

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 06/05/2019 Time of Crash 1200 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: 0000

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

WOBURN ST

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

CONCORD ST

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker or Exit Number

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: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 19-190-AC

License # S94306172 St. MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # 351GCK Reg Type PC Reg State MA Veh Year 2004 Veh Make BUICKS Veh Config. 1 21

Operator POWER, WILLIAM D Last First Middle

Owner POWER, WILLIAM D Last First Middle

Address 1624 MAIN ST APT 113

Address 1624 MAIN ST APT 113

City TEWKSBURY State MA Zip 01876-0000

City TEWKSBURY State MA Zip 01876-0000

Insurance Company COMMERCE INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

Vehicle Travel Direction: [X] 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 4 25 19 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

Table with columns: Name, 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

Table with 11 columns for operator and occupants: Name, Address, DOB/Age, Sex, 34 Seat Pos., 35 Safety System, 36 Airbag Status, 37 Eject Code, 38 Trap Code, 39 Injury Status, 40 Transp. Code, Medical Facility

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

License # 1664256 St. ME DOB/Age Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # T542979 Reg Type TR Reg State NH Veh Year 2018 Veh Make Other-not listed Veh Config. 8 21

Operator WESCOTT, JOSHUA B Last First Middle

Owner MB TRACTOR & EQUIPMENT Last First Middle

Address 44 OAK RIDGE DR

Address PO BOX 289

City STANDISH State ME Zip 04084

City TILTON State NH Zip 03276

Insurance Company CROSS INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27

Vehicle Travel Direction: [X] 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/non-motorist and all occupants involved

Table with columns: Name, 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

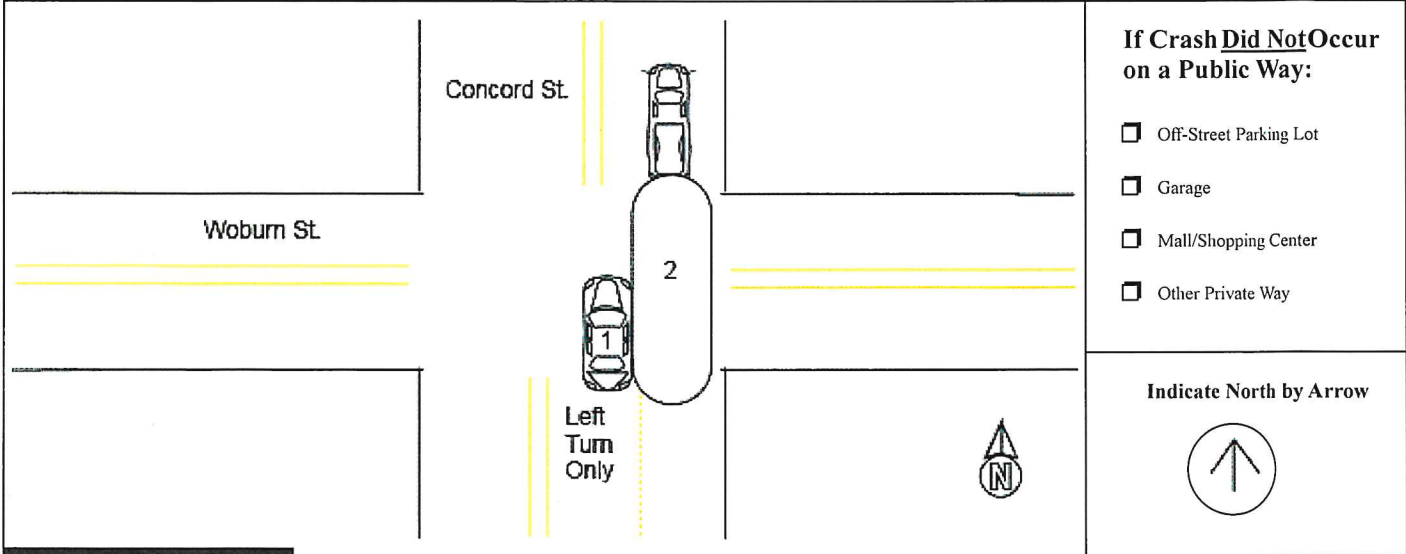
See Above

Table with 11 columns for operator and occupants: Name, 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

