

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 06/17/2019 Time of Crash 1958 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 1 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 _____
 At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# 1 Direction _____ Address # ROUTE 62 HWY 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 1 #Occupants Hit/Run Moped

Crash Report ID# **19-208-AC**

License # S68388176 St MA DOB/Age _____
 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____
 Operator BACKLER, ELIZABETH R
 Address 47 WOODLAND PARK DR
 City HAVERHILL State MA Zip 01830-2266
 Insurance Company GOVT EMPLOYEE INS
 Vehicle Travel Direction: N S 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 # 611TY3 Reg Type PC Reg State MA
 Veh Year 2016 Veh Make VOLKSWAGEN Veh Config. 1
 Owner BACKLER, ELIZABETH R
 Address 47 WOODLAND PARK DR
 City HAVERHILL State MA Zip 01830-2266
 Vehicle Action Prior to Crash 3
 Event Sequence 1 23 23 23 23
 Most Harmful Event 1 24
 Driver Contributing Code 1 25 25
 Driver Distracted by 0 26
 Damaged Area Code: 8 27 27 27
 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		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	<u>1</u>	<u>99</u>	<u>99</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

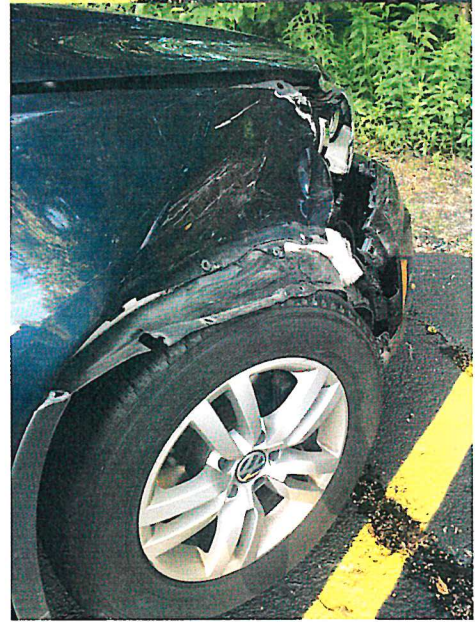
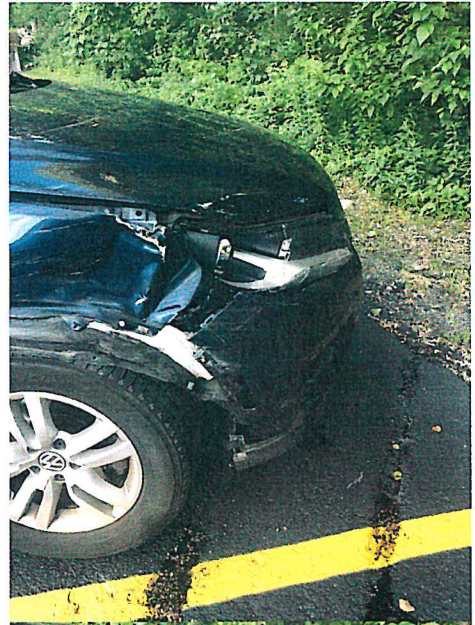
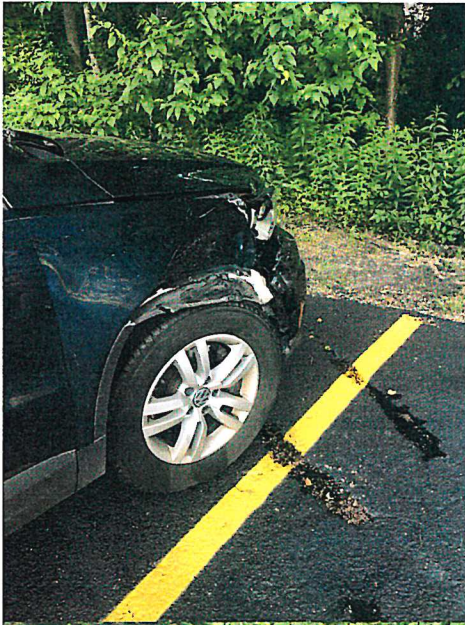
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____
 Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____
 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
 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/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	XXXX	<u>1</u>							

