1	License # <u>S73292646</u> St <u>MA</u> DOB/Ag. _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	1	Reg # <u>62GA75</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>	12
1	Operator <u>CAIN, REBECCA A</u> Last First Middle	1	Owner <u>CAIN, FRANK E</u> Last First Middle	12
1	Address <u>24 BLACKSTONE ST</u>	1	Address <u>24 BLACKSTONE ST</u>	12
1	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u>	1	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>	12
5	Insurance Company <u>PLYMOUTH ROCK ASSU</u>	1	Vehicle Action Prior to Crash <u>9</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>	13
5	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	1	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	13
5	Citation # (If Issued) <u>T1150810</u>	1	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	13
6	Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____	1	Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	13
6	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	1	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	13
6	Towed from scene? <u>2</u> <u>33</u>	1	Towed from scene? <u>2</u> <u>33</u>	13

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	XX	1	1	4	0	0	10	1	

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

1	License # <u>S58392927</u> St <u>MA</u> DOB/Ag. _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	1	Reg # <u>12BA28</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>	14
1	Operator <u>SUPRENANT, MICHELLE MARIE</u> Last First Middle	1	Owner <u>SUPRENANT, MICHELLE MARIE</u> Last First Middle	14
1	Address <u>105 FELKER ST</u>	1	Address <u>105 FELKER ST</u>	14
1	City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5834</u>	1	City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5834</u>	14
9	Insurance Company <u>COMMERCE INSURANCE</u>	1	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>	14
9	Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	1	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>	14
9	Citation # (If Issued) _____	1	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	14
9	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	1	Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>	14
9	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	1	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>	14
9	Towed from scene? <u>2</u> <u>33</u>	1	Towed from scene? <u>2</u> <u>33</u>	14

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	XX	1	1	4	0	0	10	1	

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

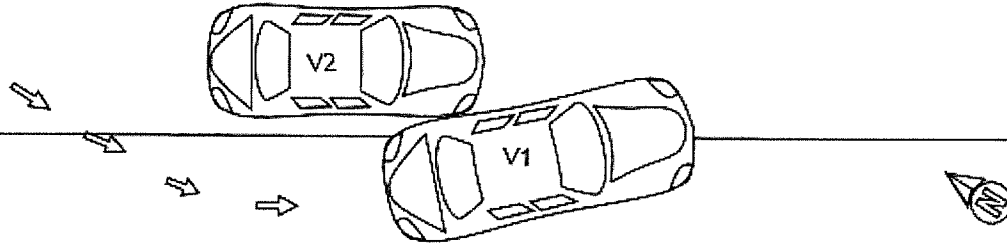
Crash Diagram:

Main St. (Route 38)

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 1 (Chevy Tahoe) and Vehicle 2 (Chevy Malibu) were engaged in a road rage incident prior to the crash. They were each passing each other repeatedly and trying to pass each other. At the time of the crash, V2 was in front of V1. The operator of V1 claims that V2 came to a stop in the road for no reason. V2 driver said she was slowing down because V1 was tailgating, but did not stop. V1 then passed V2 on the right and swerved back into the lane of travel. While doing so it the rear driver's side door of V1 made contact with the front passenger side of V2 by the tire. V1 had a minor dent and slight paint damage to the door. V2 had paint transfer and a small dent on the front quarter panel. There were no injuries and both driver's admitted they had road rage and they should not have been doing what they were doing.

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 Emily L Stebbins

210

Wilmington Police Department

05/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **05/10/2019** Time of Crash **1253** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **20** State Police
 24HR **Wilmington** **Police Report** Latitude _____ MBTA Police
 Longitude _____ Other: _____ Campus Police

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 # 586 Name of Roadway/Street MAIN ST</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 SHELL GAS STATION</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# **19-163-AC**