→ = 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 stopped on Concord St. at the intersection of Woburn St. in the left turn only lane. MV2 was a trailer travelling straight through the intersection. MV1 contineud straight through the intersection and struck the left side of the trailer with the right side of his motor vehicle. Operato fo MV1 stated that he was not aware that it was a turn only lane. Damage to the right side front foor and quarter panel of MV1. Minor damage to the left side of MV2.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin P Cavanaugh **195** Wilmington Police Department 06/05/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash: 06/05/2019 Time of Crash: 1814 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 1 Speed Limit: 30
 Latitude: _____ Longitude: _____ State Police Local Police MBTA Police Campus Police Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 375 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **19-191-AC**

License # S28162434 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Operator GOMES, CELIO Address 89 MILL RD APT 2 City BOYLSTON State MA Zip 01505 Insurance Company PROTECTIVE INS CO Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # T30220 Reg Type CO Reg State MA Veh Year 2006 Veh Make International Veh Config. 6 Owner BLF COURIER INC Address 11 TAYLOR RD City N READING State MA Zip 01864-3302 Vehicle Action Prior to Crash 3 Damaged Area Code: 6 27 5 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: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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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	XXXX	1	1	4	0	0	10	1	

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

License # NHL13371809 St NH DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Operator MARTIN, ASHLEY MARIE Address 44 NEW ZEALAND APT 53 City SEABROOK State NH Zip 03874 Insurance Company NO INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) T1152739 Viol. 1: Ch/Sec/Sub 720CMR 9067 Viol. 2: Ch/Sec/Sub 90 18 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4586451 Reg Type PC Reg State NH Veh Year 2005 Veh Make CHEVROLET Veh Config. 1 Owner BONTOS, KHRIS THOMAS Address 7010 PLEASANT ST EXT City LOUDON State NH Zip 03307 Vehicle Action Prior to Crash 1 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 5 25 25 BAC Test Result: 1 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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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	XXXX	1	99	4	0	0	8	2	Lahey Clinic

Wilmington Police Department
Images Associated with 19-191-AC



Date of Crash 06/05/2019	Time of Crash 1918 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
Latitude _____		Longitude _____					

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>LOWELL ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>WEST ST</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-192-AC**

License # S65361337 St MA DOB/Age _____ Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <input type="checkbox"/> CDL _____ Operator WELCH, JULIE A Address 42 COTTAGE ST City WILMINGTON State MA Zip 01887-2002 Insurance Company CITIZENS INSURANCE 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> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4HB271 Reg Type PC Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. <u>1</u> <u>21</u> Owner WELCH, PATRICIA M Address 42 COTTAGE ST City WILMINGTON State MA Zip 01887-2002 Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>1</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>1</u> <u>33</u>
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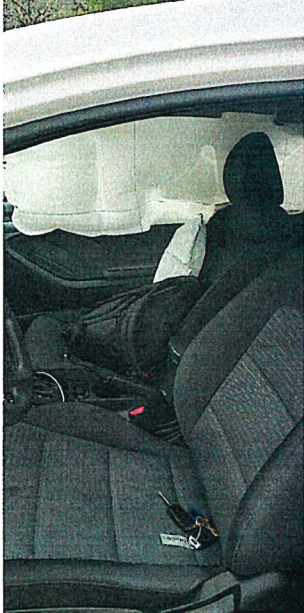
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	1	0	0	10	1	

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

License # SA1150234 St MA DOB/Age _____ Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions <input type="checkbox"/> CDL _____ Operator SAITO, KOSUKE Address 30 CAMBRIDGE PARK DR APT 3139 City CAMBRIDGE State MA Zip 02140 Insurance Company SAFECO INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 8WH389 Reg Type PC Reg State MA Veh Year 2018 Veh Make KIA Veh Config. <u>1</u> <u>21</u> Owner EAN HOLDINGS LLC Address 14002 EAST 21ST ST APT 1500 City TULSA State OK Zip 74134-0000 Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>18</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	2	0	0	10	1	

Wilmington Police Department
Images Associated with 19-192-AC



Wilmington Police Department
Images Associated with 19-192-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** Route# _____ Direction _____ Name of Roadway/Street _____ At _____

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

Also at Intersection with _____

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

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

2 **2** Route# 453 Direction _____ Address # _____ Name of Roadway/Street MIDDLESEX AVE