Wilmington Police Department
Images Associated with 19-208-AC



Date of Crash 06/18/2019 Time of Crash 1109 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <u>230</u> Direction _____ Address # <u>LOWELL ST</u> Name of Roadway/Street _____
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Exit Number _____
2	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 _____ Mile Marker _____ Exit Number _____
	Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
2	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: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-209-AC**

1	License # <u>NHL12250050</u> St <u>NH</u> DOB/Age _____ Reg # <u>4329964</u> Reg Type <u>PC</u> Reg State <u>NH</u>	1
	Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Veh Year <u>2013</u> Veh Make <u>FORD</u> Veh Config. <u>1</u>	
4	Operator <u>DEBRUYCKERE, JENNA D</u> Owner <u>DEBRUYCKERE, JENNA D</u>	1
	Address <u>4 WATERFORD WAY APT 316</u> Address <u>4 WATERFORD WAY APT 316</u>	
5	City <u>MANCHESTER</u> State <u>NH</u> Zip <u>031028106</u> City <u>MANCHESTER</u> State <u>NH</u> Zip <u>031028106</u>	1
	Insurance Company <u>PROGRESSIVE</u> Vehicle Action Prior to Crash <u>2</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>	
6	Vehicle Travel Direction: <input type="checkbox"/> N <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>28</u>	1
	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	1
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ 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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	1
	License # <u>S19135112</u> St <u>MA</u> DOB/Age _____ Reg # <u>R36583</u> Reg Type <u>CO</u> Reg State <u>MA</u>	
8	Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Veh Year <u>2014</u> Veh Make <u>ISUZU</u> Veh Config. <u>6</u>	1
	Operator <u>MARTIN, JEFFREY PAUL</u> Owner <u>MARTIN DISTRIBUTING INC</u>	
9	Address <u>19 APACHE WAY</u> Address <u>19 APACHE WAY</u>	1
	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2692</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2692</u>	
9	Insurance Company <u>SAFETY INSURANCE</u> Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>	1
	Vehicle Travel Direction: <input type="checkbox"/> N <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>28</u>	
9	Citation # (If Issued) _____ Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>	1
	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>	
9	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>	1

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	XXXX	1	1	4	0	0	10	1	

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 **1** **ROUTE 125 HWY**
 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# **19-210-AC**

License # **S94174446** St **MA** DOB/Ag. Reg # **3GW313** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2003** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **REYNOLDS, JACOB B** Owner **HODGKINS, FRANKLIN C**
 Address **26 FIRST ST** Address **39 COLONIAL DR**
 City **MELROSE** State **MA** Zip **02176-4010** City **TEWKSBURY** State **MA** Zip **01876-0000**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 2 27 3 27 27
 Vehicle Travel Direction: **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 _____ Driver Contributing Code **12** 25 **2** 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 2 33
 Viol. 4: Ch/Sec/Sub _____

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** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

