

Date of Crash **07/22/2019** Time of Crash **0625** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** 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 # 357 Name of Roadway/Street MIDDLESEX AVE</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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# **19-242-AC**

<p>License # S56899422 St MA DOB/Age: _____</p> <p>Sex F Lic. Class D Lic. Restrictions 99 CDL _____</p> <p>Operator DION, DEBORAH ANNE</p> <p>Address 108 THOREAU WAY</p> <p>City LAWRENCE State MA Zip 01843-3881</p> <p>Insurance Company LIBERTY MUTUAL INS</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # 6ZT435 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make CHEVROLET Veh Config. 1</p> <p>Owner DION, DEBORAH ANNE</p> <p>Address 108 THOREAU WAY</p> <p>City LAWRENCE State MA Zip 01843-3881</p> <p>Vehicle Action Prior to Crash 4 Damaged Area Code: 8 27 1 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 4 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 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			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

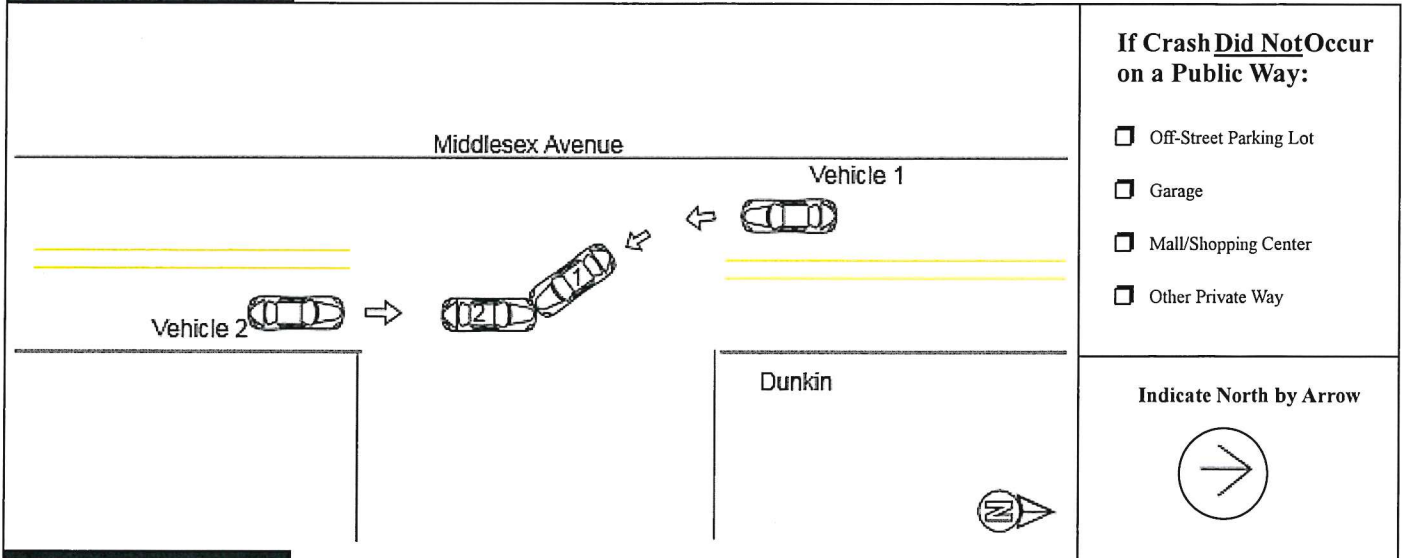
<p>License # S64895511 St MA DOB/Age: _____</p> <p>Sex M Lic. Class D Lic. Restrictions 99 CDL _____</p> <p>Operator LAWRENSEN, THOMAS W</p> <p>Address 3 DEXTER ST</p> <p>City WILMINGTON State MA Zip 01887-3716</p> <p>Insurance Company CITIZENS INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 # 973EJ2 Reg Type PC Reg State MA</p> <p>Veh Year 2006 Veh Make FORD Veh Config. 1</p> <p>Owner LAWRENSEN, ELIZABETH M</p> <p>Address 3 DEXTER ST</p> <p>City WILMINGTON State MA Zip 01887-3716</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 7 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 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			1	99	4	0	0	10	1	

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

Crash Diagram:

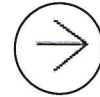
ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Vehicle 1 operator stated she was travelling South on Middlesex Avenue turning left into the entrance to Dunkin Donuts (located at 351 Middlesex Avenue). When she turned she struck vehicle 2.

