

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

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

Route# Direction Address # Name of Roadway/Street
 Feet **N S E W** of _____ or _____ 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# **19-268-AC**

License # **S50497136** St **MA** DOB/Age _____ Reg # **93410** Reg Type **AP** Reg State **MA**
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2015** Veh Make **Other-not listed** Veh Config. **10** 21
 Operator **MOORE, ROBERT L** Owner **RYDER TRUCK RENTAL LT**
 Address **64 TEMPLE AVE APT 2** Address **329 JEFFERSON RD**
 City **WINTHROP** State **MA** Zip **02152-1539** City **ROCHESTER** State **NY** Zip **14623-0000**
 Insurance Company **PILGRIM INSURANCE** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 2 27 27 27
 Vehicle Travel Direction: **N S E** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

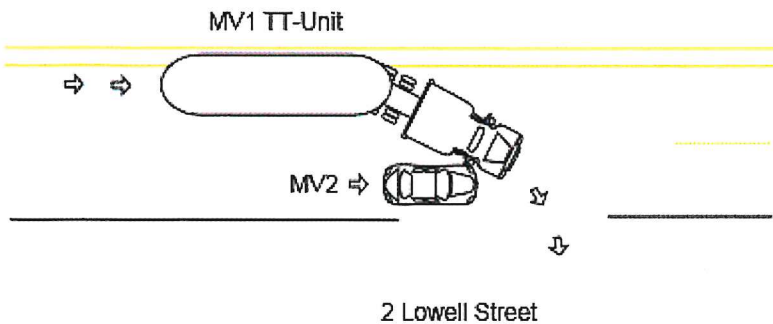
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell Street R129



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 (TT Unit) was traveling west on Lowell Street attempting to turn right into the parking lot of 2 Lowell Street. As the operator of MV1 began the wide right turn into the entrance of the parking lot (with turn signal activated), MV2 came up on the passenger side and crashed into the right front bumper of MV1 as it was making the swing. The operator of MV2 did not stop and immediately fled the crash. Operator of MV1 was unable to get a license plate but the described the vehicle as a blue Honda or Acura sedan. No injuries and minor damage to the front passenger side bumper of the MV1.

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 # 93410 (From Vehicle Section)

Carrier Name Costa Fruit and Produce Bus Use 0⁴²

Address 18 BUNKER HILL INDUSTRIAL PARK City BOSTON St MA Zip 02129

US DOT #: 164829 State Number _____ Issuing State MA MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 3⁴⁵

Trailer Reg #: 97358 Reg Type TL Reg State MA Reg Year _____ Trailer Length 3⁴⁶

Hazmat Information:

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

Patrol Officer Daryl J Ceruolo 212 Wilmington Police Department 08/12/2019
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/12/2019	Time of Crash 1524 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude <u>+042.5388</u>	Longitude <u>-071.139</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:
129 LOWELL ST Route# Direction Name of Roadway/Street At WEST 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 _____ • _____ 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: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 19-269-AC
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License # S76811484 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Operator MCLAUGHLIN, ALLISON MARIE Address 71 HEIDENRICH DR City TEWKSBURY State MA Zip 01876-3500 Insurance Company CITIZENS INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? <u>2</u> Citation # (If Issued) T1682545 Viol. 1: Ch/Sec/Sub <u>90 10</u> Viol. 2: Ch/Sec/Sub <u>89 8</u> Viol. 3: Ch/Sec/Sub <u>90 11</u> Viol. 4: Ch/Sec/Sub _____	Reg # 9ACL20 Reg Type PC Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 2 Owner MCLAUGHLIN, MICHAEL S Address 71 HEIDENRICH RD City TEWKSBURY State MA Zip 01876-3500 Vehicle Action Prior to Crash 4 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 4 25 25 Driver Distracted by 0 Damaged Area Code: 2 27 27 27 Test Status: 1 28 29 30 Type of Test: BAC Test Result: 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	X	1	1	4	0	0	10	1	