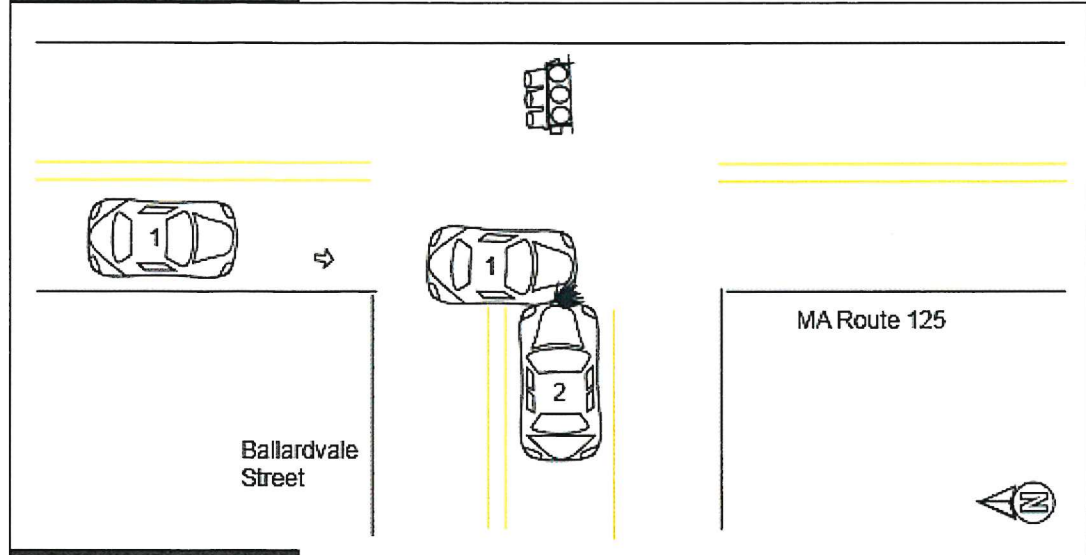
License # **S47492667** St **MA** DOB/Ag. Reg # **4DA574** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2016** Veh Make **BMW** Veh Config. **1** 21
 Operator **LANE-DASILVA, KATIE ELIZABETH** Owner **LANE-DASILVA, KATIE ELIZABETH**
 Address **11 SHAWMUT AVE** Address **11 SHAWMUT AVE**
 City **HAVERHILL** State **MA** Zip **01835-7930** City **HAVERHILL** State **MA** Zip **01835-7930**
 Insurance Company **PROGRESSIVE DIRECT** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 8 27 1 27 2 27
 Vehicle Travel Direction: **N** **S** **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 _____ Driver Contributing Code **1** 25 **25** BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? 2 33
 Viol. 4: Ch/Sec/Sub _____

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
 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:

MV2 was stopped at a redlight at the intersection of Ballardvale Street and MA Route 125 and waiting to turn left onto MA Route 125 northbound. MV1 was traveling southbound on Route 125 and attempting to turn right onto Ballardvale Street. The roadway was wet and slippery from earlier rain and MV1 was traveling too fast for the conditions and to safely navigate the right turn. The operator of MV1 stated that he turned the wheel to the right and braked, but the vehicle kept traveling straight ahead. MV1 missed the right turn onto Ballardvale Street and slid into MV2, who was still stopped at the redlight in the left turn lane. MV1 collided with MV2 and slid across the front end of MV2 finally coming to rest. MV2 suffered front end damage and MV1 suffered damage to its front right side and right side of the vehicle. There were no injuries and both vehicles were driven from the scene.

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 Michael A Wilson 209 Wilmington Police Department 06/18/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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

1 3
 Route# Direction **FOREST ST** Name of Roadway/Street
 At
 Route# Direction **ALDRICH RD** Name of Intersecting Roadway/Street
 Also at Intersection with
 2 1
 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **19-211-AC**

License # **S88343798** St **MA** DOB/Age _____ Reg # **2MP754** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **BMW** Veh Config. **1** 21
 Operator **DELUCA, ANTHONY K** Owner **DELUCA, ANTHONY K**
 Address **41 DONALD RD** Address **41 DONALD RD**
 City **BURLINGTON** State **MA** Zip **01803-1512** City **BURLINGTON** State **MA** Zip **01803-1512**
 Insurance Company **GEICO GENERAL INS** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 6 27 5 27 4 27
 Vehicle Travel Direction: S 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 **3** 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			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 # **S71514916** St **MA** DOB/Age _____ Reg # **7RZM20** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2007** Veh Make **CADILLAC** Veh Config. **1** 21
 Operator **MELONAS, SHERRI L** Owner **MELONAS, SHERRI L**
 Address **81 DEBRA DR** Address **81 DEBRA DR**
 City **TEWKSBURY** State **MA** Zip **01876-2708** City **TEWKSBURY** State **MA** Zip **01876-2708**
 Insurance Company **OCCIDENTAL FIRE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 1 27 27
 Vehicle Travel Direction: S 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 **5** 25 **20** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **3** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

