

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

1 **62 E MIDDLESEX AVE**
Route# Direction Name of Roadway/Street

At
PLEASANT RD
Route# Direction Name of Intersecting Roadway/Street

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

2 **1**
Route# Direction Name of Intersecting Roadway/Street

3 _____
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 _____
Route# Intersecting Roadway/Street

Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **19-273-AC**

License # **S75813648** St **MA** DOB/Age _____ Reg # **7843CZ** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2010** Veh Make **SUBARU** Veh Config. **1** 21

Operator **ANTIMONE, JACQUELINE L** Owner **RZEPKA, ERIC J**

Address **30 ROYAL CREST CIR** Address **63 STURGES RD**

City **TEWKSBURY** State **MA** Zip **01876-1500** City **READING** State **MA** Zip **01867-3944**

Insurance Company **QUINCY MUTUAL FIRE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 **10** 27 **27**

Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 **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? **1** 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 # **S16877583** St **MA** DOB/Age _____ Reg # **2HS711** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **1998** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **WILLIS, CAMERON CHRISTOPHER** Owner **WILLIS, CHRISTOPHER C**

Address **192 WOBURN ST** Address **192 WOBURN ST**

City **WILMINGTON** State **MA** Zip **01887-2104** City **WILMINGTON** State **MA** Zip **01887-2104**

Insurance Company **VERMONT MUTUAL INS** Vehicle Action Prior to Crash **6** 22 Damaged Area Code: **1** 27 **2** 27 **27**

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

Citation # (If Issued) **T1152213** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub **89** **8** Driver Contributing Code **3** 25 **4** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **1** 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	1	1	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **BALLARDVALE ST**
Route# Direction Name of Roadway/Street
At
RTE 125
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

2 1
Route# Direction Name of Intersecting Roadway/Street

2 10
Route# Direction Address # Name of Roadway/Street
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____

2 11
Feet N S E W of _____
Route# Intersecting Roadway/Street
Feet N S E W of _____
Intersecting Roadway/Street
Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **19-274-AC**

License # **S64574382** St. **MA** DOB/Age _____ Reg # **5WV979** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21

Operator **BAILEY, CONNOR RICHARD** Owner **BAILEY, CONNOR RICHARD**
Last First Middle Last First Middle

Address **5 CLAREMON ST** Address **5 CLAREMON ST**

City **SOMERVILLE** State **MA** Zip **02144-2405** City **SOMERVILLE** State **MA** Zip **02144-2405**

Insurance Company **USAA CASUALTY INS** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 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 **1** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

Please fill out for operator and all occupants involved

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

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

License # **S18146004** St. **MA** DOB/Age _____ Reg # **6VWF60** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____ Veh Year **1996** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **ABREU, HECTOR B JR** Owner **ABREU, DEBORAH G**
Last First Middle Last First Middle

Address **4 CREST DR APT 14** Address **63 CENTER ST APT 2FL**

City **METHUEN** State **MA** Zip **01844-6621** City **LAWRENCE** State **MA** Zip **01841-1018**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 27 27

Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **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 **5** 25 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 33

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

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

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

Route# Direction **SHAWSHEEN AVE** Name of Roadway/Street
 At
 Route# Direction **LAKE ST** 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 _____ 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# 19-275-AC**

License # **2189342** St **ME** DOB/Age _____ Reg # **5376VG** Reg Type **PC** Reg State **ME**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2003** Veh Make **TOYOTA** Veh Config. **1**
 Operator **CARROLL, ROBERT J** Owner **CARROLL, ROBERT J**
 Address **90 ROGERS RD** Address **90 ROGERS RD**
 City **YORK** State **ME** Zip **03909** City **YORK** State **ME** Zip **03909**
 Insurance Company **VERMONT MUTUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **27** **8** **27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**
 Citation # (If Issued) **T1152673** Most Harmful Event **1** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89** **9** 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 **99** **26** Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **1** **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		<input checked="" type="checkbox"/>	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 # **S85745625** St **MA** DOB/Age _____ Reg # **828AW7** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2007** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **MACNEIL, MICHAEL J** Owner **MACNEIL, MICHAEL J**
 Address **249 MIDDLESEX TPKE** Address **249 MIDDLESEX TPKE**
 City **BURLINGTON** State **MA** Zip **01803-2725** City **BURLINGTON** State **MA** Zip **01803-2725**
 Insurance Company **PILGRIM INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **8** **27** **27** **27**
 Vehicle Travel Direction: **N** **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: **31** Susp. Drug: **32**
 Towed from scene? **1** **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		<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

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

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

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

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

Route# _____ Direction _____ 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# **19-276-AC**