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
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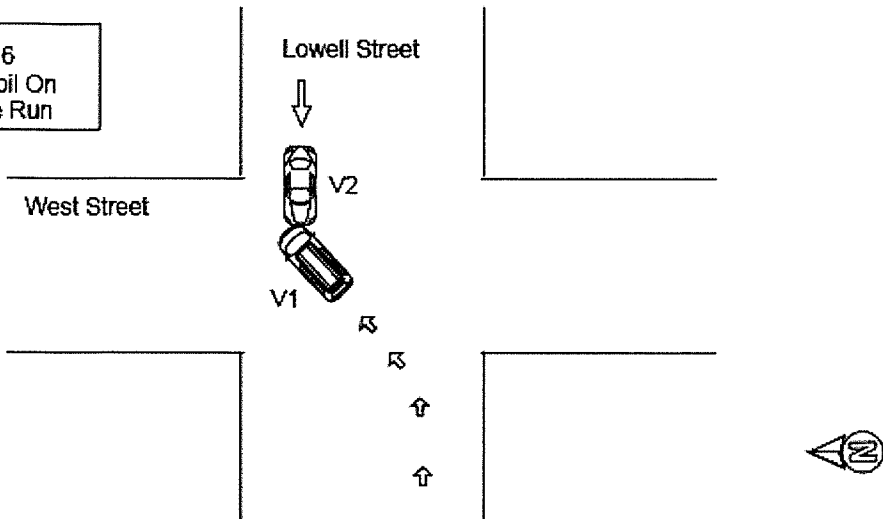
License # S18041315 St MA DOB/Age _____ Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Operator RUFF, TIFFANY JOY Address 120 PARKER ST City WILMINGTON State MA Zip 01887-2920 Insurance Company CITIZENS INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 7WH534 Reg Type PC Reg State MA Veh Year 2001 Veh Make HONDA Veh Config. 1 Owner RUFF, DANIEL T Address 120 PARKER ST City WILMINGTON State MA Zip 01887-2920 Vehicle Action Prior to Crash 1 Event Sequence 1 23 23 23 23 Most Harmful Event 1 Driver Contributing Code 1 25 25 Driver Distracted by 0 Damaged Area Code: 1 27 27 27 Test Status: 1 28 29 30 Type of Test: BAC Test Result: Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 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	X	1	1	4	0	0	10	1	

Crash Diagram:

ie: → 1 → 2 → ○ → ○

#316
Mobil On
The Run



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 east on Lowell Street. V2 was traveling west on Lowell Street. As they approached the West Street intersection, both directions of Lowell Street traffic had a green light. V1 turned left onto West Street in the path of V2. V2 struck V1. V1 sustained minor front right damage. V2 sustained minor front end damage. No parties complained of injury. The operator of V1 was cited for Failure to Yield, Unlicensed Operation, & No License In Possession.

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

08/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/14/2019	Time of Crash 1218 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____	Direction _____	Name of Roadway/Street _____		Route# <u>187</u>	Direction _____	Address # <u>MIDDLESEX AVE</u>
At _____				_____ Feet <u>N S E W</u> of _____	_____ Mile Marker _____	_____ Exit Number _____
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		_____ Feet <u>N S E W</u> of _____	Route# _____ Intersecting Roadway/Street _____	
Also at Intersection with _____				_____ Feet <u>N S E W</u> of _____		
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		Landmark _____		

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

Crash Report ID# **19-271-AC**

License # <u>S34920892</u> St <u>MA</u> DOB/Age _____	Reg # <u>931JJ1</u> Reg Type <u>PC</u> Reg State <u>MA</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 _____	Veh Year <u>2012</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>BOTTE, ERNEST A III</u>	Owner <u>BOTTE, ERNEST A III</u>
Address <u>38 BURNAP ST</u>	Address <u>38 BURNAP ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3712</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3712</u>
Insurance Company <u>COMMERCE INSURANCE</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u>
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>	Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>
Viol. 4: Ch/Sec/Sub _____	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

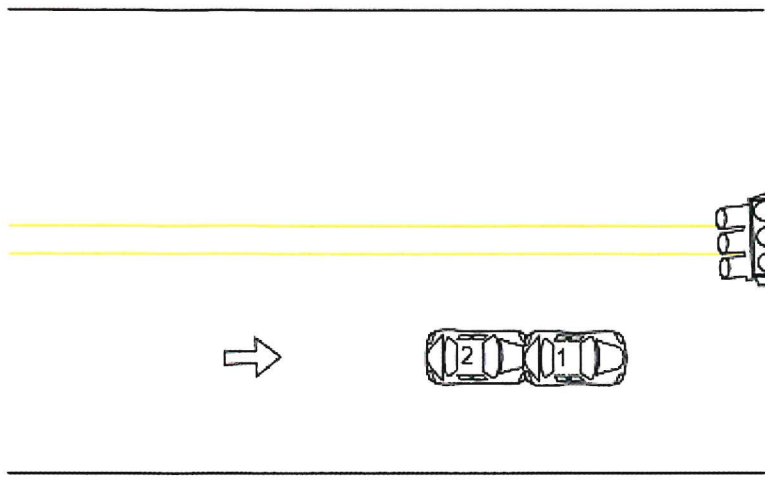
License # <u>S80423886</u> St <u>MA</u> DOB/Age _____	Reg # <u>4TL985</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>LOPEZ, GENARA</u>	Owner <u>LOPEZ, GENARA</u>
Address <u>36 EUTAW STREET 1ST FLOOR</u>	Address <u>36 EUTAW STREET 1ST FLOOR</u>
City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-0000</u>	City <u>LAWRENCE</u> State <u>MA</u> Zip <u>01841-0000</u>
Insurance Company <u>CITIZENS INSURANCE</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u>
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u>
Viol. 3: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>
Viol. 4: Ch/Sec/Sub _____	Towed from scene? <u>1</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			<u>1</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 → ○ → ○