Vehicle 2 operator stated he was travelling North on Middlesex Avenue travelling straight. Vehicle 2 operator stated that Vehicle 1 turned in front of him and struck his car.

Both vehicles suffered damage to the front and side of cars. No injuries.

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 R Cabral

207

Wilmington Police Department

07/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 07/22/2019	Time of Crash 1535 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 6	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: _____
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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>246</u> Name of Roadway/Street <u>MAIN ST</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 1 #Occupants Hit/Run Moped Crash Report ID# **19-243-AC**

License # <u>S34673941</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>WEST, NICOLE M</u> Address <u>71R LOWELL ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2910</u> Insurance Company <u>SAFECO INSURANCE</u> 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) <u>T1682473</u> Viol. 1: Ch/Sec/Sub <u>90 24</u> Viol. 2: Ch/Sec/Sub <u>90 24</u> Viol. 3: Ch/Sec/Sub <u>90 24</u> Viol. 4: Ch/Sec/Sub <u>90 24I</u>	Reg # <u>BWN719</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>EAN HOLDINGS LLC</u> Address <u>14002 EAST 21ST ST ST APT 1500</u> City <u>TULSA</u> State <u>OK</u> Zip <u>74134-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>2</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>2</u> <u>23</u> <u>2</u> <u>23</u> <u>21</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>10</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>1</u> <u>31</u> Susp. Drug: <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	XXXX	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 # <u>S25864560</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Operator <u>MCGOVERN, LINDA M</u> Address <u>3801 POULIOT PL</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4587</u> Insurance Company <u>ARBELLA MUTUAL INS</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 # <u>1LPH90</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCGOVERN, LINDA M</u> Address <u>3801 POULIOT PL</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4587</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>5</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>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/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	10	1	

Date of Crash 07/22/2019 Time of Crash 1535 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 6 Number Injured 0 Speed Limit _____ 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 # <u>246</u> Name of Roadway/Street <u>MAIN ST</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 30 #Occupants Hit/Run Moped Crash Report ID# **19-243-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>Driverless M.V.</u></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <u>LM GENERAL</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>8CG539</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2007</u> Veh Make <u>LEXUS</u> Veh Config. <u>1 21</u></p> <p>Owner <u>IRAHETA, HECTOR E</u></p> <p>Address <u>2 MARBLE ST APT 2</u></p> <p>City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01832-4625</u></p> <p>Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>1 27 27 27</u></p> <p>Event Sequence <u>1 23 1 23 23 23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>1 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										

Please Select One of the Following: Vehicle 40 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____</p> <p>Operator <u>Driverless M.V.</u></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <u>COMMERCE INSURANCE</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2FBR11</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2019</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2 21</u></p> <p>Owner <u>THURELL, MICHAEL W</u></p> <p>Address <u>52 CASTLEWOOD DR</u></p> <p>City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-3236</u></p> <p>Vehicle Action Prior to Crash <u>11 22</u> Damaged Area Code: <u>4 27 27 27</u></p> <p>Event Sequence <u>1 23 23 23 23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>1 24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u></p> <p>Towed from scene? <u>2 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										

Date of Crash **07/22/2019** Time of Crash **1535** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **6** Number Injured **0** Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other

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

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 Route# _____ Direction _____ Address # 246 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>3 _____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Landmark _____</p>
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3 Please Select One of the Following: Vehicle **50** #Occupants Hit/Run Moped Crash Report ID# **19-243-AC**

<p>4 License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>5 Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company ARBELLA MUTUAL INS</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 5FKH80 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make FORD Veh Config. 2 21</p> <p>Owner MORRIS, SHAUN FRANCIS</p> <p>Address 189 BROADWAY APT 7</p> <p>City METHUEN State MA Zip 01844-3844</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 6 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 2 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			1							

7 1 Please Select One of the Following: Vehicle **61** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