License # **S68935037** St **MA** DOB/Age _____ Reg # **8VPW80** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2007** Veh Make **MAZDA** Veh Config. **1** 21
 Operator **BASFORD, JAMES L** Owner **BASFORD, JAMES L**
 Address **89 OAKLAND RD APT 1** Address **89 OAKLAND RD APT 1**
 City **READING** State **MA** Zip **01867-0000** City **READING** State **MA** Zip **01867-0000**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S X 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: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **5** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	1	0	0	8	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 # **D253320027506** St **QC** DOB/Age _____ Reg # **FKK7244** Reg Type **PC** Reg State **QC**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **Jeep** Veh Config. **1** 21
 Operator **DIACANDREOU, EMMANUEL** Owner **DIACANDREOU, EMMANUEL**
 Address **5320 RUE NANTEL** Address **5320 RUE NANTEL**
 City **SAINT-HUBERT** State **QC** Zip **J3Y9B4** City **SAINT-HUBERT** State **QC** Zip **J3Y9B4**
 Insurance Company _____ Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 27 27 27
 Vehicle Travel Direction: **N S X 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: **1** 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? **1** 33

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

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

Police Use Only		Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 08/20/2019	Time of Crash 2201 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input 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>127</u> Direction _____ Address # <u>MAIN ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____ 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 _____ Also at Intersection with _____		Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
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 _____ 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# 19-277-AC
-------------------------------------	---	----------------------------------	--------------------------------	-----------------------------------

License # <u>S11165367</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>20</u> CDL _____ Operator <u>MUNSIE, ANDREW RAYFIELD SCOTT</u> Address <u>327 BURLINGTON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3157</u> Insurance Company <u>PLYMOUTH ROCK ASSU</u> 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 # <u>1RCZ41</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MUNSIE, AMANDA M</u> Address <u>327 BURLINGTON AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3157</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>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>
--	--

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>99</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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>S55498775</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>20</u> CDL _____ Operator <u>LEBLANC, KYLE</u> Address <u>199 MERRIMACK MEADOWS LN</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876</u> Insurance Company <u>LM GENERAL</u> 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 # <u>6TX124</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>LEBLANC, DIXIE M</u> Address <u>199 MERRIMACK MEADOW S LN</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-0000</u> Vehicle Action Prior to Crash <u>2</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>
--	---

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>99</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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# **356** Direction _____ Address # **MIDDLESEX AVE** 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# **19-278-AC**

License # **S50129550** St **MA** DOB/Age _____ Reg # **1YNB41** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **CURCIO, JUDI DENISE** Owner **CURCIO, JUDI DENISE**
 Address **35 CHURCH ST** Address **35 CHURCH ST**
 City **WILMINGTON** State **MA** Zip **01887-2701** City **WILMINGTON** State **MA** Zip **01887-2701**
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 6 27 4 27
 Vehicle Travel Direction: **N 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: **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 # **S55354824** St **MA** DOB/Age _____ Reg # **4EM883** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **MERCEDES-BENZ** Veh Config. **1** 21
 Operator **SANA, SURAYYA** Owner **SHAHZAD, KHALID**
 Address **439R MIDDLESEX AVE APT 201** Address **439R MIDDLESEX AVE**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-1105**
 Insurance Company **LM GENERAL** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) **T1682683** Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **90** **23** 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 **99** 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

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	
				4	4	4	0	0	10	1	

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 2 10 227 **WOBURN ST**

10 11 Feet N S E W of _____ Mile Marker _____ Exit Number _____

10 11 Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____

2 1 Route# Direction Name of Intersecting Roadway/Street **WOBURN ST. SCHOOL**
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-279-AC**

License # **S50903650** St **MA** DOB/Age _____ Reg # **MPD679** Reg Type **LF** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **FORD** Veh Config. **1** 21
 Operator **CERUOLO, DARYL JAMES** Owner **WILMINGTON TOWN OF**
 Address **1 ADELAIDE ST** Address **1 ADELAIDE ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2719**
 Insurance Company **SELF INSURED-MIAA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: 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	X	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 # **S12286720** St **MA** DOB/Age _____ Reg # **973XE3** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement _____ Veh Year **2015** Veh Make **HONDA** Veh Config. **1** 21
 Operator **GRIFFIN, ROY JAMES** Owner **GRIFFIN, ROY JAMES**
 Address **92 DEVIR ST** Address **92 DEVIR ST**
 City **MALDEN** State **MA** Zip **02148-7245** City **MALDEN** State **MA** Zip **02148-7245**
 Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S X 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 _____ Driver Contributing Code **19** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Towed from scene? **2** 33