Feet of _____ or _____

Mile Marker _____ Exit Number _____

Feet of _____

Route# _____ Intersecting Roadway/Street _____

Feet of _____

Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants _____ Hit/Run Moped

Crash Report ID# **19-193-AC**

License # _____ DOB/Ag: _____ Reg # SAGAL Reg Type PC Reg State NH

Sex _____ Lic. Class D 19 19 Lic. Restrictions I 20 CDL _____ Endorsement _____

Operator _____ Address _____ City _____ State _____ Zip _____

Insurance Company _____

Vehicle Travel Direction: 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 # SAGAL Reg Type PC Reg State NH

Veh Year 2016 Veh Make NISSAN Veh Config. 1 21

Owner SAGAL, KARL IAN Address 46 HILLCREST LN City PELHAM State NH Zip 03076

Vehicle Action Prior to Crash 6 22 Damaged Area Code: 2 27 3 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 19 25 4 25 BAC Test Result: 30

Driver Distracted by 99 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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
KARL SAGAL	46 HILLCREST LN PELHAM, NH 03076		<u>M</u>	<u>3</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 23 #Occupants _____ Non-Motorist A Type _____ Action _____ Location _____ Condition _____ Hit/Run Moped

License # S78523761 St MA DOB/Ag: _____ Reg # 352740 Reg Type PC Reg State DE

Sex F Lic. Class D 19 19 Lic. Restrictions _____ CDL _____ Endorsement _____

Operator BANKS, CHRISTINE T Address 5111 AVALON DR City WILMINGTON State MA Zip 01887-1164

Insurance Company _____

Vehicle Travel Direction: 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 # 352740 Reg Type PC Reg State DE

Veh Year 2019 Veh Make KIA Veh Config. 1 21

Owner EAN HOLDINGS LLC Address 155 E CLEVELAND AVE City NEWARK State DE Zip 19711

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 6 27 27

Event Sequence 1 23 23 23 23 Test Status: 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

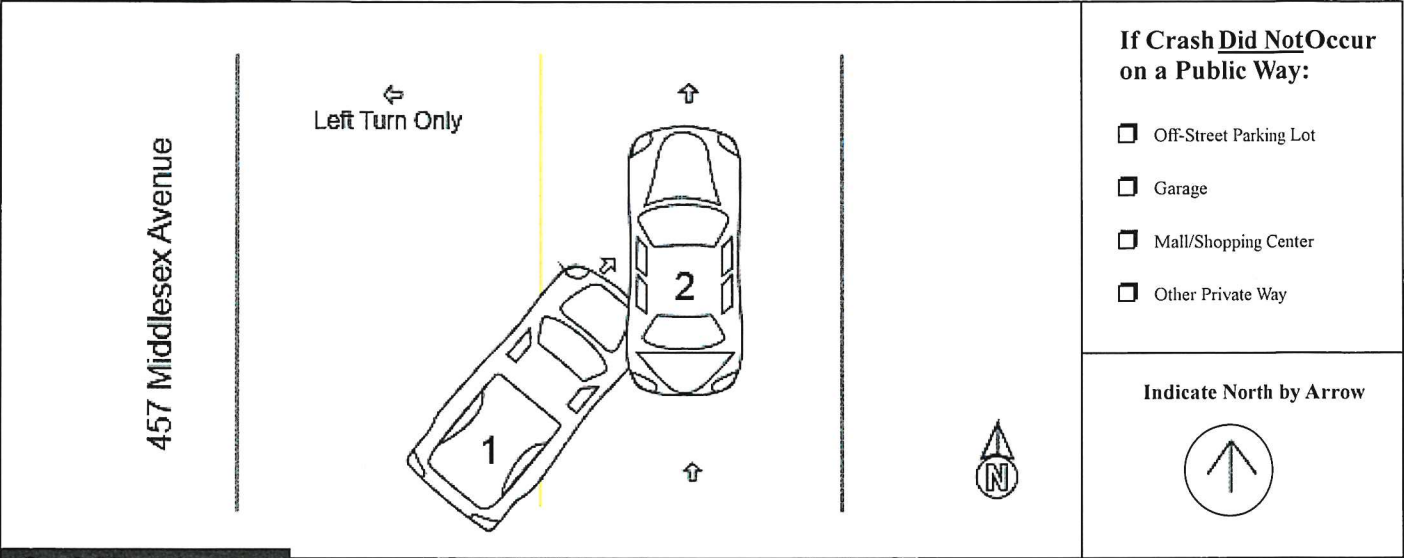
Please fill out for operator/non-motorist and all occupants involved