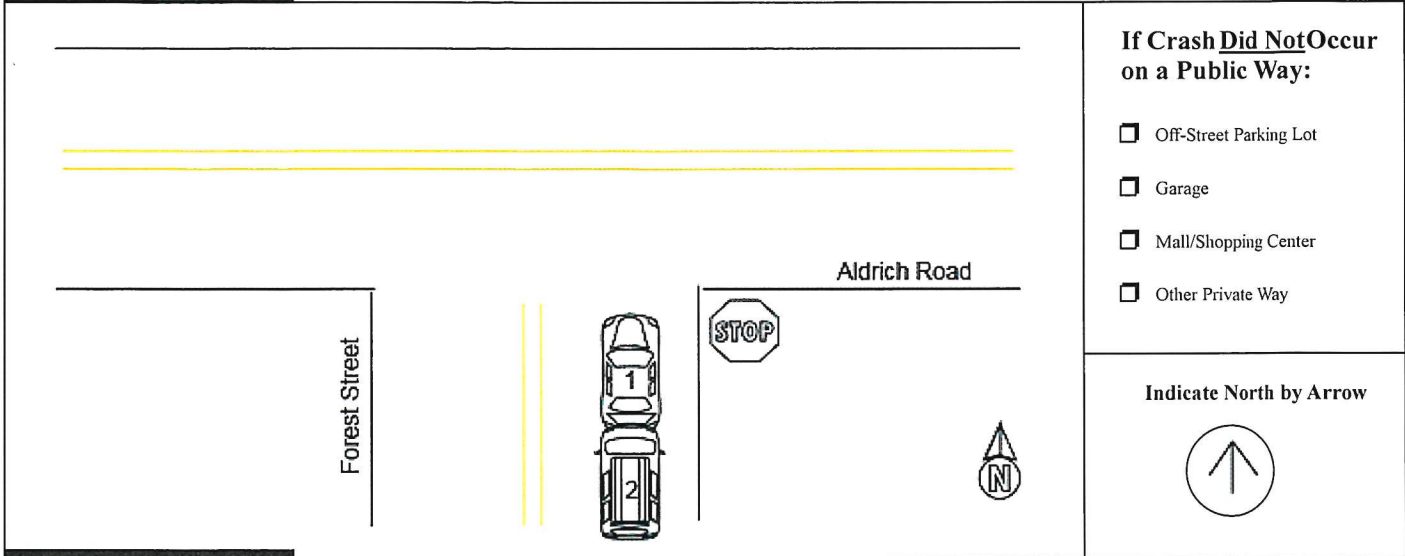
Please fill out for operator/non-motorist and all occupants involved

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			1	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O = Pedestrian ⚡ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O → ⚡



Crash Narrative:

MV1 was traveling northbound on Forest Street towards Aldrich Road. MV2 was also traveling northbound on Forest Street and following MV1 at a very close distance. As MV1 approached the intersection of Forest Street and Aldrich Road, MV1 began to brake and slow down because another vehicle was stopped at the stop sign in front of it. MV2 was continuing to travel straight ahead and follow MV1 at a very close distance. MV1 came to a stop behind the other vehicle at the stop sign. MV2 was unable to stop in time and collided with the rear end of MV1. MV1 suffered minor damage to the rear end of the vehicle. MV2 appeared to suffer minor damage to the front right side of the vehicle as evidenced by the photographs taken by Operator of MV1. There were no injuries and both vehicles were driven away from the scene. For additional details relating to this accident see incident report 19-661-OF.