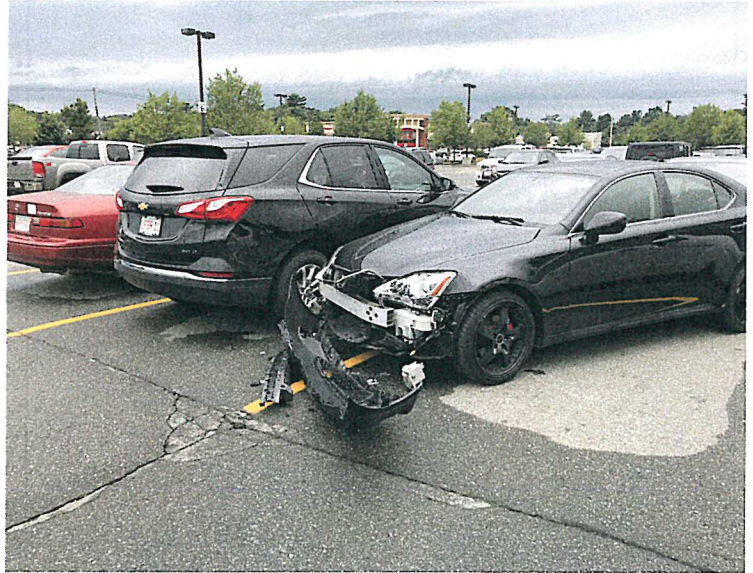
<p>8 License # S74663934 St MA DOB/Age _____</p> <p>Sex F Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator RETALIC, PATRICIA A</p> <p>9 Address 9 GEDICK RD</p> <p>City BURLINGTON State MA Zip 01803-1007</p> <p>Insurance Company COMMERCE INSURANCE</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1DSZ81 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make TOYOTA Veh Config. 2 21</p> <p>Owner RETALIC, PATRICIA A</p> <p>Address 9 GEDICK RD</p> <p>City BURLINGTON State MA Zip 01803-1007</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 2 31 Susp. Drug: 2 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			1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 19-243-AC



Wilmington Police Department
Images Associated with 19-243-AC



Police Use Only		Date of Crash 07/22/2019	Time of Crash 1921 24HR	City/Town Wilmington	Number Vehicles 3	Number Injured 0	Speed Limit 30	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 _____					Route# _____ Direction _____ Address # 355 Name of Roadway/Street MIDDLESEX AVE									
At _____					Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____									
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 _____					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: Vehicle **31** #Occupants Hit/Run Moped

Crash Report ID# **19-244-AC**

License # S28792533 St MA DOB/Age _____	Reg # 6WBN80 Reg Type PC Reg State MA
Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> CDL _____	Veh Year 2013 Veh Make HYUNDAI Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 21
Operator RAWDING, LYNETTE ANDREA	Owner RAWDING, LYNETTE ANDREA
Address 39 SANDY LN	Address 39 SANDY LN
City TEWKSBURY State MA Zip 01876-4247	City TEWKSBURY State MA Zip 01876-4247
Insurance Company CITIZENS INSURANCE	Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2	Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 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	<input checked="" type="checkbox"/> 99	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

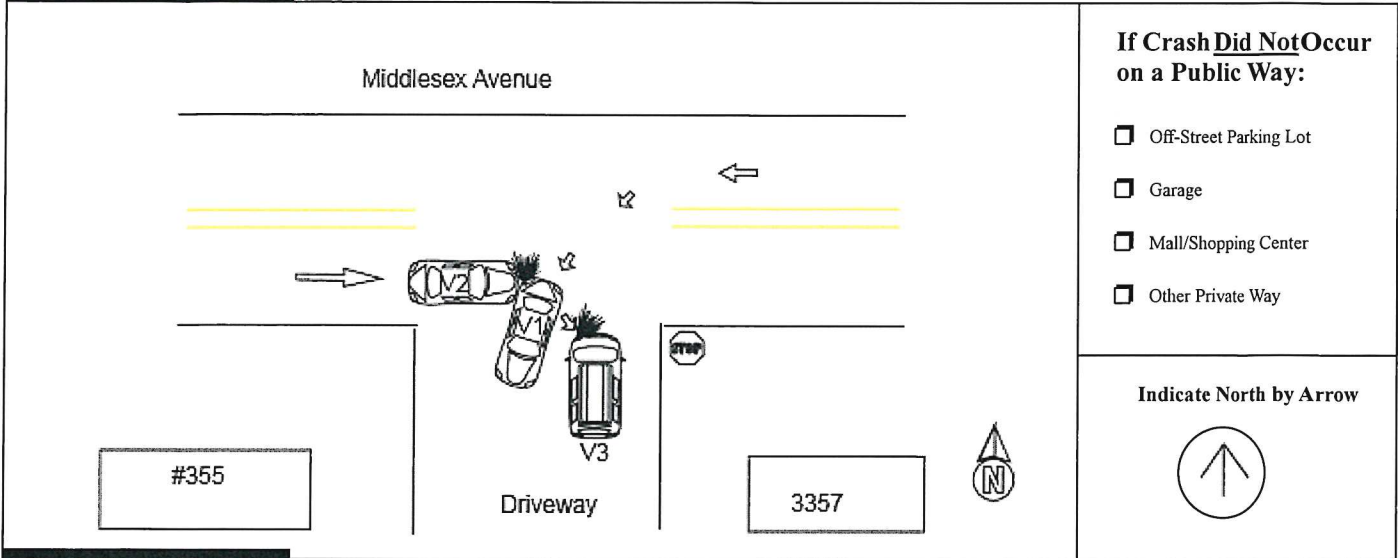
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 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							