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	_____	_____	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
ROBERT TOCCO	235 WASHINGTON ST GLOUCESTER, MA 01930-2260		<u>M</u>	<u>4</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 was stopped in heavy traffic in the left turn only lane on Middlesex Avenue approaching the intersection with Salem Street. MV2 was traveling straight ahead in heavy traffic on Middlesex Avenue as well. MV1 attempted to merge right from the left turn only lane of Middlesex Avenue into the straight ahead travel lane that continues on towards Ballardvale Street. MV2 continued to travel straight ahead in its travel lane. As MV1 pulled out from the left turn only lane, into the straight ahead travel lane, MV1 struck the left side and left rear end of MV2 as it continued straight and passed MV1. MV1 suffered damage to the front right side and front right bumper. MV2 suffered sideswipe damage to its left side and left rear bumper. There were no injuries and both vehicles were able to driven away 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 06/06/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ 2 1 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# <u>10</u> Direction _____ Address # <u>LAUREL AVE</u> Name of Roadway/Street _____ ____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ 3 11 ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet N S E W of _____ Landmark _____</p>
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3 **2** Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-194-AC**

<p>4 2 License # S55298723 St MA DOB/Ag _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator HUGHSON, RYAN Last First Middle Address 10 LAUREL AVE City WILMINGTON State MA Zip 01887-2931 Insurance Company ARBELLA MUTUAL INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u> 5 1 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 12 Reg # 5JN812 Reg Type PC Reg State MA Veh Year 2006 Veh Make ACURA Veh Config. 1 21 Owner HUGHSON, JOHN MURRAY Last First Middle Address 10 LAUREL AVE City WILMINGTON State MA Zip 01887-2931 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 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 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33 1 13</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	1	M	1	99	4	0	0	10	1	

7 **3** Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

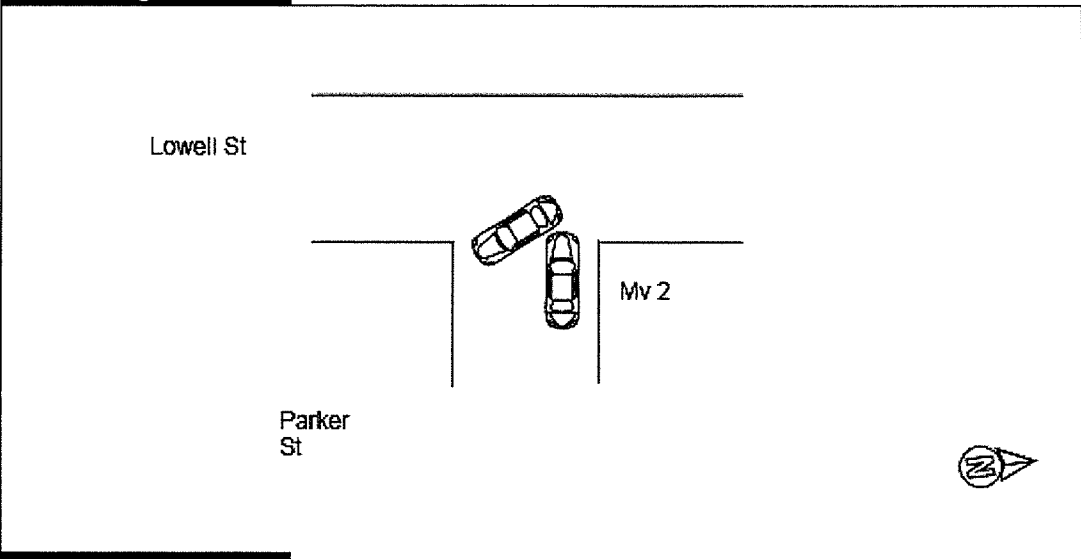
<p>8 1 License # 970463780 St NY DOB/Ag _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Endorsement _____ Operator FREDERIKSEN, JACOB PAUL Last First Middle Address 55 ADAMS ST City WILMINGTON State MA Zip 01887-2400 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> N E W Responding to Emergency? <u>2</u> 9 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 14 Reg # 2LSA31 Reg Type PC Reg State MA Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 21 Owner FREDERIKSEN, JACOB PAUL Last First Middle Address 55 ADAMS ST City WILMINGTON State MA Zip 01887-2400 Vehicle Action Prior to Crash 6 22 Damaged Area Code: 1 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 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 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	1	M	1	99	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:

Mv1 travelling on Lowell St. turning left onto Parker St. Mv2 exiting Parker St onto Lowell St. Operator of Mv1 was turning as operator of Mv2 was exiting resulting in the crash. Operator of Mv1 wanted operator of Mv2 to drive to his house of Laurel Ave. to exchange information. This is approximately 1/2 mile away from crash scene. Both vehicles appeared to be operating without issue.

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 Ronald J Alpers 163 Wilmington Police Department 06/07/2019

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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 06/07/2019 Time of Crash 1558 24HR City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1

Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or 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 12 #Occupants Hit/Run Moped

Crash Report ID# **19-195-AC**

License # **S57698636** St **MA** DOB/Age _____

Reg # **8TK474** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Endorsement

Veh Year **2018** Veh Make **Jeep** Veh Config. **1** **21**

Operator **BERNAL, CARLOS** Last First Middle

Owner **BERNAL, JOSE I** Last First Middle

Address **370 SALEM ST**

Address **370 SALEM ST**

City **ANDOVER** State **MA** Zip **01810-2315**

City **ANDOVER** State **MA** Zip **01810-2315**

Insurance Company **COMMERCE INSURANCE**

Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**

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

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	M	1	1	4	0	0	10	1	
NOLAN RICCI	8 CARTER RD WILMINGTON, MA 01887-2839		M	3	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 # **S55467263** St **MA** DOB/Ag _____

Reg # **1Z4757** Reg Type **MC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Endorsement

Veh Year **2017** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** **21**

Operator **WARD, GEORGE S III** Last First Middle

Owner **WARD, GEORGE S III** Last First Middle

Address **54 DELWOOD RD**

Address **54 DELWOOD RD**

City **TEWKSBURY** State **MA** Zip **01876-2418**

City **TEWKSBURY** State **MA** Zip **01876-2418**

Insurance Company **COMMERCE INSURANCE**

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

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

Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**

Citation # (If Issued) _____

Most Harmful Event **1** **24** Type of Test: **29**

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

Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**

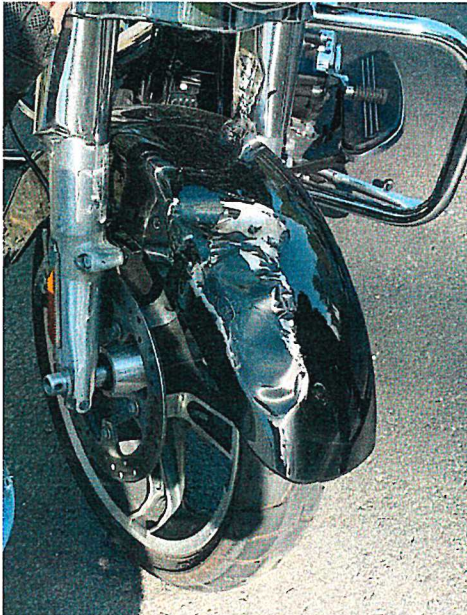
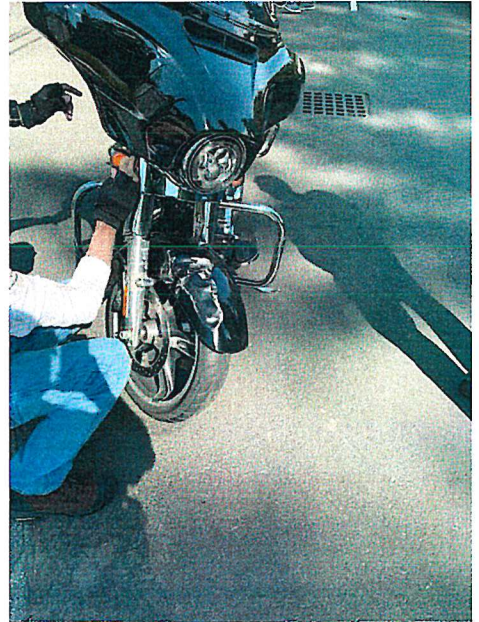
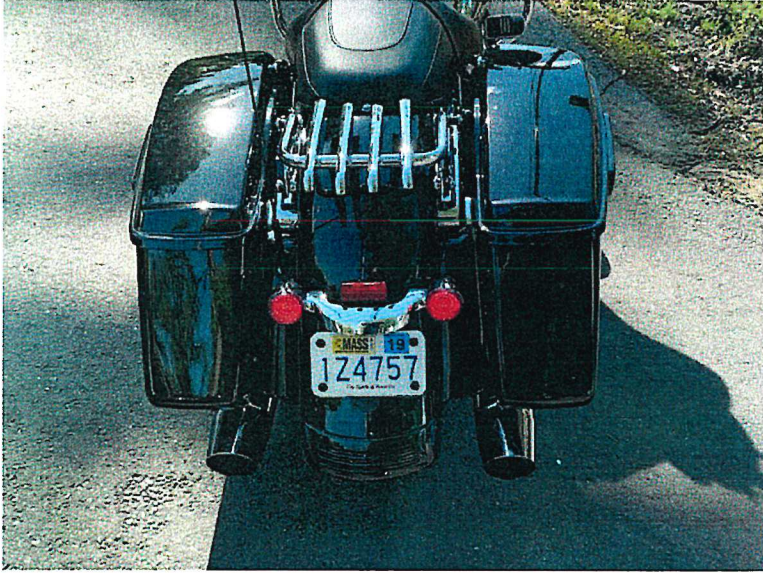
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**