<p>License # 056394912 St GA DOB/Age. _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator ALARMS, DURUM CHIGOZIE</p> <p>Address 150 HEARD ST APT 335</p> <p>City CHELSEA State MA Zip 02150</p> <p>Insurance Company NONE</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) T1152567</p> <p>Viol. 1: Ch/Sec/Sub 90 34J Viol. 2: Ch/Sec/Sub 90 9</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # RPB4217 Reg Type PC Reg State GA</p> <p>Veh Year 2003 Veh Make LEXUS Veh Config. 1</p> <p>Owner ALARMS, DURUM CHIGOZIE</p> <p>Address 150 HEARD ST APT 335</p> <p>City CHELSEA State MA Zip 02150</p> <p>Vehicle Action Prior to Crash 97</p> <p>Event Sequence 2 23 23 23 23</p> <p>Most Harmful Event 2 24</p> <p>Driver Contributing Code 19 25 25</p> <p>Driver Distracted by 99 26</p> <p>Damaged Area Code: 2 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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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	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S85030885 St MA DOB/Agt _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator TORO, CHRISTINE A</p> <p>Address 2112 EVERGREEN DR</p> <p>City WILMINGTON State MA Zip 01887-1175</p> <p>Insurance Company METROPOLITAN PROP</p> <p>Vehicle Travel Direction: N S E 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 # 4173EC Reg Type PC Reg State MA</p> <p>Veh Year 2012 Veh Make KIA Veh Config. 1</p> <p>Owner TORO, CHRISTINE A</p> <p>Address 2112 EVERGREEN DR</p> <p>City WILMINGTON State MA Zip 01887-1175</p> <p>Vehicle Action Prior to Crash 11</p> <p>Event Sequence 2 23 23 23 23</p> <p>Most Harmful Event 2 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26</p> <p>Damaged Area Code: 8 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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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	99	4	0	0	10	1	

Date of Crash 05/10/2019 Time of Crash 1446 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # <u>750</u> Name of Roadway/Street <u>WOBURN ST</u>
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
2	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-164-AC**

3	License # <u>S44560706</u> St <u>MA</u> DOB/Age _____	Reg # <u>9XN328</u> Reg Type <u>PC</u> Reg State <u>MA</u>
	Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2019</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u>
4	Operator <u>HA, FONG</u>	Owner <u>HA, FONG</u>
	Address <u>166 FOREST ST</u>	Address <u>166 FOREST ST</u>
5	City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01801</u>	City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01801</u>
	Insurance Company <u>METROPOLITAN PROP</u>	Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
	Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
7	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
8	Driver Distracted by <u>0</u> <u>26</u>	Towed from scene? <u>2</u> <u>33</u>

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"/>	<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

8	License # <u>S20249541</u> St <u>MA</u> DOB/Age _____	Reg # <u>6BK222</u> Reg Type <u>PC</u> Reg State <u>MA</u>
	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2018</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u>
9	Operator <u>SULLIVAN, MICHAEL S</u>	Owner <u>DAIMLER TRUST</u>
	Address <u>2 PARKWAY RD</u>	Address <u>BX 685</u>
10	City <u>STONEHAM</u> State <u>MA</u> Zip <u>01950</u>	City <u>ROANOKE</u> State <u>TX</u> Zip <u>76262-0000</u>
	Insurance Company <u>LIB MUT FIRE INS</u>	Vehicle Action Prior to Crash <u>4</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>
11	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
	Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
12	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>1</u> <u>30</u>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
13	Driver Distracted by <u>0</u> <u>26</u>	Towed from scene? <u>1</u> <u>33</u>

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"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/10/2019	Time of Crash 2032 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other _____ <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # 753A Name of Roadway/Street WOBURN ST							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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# 19-165-AC							
License # S19196764 St MA DOB/Age _____			Reg # RW379W Reg Type PC Reg State MA							
Sex M Lic. Class D Lic. Restrictions 20 CDL _____			Veh Year 2014 Veh Make FORD Veh Config. 1							
Operator PIZZANO, CHARLES JR			Owner PIZZANO, CHARLES JR							
Address 43 BANCROFT AVE			Address 43 BANCROFT AVE							
City READING State MA Zip 01867-2512			City READING State MA Zip 01867-2512							
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 1 27 8 27							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 21 23 23 23 23 Test Status: 1 28							
Citation # (If Issued) _____			Most Harmful Event 21 24 Type of Test: 1 29							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code 99 25 25 BAC Test Result: 1 30							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by 0 26 Susp. Alcohol: 99 31 Susp. Drug: 99 32							
Please fill out for operator and all occupants involved			Towed from scene? 2 33							
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____							
Operator			See Above							
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A			Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> 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 _____			Owner _____							
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: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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							
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? 33							
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____							
Operator/Non-Motorist			See Above							