→ = 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:

V1 was traveling west on Middlesex Ave. V2 was traveling east on Middlesex Ave. V3 was in the driveway of 355 Middlesex Ave waiting to enter the roadway. V1 turned left into the driveway of #355 directly in the path of V2. V2 struck the right rear side of V1 pushing it into the left front corner of V3. No parties complained of injury. V1 had heavy right side and moderate left side damage. V2 had moderate front end damage. V3 had moderate front left damage. V1 was towed from the scene. The operator of V1 was cited for Failure to Yield to Oncoming Traffic.

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 Matthew D Stavro

180

Wilmington Police Department

07/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash: 07/24/2019 Time of Crash: 0930 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:

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# _____ Direction _____ Address # 337 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>2 11 4000 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# RESEARCH DR 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>
---	--

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **19-245-AC**

<p>License # 016448780331 St IL DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator OBERLANDER, JOSEPH G</p> <p>Address 311 LOWELL ST APT 1123</p> <p>City ANDOVER State MA Zip 01810</p> <p>Insurance Company LIBERTY MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # Z107190 Reg Type PC Reg State IL</p> <p>Veh Year 2015 Veh Make HONDA Veh Config. 1 21</p> <p>Owner OBERLANDER, JOSEPH G</p> <p>Address 311 LOWELL ST APT 1123</p> <p>City ANDOVER State MA Zip 01810</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
--	--

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	
				4	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

<p>8 License # S20586531 St MA DOB/Age _____</p> <p>Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL _____</p> <p>Operator ROONEY, DENNIS P III</p> <p>Address 80 CHURCH ST</p> <p>City WILMINGTON State MA Zip 01887-2704</p> <p>Insurance Company ZURICH AMERICAN INSURANCE</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) T1152209</p> <p>Viol. 1: Ch/Sec/Sub 85 2 Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # AP9884 Reg Type AP Reg State NH</p> <p>Veh Year 2009 Veh Make Other-not listed Veh Config. 10 21</p> <p>Owner INTERRA INNOVATION INC</p> <p>Address 400 AMHERST ST APT 302</p> <p>City NASHUA State NH Zip 03063</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 5 25 18 25 BAC Test Result: 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Date of Crash: 07/24/2019 Time of Crash: 1330 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 1

Speed Limit _____ Latitude _____ Longitude _____ State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>1 93 S I93SBR38 RAMP Route# Direction Name of Roadway/Street</p> <p>At</p> <p>2 129 W LOWELL ST Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>2 1 Route# Direction Name of Intersecting Roadway/Street</p>	<p>2 10 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>Mile Marker _____ Exit Number _____</p> <p>2 11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>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>Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **19-246-AC**

<p>License # S46314572 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator PIMENTEL, JEFFREY N Last First Middle</p> <p>Address 49 BOWDOIN ST</p> <p>City LAWRENCE State MA Zip 01843-2111</p> <p>Insurance Company SAFETY INSURANCE</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 8CK122 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make HONDA Veh Config. 1 21</p> <p>Owner PIMENTEL, JEFFREY N Last First Middle</p> <p>Address 49 BOWDOIN ST</p> <p>City LAWRENCE State MA Zip 01843-2111</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
--	--

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	1	4	0	0	9	2	LAWRENCE GENERAL