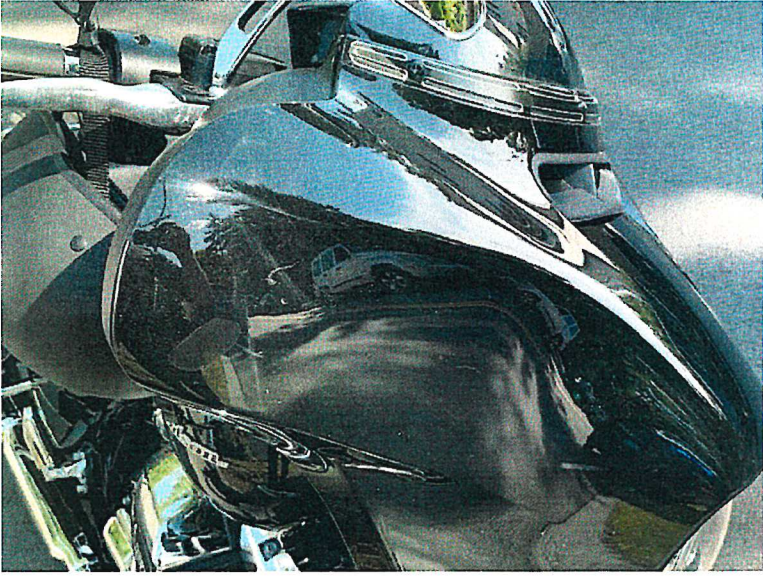
Please fill out for operator/non-motorist and all occupants involved

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	M	1	5	5	3	0	9	1	

Wilmington Police Department
Images Associated with 19-195-AC



Wilmington Police Department
Images Associated with 19-195-AC



Date of Crash 06/08/2019	Time of Crash 1258 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	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>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 # <u>31</u> Name of Roadway/Street <u>JACQUITH RD</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped Crash Report ID# **19-196-AC**

License # <u>S14363626</u> St <u>MA</u> DOB/Age <u>09/15/1982</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>COHEN, DANIEL NATHAN</u> Address <u>16 KENDALL ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1GZ375</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>COHEN, KRISTYN M</u> Address <u>16 KENDALL ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>4</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>4</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> 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>
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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
<i>Operator</i>		See Above	X	X	1	1	4	0	0	10	1
KRISTYN COHEN		16 KENDALL ST WILMINGTON, MA 01887-0000	F	3	1	4	0	0	10	1	
				6	4	4	0	0	10	1	