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 Michael A Wilson

209

Wilmington Police Department

06/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

1 **CONCORD ST**
 Route# _____ Direction _____ Name of Roadway/Street _____
 At _____
WOBURN ST
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

3 Route# _____ Direction _____ Name of Roadway/Street _____
 Address # _____ Mile Marker _____ Exit Number _____
 Feet N S E W of _____ or _____
 Feet N S E W of _____
 Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 Landmark _____

Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped
 Crash Report ID# **19-212-AC**

License # **08DTM81011** St **NH** DOB/Age _____ Reg # **3673211** Reg Type **PC** Reg State **NH**
 Sex **F** Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year **2014** Veh Make **NISSAN** Veh Config. 1 21
 Operator **DOGGETT, MEAGHAN E** Owner **DOGGETT, MATTHEW ALAN**
 Last First Middle Last First Middle
 Address **4 HILLSIDE RD** Address **4 HILLSIDE RD**
 City **KINGSTON** State **NH** Zip **03848** City **KINGSTON** State **NH** Zip **03848**
 Insurance Company **TRAVELLERS** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Test Status: 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

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	2	0	0	10	1	
				4	4	2	0	0	7	1	
				6	4	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 # **S62691898** St **MA** DOB/Age _____ Reg # **S29388** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL _____ Veh Year **2016** Veh Make **FORD** Veh Config. 2 21
 Operator **ABREU, JOHN J III** Owner **ENTERPRISE FM TRUST**
 Last First Middle Last First Middle
 Address **111 FRIENDSHIP ST** Address **600 CORPORATE PK DR**
 City **BILLERICA** State **MA** Zip **01821-3803** City **ST LOUIS** State **MO** Zip **63105-0000**
 Insurance Company **SELECTIVE INSURANC** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: N S 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 7 25 4 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/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	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/21/2019	Time of Crash 1507 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	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# <u>270</u> Direction _____ Address # <u>MIDDLESEX AVE</u> Name of Roadway/Street _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <u>NSEW</u> of _____ or _____ Mile Marker _____ Exit Number _____												
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>NSEW</u> of _____ Route# _____ Intersecting Roadway/Street _____												
			Landmark _____												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 19-213-AC								
License # <u>153280965</u> St <u>CO</u> DOB/Age <u>10/25/1968</u>			Reg # <u>2288149</u>		Reg Type <u>AP</u>		Reg State <u>IN</u>								
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____			Veh Year <u>2016</u>		Veh Make _____		Veh Config. <u>10</u> <u>21</u>								
Operator <u>VOELPEL, EDWARD WILLIAM</u>			Owner <u>SCHNEIDER NATIONAL CARRIERS INC</u>												
Address <u>3115 GLENARM RD LOT APT 29</u>			Address <u>7101 W 17TH AVE</u>												
City <u>COLORADO SPRINGS</u> State <u>CO</u> Zip <u>809119739</u>			City <u>GARY</u>		State <u>IN</u>		Zip <u>46406</u>								
Insurance Company <u>OLD REPUBLIC INSURANCE</u>			Vehicle Action Prior to Crash <u>3</u> <u>22</u>		Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <u>N S X W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>28</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>28</u> <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>19</u> <u>25</u> <u>25</u>		BAC Test Result: <u>1</u> <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			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>										
Towed from scene? <u>2</u> <u>33</u>															
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	<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: <input type="checkbox"/> Vehicle <u>2</u> #Occupants _____			<input type="checkbox"/> Non-Motorist A		Type <u>15</u>	Action <u>16</u>	Location <u>17</u>	Condition <u>18</u>	<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____								
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>21</u>								
Operator _____			Owner _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____		State _____		Zip _____								
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>		Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>										
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>		Test Status: <u>28</u>										
Citation # (If Issued) _____			Most Harmful Event <u>24</u>		Type of Test: <u>29</u>										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>		BAC Test Result: <u>30</u>										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>		Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>										
Towed from scene? <u>33</u>															
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			X	X	<u>1</u>							