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 4 License # S33251255 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions I 20 CDL _____</p> <p>Operator ROWSE, DAVID F Last First Middle</p> <p>Address 2 HUNTER LN</p> <p>City S HAMILTON State MA Zip 01982-1439</p> <p>Insurance Company COMMERCE</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 6YEC80 Reg Type PC Reg State MA</p> <p>Veh Year 1997 Veh Make MERCEDES-BENZ Veh Config. 1 21</p> <p>Owner CHAMBERLIN, NANCY EILEEN Last First Middle</p> <p>Address 2 HUNTER LN</p> <p>City S HAMILTON State MA Zip 01982-0000</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 5 25 19 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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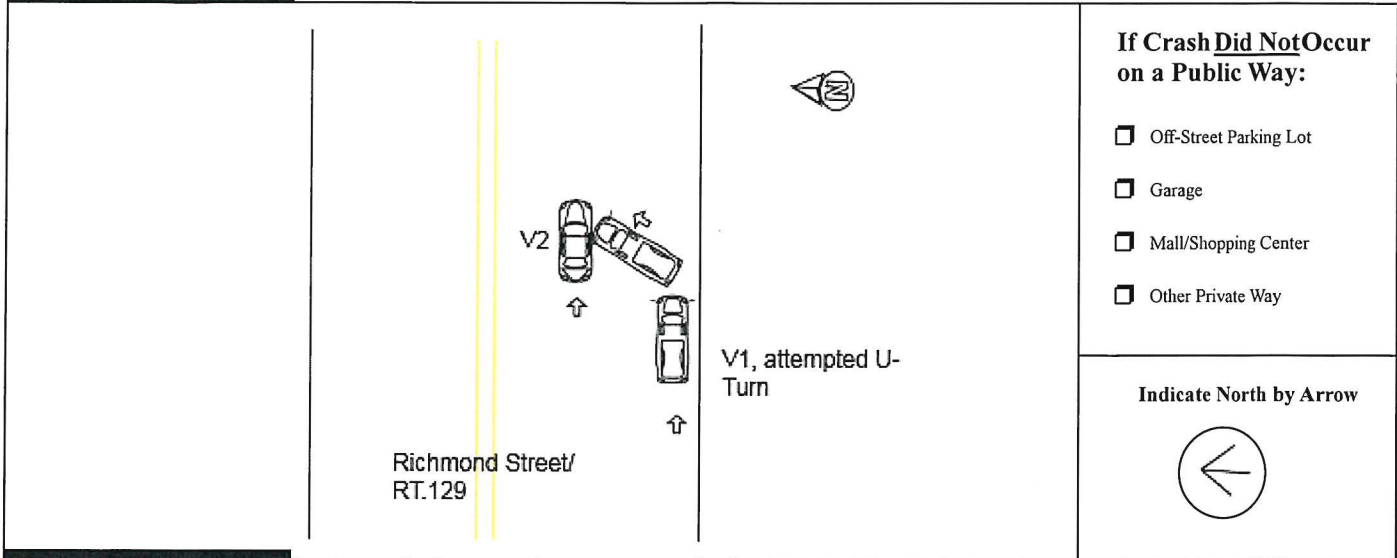
Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/25/2019	Time of Crash 1440 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>35</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"/>
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____				Route# <u>129 W</u> Direction <u>1</u> Address # _____ Name of Roadway/Street <u>RICHMOND 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 _____					
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: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 19-247-AC					
License # <u>S79205183</u> St <u>MA</u> DOB/Age _____				Reg # <u>292XV3</u> Reg Type <u>PC</u> Reg State <u>MA</u>		Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>21</u>							
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____				Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>21</u>		Veh Year <u>2014</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>21</u>							
Operator <u>KELLY, RYAN S</u>				Owner <u>KELLY, RYAN S</u>		Operator <u>KELLY, RYAN S</u>							
Address <u>83 MARBLE ST</u>				Address <u>83 MARBLE ST</u>		Operator <u>KELLY, RYAN S</u>							
City <u>ATHOL</u> State <u>MA</u> Zip <u>01331-1803</u>				City <u>ATHOL</u> State <u>MA</u> Zip <u>01331-1803</u>		Operator <u>KELLY, RYAN S</u>							
Insurance Company <u>COMMERCE INSURANCE</u>				Vehicle Action Prior to Crash <u>8</u> <u>22</u>		Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>27</u>							
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) <u>T1151250</u>				Most Harmful Event <u>1</u> <u>24</u>		Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub <u>90</u> <u>14</u> Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <u>4</u> <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>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
Please fill out for operator and all occupants involved				Driver Distracted by <u>0</u> <u>26</u>		Towed from scene? <u>1</u> <u>33</u>							
Name (Last First Middle) _____ Address _____				DOB/Age _____ Sex _____		34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____							
Operator _____ See Above				<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____							
						40 Transp. Code _____ Medical Facility _____							
Please Select One of the Following: <input checked="" 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 # <u>S94424210</u> St <u>MA</u> DOB/Age _____				Reg # <u>86CZ61</u> Reg Type <u>PC</u> Reg State <u>MA</u>		Veh Year <u>2012</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>							
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions _____ CDL _____ Endorsement _____				Veh Year <u>2012</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>		Veh Year <u>2012</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>							
Operator <u>DOWNING, STACY G</u>				Owner <u>DOWNING, STACY G</u>		Operator <u>DOWNING, STACY G</u>							
Address <u>116 BEECH ST</u>				Address <u>116 BEECH ST</u>		Operator <u>DOWNING, STACY G</u>							
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4056</u>				City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-4056</u>		Operator <u>DOWNING, STACY G</u>							
Insurance Company <u>QUINCY MUTUAL FIRE</u>				Vehicle Action Prior to Crash <u>1</u> <u>22</u>		Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>							
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>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____				Driver Contributing Code <u>1</u> <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>0</u> <u>26</u>		Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
Please fill out for operator/non-motorist and all occupants involved				Driver Distracted by <u>0</u> <u>26</u>		Towed from scene? <u>2</u> <u>33</u>							
Name (Last First Middle) _____ Address _____				DOB/Age _____ Sex _____		34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____							
Operator/Non-Motorist _____ See Above				<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		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 → ♂ → ⚙