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

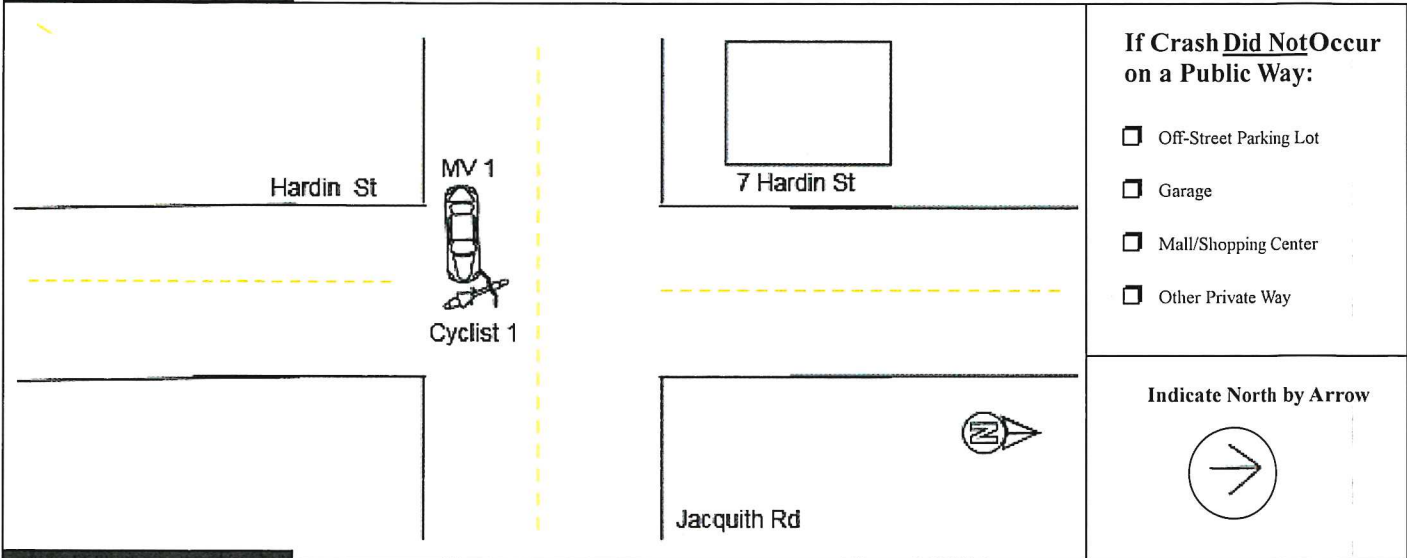
License # _____ St _____ DOB/Age _____ Se: Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ Stat _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code _____ <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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
<i>Operator/Non-Motorist</i>		See Above	X	X	1	0			10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

MV 1 was driving eastbound on Jacquith Rd travelling through the intersection of Hardin St and Jacquith. Cyclist 1 was travelling northbound on Hardin St when he tried to take a left hand turn onto Jacquith Rd. Mv 1 side swiped cyclist 1 causing the operator of the bicycle to be thrown from the vehicle, causing him to slide across the hood of the car. The impact from the car caused the bikes front wheel to be thrown out of alignment. (See images). MV 1 had small scratches to the front center of the vehicle as well as the front license plate becoming slightly bent. (See Images)

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 Shane A Foley

211

Wilmington Police Department

06/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-196-AC



Date of Crash 06/06/2019 Time of Crash 1514 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>HOPKINS ST</p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>129 SHAWSHOEN AVE</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-198-AC**

<p>License # <u>S74966887</u> St. <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>STADLER, STACEY LAVOIE</u></p> <p>Address <u>8 BRIERWOOD CIR</u></p> <p>City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-3249</u></p> <p>Insurance Company <u>COMMERCE INSURANCE</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></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 # <u>3520GG</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2014</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u></p> <p>Owner <u>STADLER, JAMES A</u></p> <p>Address <u>8 BRIERWOOD CIR</u></p> <p>City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-3249</u></p> <p>Vehicle Action Prior to Crash <u>2</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>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></p> <p>Towed from scene? <u>2</u> <u>33</u></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	9	1	

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

<p>License # <u>S57890625</u> St. <u>MA</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>MUGISHA, DOUGLAS KEITH</u></p> <p>Address <u>110 LEXINGTON RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u></p> <p>Insurance Company <u>GEICO GENERAL INS</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S E W Responding to Emergency? <u>2</u></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 # <u>7VC139</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2005</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u></p> <p>Owner <u>MUGISHA, DOUGLAS KEITH</u></p> <p>Address <u>110 LEXINGTON RD</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u></p> <p>Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>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></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>5</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></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	1	4	0	0	10	1	