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:

MV 1 and 2 were stopped at a red light on Middlesex Ave. Op of MV 1 and 2 stated that MV 2 rearended MV 1 while they were stopped at the red light. Minor damage to each vehicle's bumpers. 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 Kevin J Skinner

200

Wilmington Police Department

08/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/16/2019	Time of Crash 1442 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>34</u> Direction _____ Address # _____ Name of Roadway/Street <u>GLEN RD</u>	Route# _____ Direction _____ Name of Roadway/Street _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <u>N S E W</u> of _____ of _____ or _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Feet <u>N S E W</u> of _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <u>N S E W</u> of _____ of _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
Crash Report ID# **19-272-AC**

License # <u>S59971525</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>LAFOLLETTE, SAMMY D</u> Last First Middle Address <u>875 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3311</u> Insurance Company <u>ARBELLA MUTUAL INS</u>	Reg # <u>56VW82</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LAFOLLETTE, SAMMY D</u> Last First Middle Address <u>875 MAIN ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3311</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> 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>1</u> <u>29</u> Driver Contributing Code <u>9</u> <u>25</u> <u>5</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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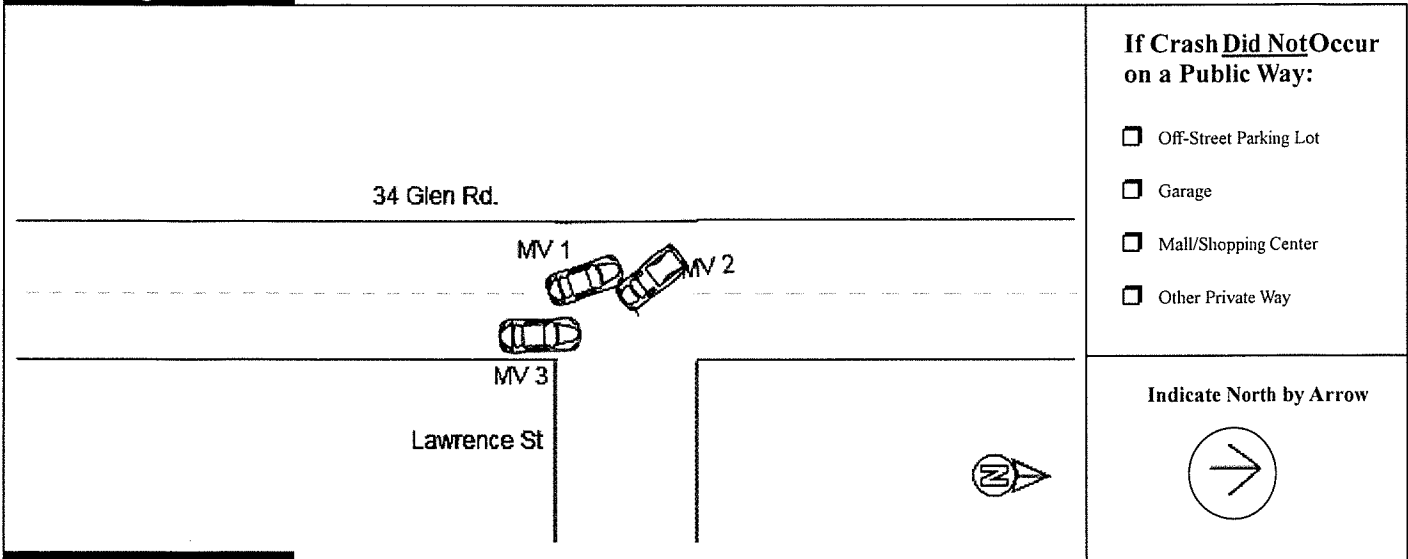
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S10568547</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>HO, BRENDAN SEAN</u> Last First Middle Address <u>7 VIRGINIA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4124</u> Insurance Company <u>GARRISON</u>	Reg # <u>9KN168</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>HUNTER, KAYOUA</u> Last First Middle Address <u>7 VIRGINIA RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4124</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</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>1</u> <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>
--	---

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

Crash Diagram:



Crash Narrative:

MV 1 was travelling northbound on Glenn Rd. behind MV 3. MV 3 stopped to allow MV 2 to take a left hand turn onto Lawrence St. MV 1 was following too closely and had to swerve into the oncoming traffic lane in order to not rear end MV 3. MV 2, travelling southbound on Glenn Rd was prepared to take a left hand turn on Lawrence St. As MV 2 was taking the left turn they were side swiped by MV 1.

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** **08/16/2019**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date