Crash Narrative:

V1 was pulled to side of Rt.129 W. Travel lane approaching intersection is wide single lane that can allow two lanes of traffic w/out lane markings splitting actual lane. V1 (Kelly) attempted U-turn to head east, and caused collision with V2 as it passed by. V1 Opr. Kelly did not see V2 approaching. No injuries observed/report to opr. Kelly. V2 opr. Downing complained of pain in elbow but did not want FD/EMS response. Please note (officer discrepancy) on exchange for noting no injuries observed or reported for opr. Downing. V1 damaged on front end and front left. Towed by Forrest. V2 damaged on right side.

Opr. Kelly cited for failure to yield while attempting u-turn.

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

07/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 07/25/2019 Time of Crash 2131 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

Route# Direction Name of Intersecting Roadway/Street

586 MAIN ST

Feet N S E W of 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# 19-248-AC

License # S11630298 St MA DOB/Age Reg # 156PK1 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2016 Veh Make FORD Veh Config. 1 21

Operator CONDELL, ALEX S Owner CONDELL, ALEX S

Address 5 TOWPATH DR Address 5 TOWPATH DR

City WILMINGTON State MA Zip 01887-3917 City WILMINGTON State MA Zip 01887-3917

Insurance Company ARBELLA MUTUAL INS Vehicle Action Prior to Crash 10 22 Damaged Area Code: 5 27 27 27

Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 2 23 23 23 23 Test Status: 2 28

Citation # (If Issued) T1152995 Most Harmful Event 2 24 Type of Test: 2 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub Driver Contributing Code 19 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub Driver Distracted by 99 26 Susp. Alcohol: 1 31 Susp. Drug: 99 32

Viol. 4: Ch/Sec/Sub Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # St DOB/Age Reg # 9PLR50 Reg Type PC Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21

Operator Driverless M.V. Owner SABRI, MOHAMED

Address Address 236 BURLINGTON AVE

City State Zip City WILMINGTON State MA Zip 01887-3153

Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 11 22 Damaged Area Code: 4 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Driver Contributing Code 25 25 BAC Test Result: 30

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

Viol. 3: Ch/Sec/Sub Towed from scene? 2 33

Viol. 4: Ch/Sec/Sub

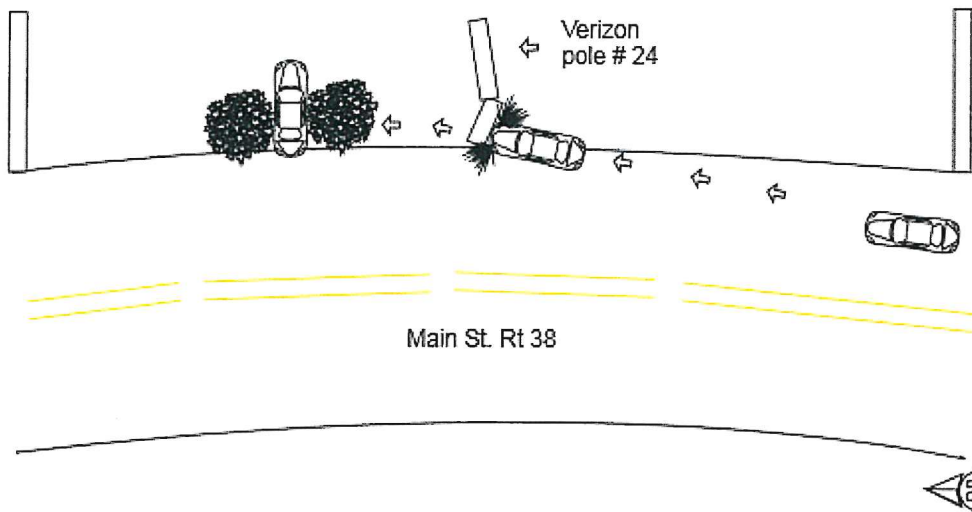
Please fill out for operator/non-motorist and all occupants involved

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			1		4					

Police Use Only		Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/26/2019	Time of Crash 0544 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 45	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	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 _____				Route# _____ Direction _____ Address # 885 Name of Roadway/Street MAIN ST						
At _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____						
Also at Intersection with _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____						
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# 19-249-AC						
License # S82357664 St MA DOB/Age 07/25/1993				Reg # 4RB787 Reg Type PC Reg State MA						
Sex F Lic. Class D Lic. Restrictions B CDL _____				Veh Year 2004 Veh Make Jeep Veh Config. 1						
Operator NORMAN, ELIZABETH C				Owner NORMAN, LAWRENCE R						
Address 18 SHELBURNE AVE				Address 18 SHELBURNE AVE						
City BILLERICA State MA Zip 01821-5001				City BILLERICA State MA Zip 01821-5001						
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 8 27 11 27						
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? 2				Event Sequence 22 23 23 23 23 Test Status: 1 28						
Citation # (If Issued) T1152792				Most Harmful Event 22 24 Type of Test: 29						
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 24				Driver Contributing Code 20 25 21 25 BAC Test Result: 30						
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____				Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 99 32						
Please fill out for operator and all occupants involved				Towed from scene? 3 33						
Name (Last First Middle) _____ Address _____				DOB/Age _____ Sex _____						
Operator				See Above						
				34 Seat Pos. 1 35 Safety System 1 36 Airbag Status 3 37 Eject Code 0 38 Trap Code 2 39 Injury Status 8 40 Transp. Code 2 Medical Facility Lahey Clinic						
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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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						
				34 Seat Pos. 1 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
 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:

At about 0545 hours, in the area of 885 Main Street, MV1 had driven off the road, hit Verizon utility pole #24 (breaking it at the base) and coming to a stop on its side in a ditch. The Op. was able to free herself from the vehicle with what appeared to be minor injuries. Ms. Norman told me she was at the Red Sox game the night prior then was out all night with friends and "must have" fallen asleep on her way home causing her to go off the road. Due to the severity of the the crash, Wilmington Fire & EMS arrived on scene subsequently transporting the Ms. Norman to Lahey Clinic to be further evaluated. Forrest towing towed the vehicle. Due to the damage to the pole and the wires down, WPD had the road closed for app. 8 hours. Verizon and RMLD had a new pole completed in place at about 1:35 PM. Ms. Norman will be receiving a citation (criminal app) #T1152792 for Marked Lanes and Negligent Operation.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	VERIZON UTILITY POLE #24

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 Scott Dunnett

202

Wilmington Police Department

07/26/2019

Police Officer Name (Please Print)

Signature

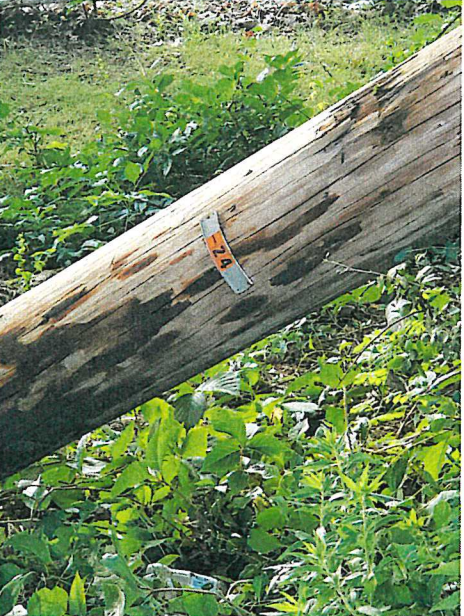
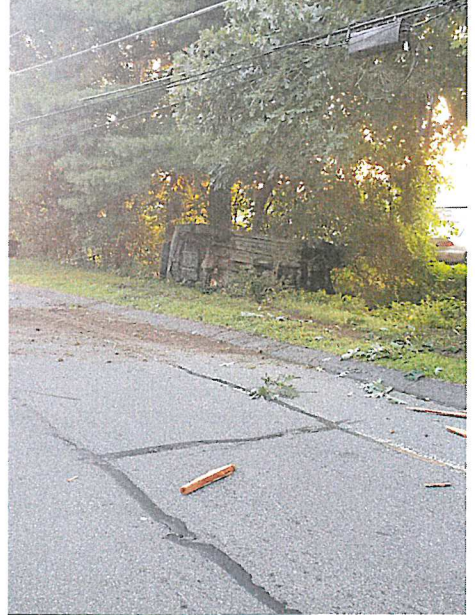
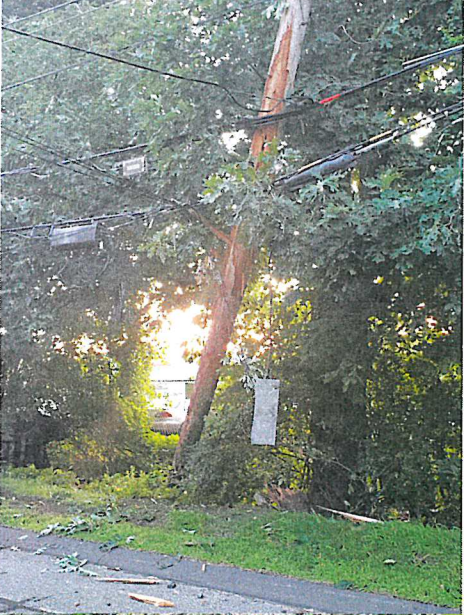
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-249-AC



Wilmington Police Department
Images Associated with 19-249-AC



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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # **1 ADELAIDE ST**

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

2 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# **19-250-AC**

License # **S68364840** St **MA** DOB/Age _____ Reg # **MPE572** Reg Type **LF** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **FORD** Veh Config. **2**

Operator **SKINNER, KEVIN J** Owner **WILMINGTON TOWN OF**

Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**

City **WILMINGTON** State **MA** Zip **01887-1979** City **WILMINGTON** State **MA** Zip **01887-2719**

Insurance Company **SELF INSURED-MIIA** Vehicle Action Prior to Crash **10** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **35 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **35 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **2 33**

Please fill out for operator 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	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. **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: N S E W Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **25 25** BAC Test Result: **30**

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

Towed from scene? **33**

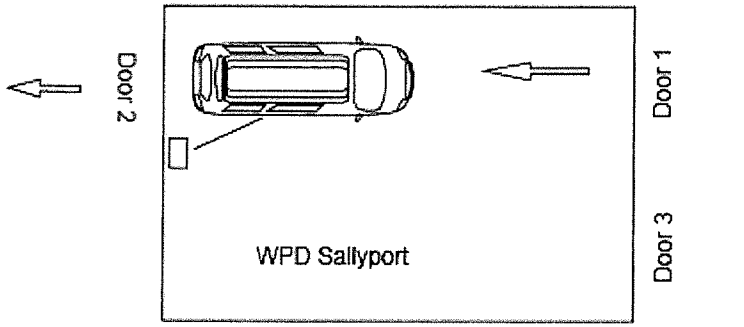
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Operator of vehicle #1, cruiser 32, while baccking with rear door open, unknowingly. The door struck the building/garage door structure.

Damage to vehilce #1: rear passenger door.

No damage to structure.

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

Sergeant Christopher J Ahern

184

Wilmington Police Department

07/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash **07/27/2019** Time of Crash **1517** 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:**

MIDDLESEX AVE
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
HIGH ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 19-251-AC**

License # _____ St **MA** DOB/Age _____ Reg # **1TC493** Reg Type **PC** Reg State **MA**
St **D** Lic. Class **19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **1 21**
Operator _____ Owner **CAIAZZO, MARISA C**
Address _____ Address **3 PARSONS AVE**
City _____ State **MA** Zip **01906-1924**
Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **3 27 2 27 27**
Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **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**
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	XXXX	XX	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 # **S45011023** St **MA** DOB/Age _____ Reg # **5EL458** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1 21**
Operator **KROZY, E ROBERTA** Owner **KROZY, E ROBERTA**
Address **14 KRISTIN DR APT 19** Address **14 KRISTIN DR APT 19**
City **STOUGHTON** State **MA** Zip **02072-1272** City **STOUGHTON** State **MA** Zip **02072-1272**
Insurance Company **ALLSTATE INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
Towed from scene? **3 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	XXXX	XX	1	1	4	0	0	10	1	