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

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

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

1 **MAIN ST**
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

2 **BRIDGE LN**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

3 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# **19-280-AC**

License # **S24702333** St **MA** DOB/Age _____ Reg # **R99498** Reg Type **CO** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **FORD** Veh Config. **2** 21
Operator **ZANDERS, JESSE** Owner **ARI FLEET LT**
Address **186 SUFFOLK ST** Address **4001 LEADENHALL RD**
City **LOWELL** State **MA** Zip **01854-4259** City **MT LAUREL** State **NJ** Zip **08054-0000**
Insurance Company **NATL UNION FIRE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **97** 27 27 27
Vehicle Travel Direction: **N S X 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: **1** 29
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **1** 30
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	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 # **S17822457** St **MA** DOB/Age _____ Reg # **84BX50** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **Jeep** Veh Config. **1** 21
Operator **ENDICOTT, CHRISTY M** Owner **ENDICOTT, CHRISTY M**
Address **5234 EVERGREEN DR** Address **5234 EVERGREEN DR**
City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**
Insurance Company **VERMONT MUTUAL INS** 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: **1** 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **1** 30
Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
Viol. 4: Ch/Sec/Sub _____

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

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

Date of Crash 08/22/2019 Time of Crash 0850 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 4 Number Injured 0 Speed Limit 40 Latitude +042.5953 Longitude -071.162 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>255</u> Direction _____ Address # <u>BALLARDVALE ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of 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 _____ Route# _____ Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____
		Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-281-AC**

License # <u>S19946556</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>20</u> CDL Endorsement _____ Operator <u>FLYNN-KELLY, BRIAN D</u> Address <u>88 MINOT ST</u> City <u>DORCHESTER</u> State <u>MA</u> Zip <u>02122-2030</u> Insurance Company <u>FEDERAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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 # <u>M91557</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> Owner <u>FEENEY BROTHERS EXCAVATION LLC</u> Address <u>103 CLAYTON ST</u> City <u>DORCHESTER</u> State <u>MA</u> Zip <u>02122-2738</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>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>22</u> <u>25</u> <u>25</u> BAC Test Result: <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>
---	---

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	99	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 # <u>S35830160</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>20</u> CDL Endorsement _____ Operator <u>KELLY, RYAN JAMES</u> Address <u>8 ROLLING HILL RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2898</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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 # <u>7GD686</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>Jeep</u> Veh Config. <u>2</u> Owner <u>KELLY, RYAN JAMES</u> Address <u>8 ROLLING HILL RD</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2898</u> Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>1</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>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>
--	---

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	99	4	0	0	10	1	
JOSEPH WALLACE		2 SUNSET AVE NORTH READING, MA 01864	<input type="checkbox"/>	3	99	4	0	0	10	1	

Date of Crash **08/22/2019** Time of Crash **0850** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **4** Number Injured **0** Speed Limit **40** State Police
 24HR **Police Report** Latitude **+042.5953** Local Police
 Longitude **-071.162** 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 # 255 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
---	---

Please Select One of the Following: Vehicle **31** #Occupants Hit/Run Moped Crash Report ID# **19-281-AC**

<p>License # S91264981 St MA DOB/Age. _____ 7</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator SANTOS, DAVE F</p> <p>Address 28 REXFORD ST</p> <p>City MATTAPAN State MA Zip 02126-2132</p> <p>Insurance Company GOVT EMPLOYEE INS</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1AEY53 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make HONDA Veh Config. 2 21</p> <p>Owner SANTOS, DAVE F</p> <p>Address 28 REXFORD ST</p> <p>City MATTAPAN State MA Zip 02126-2132</p> <p>Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 1 27 27</p> <p>Event Sequence 1 23 1 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	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **41** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S09943323 St MA DOB/Age. _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____</p> <p>Operator ROSARIO, JOANELL</p> <p>Address 22 CARLTON ST APT 2</p> <p>City METHUEN State MA Zip 01844-4306</p> <p>Insurance Company PREFERRED MUTUAL</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 17N950 Reg Type PC Reg State MA</p> <p>Veh Year 2007 Veh Make HONDA Veh Config. 1 21</p> <p>Owner ROSARIO, JOANELL</p> <p>Address 22 CARLTON ST APT 2</p> <p>City METHUEN State MA Zip 01844-4306</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? 2 33</p>
---	--

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 08/24/2019 Time of Crash 1721 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 30 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 # 16 Name of Roadway/Street BOUTWELL ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
---	--

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **19-282-AC**

<p>License # S10992627 St. MA DOB/Age _____</p> <p>Sex M Lic. Class M 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____</p> <p>Operator HOWARD, JOSEPH BRADY</p> <p>Address 26 TOPLIFF ST</p> <p>City BILLERICA State MA Zip 01821-5117</p> <p>Insurance Company PROGRESSIVE CASLTY</p> <p>Vehicle Travel Direction: N S <input checked="" 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 # 2G6827 Reg Type MC Reg State MA</p> <p>Veh Year 1992 Veh Make HARLEY-DAVIDSON Veh Config. 3 21</p> <p>Owner HOWARD, JOSEPH BRADY</p> <p>Address 26 TOPLIFF ST</p> <p>City BILLERICA State MA Zip 01821-5117</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 10 27 27 27</p> <p>Event Sequence 41 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 26 24 Type of Test: 1 29</p> <p>Driver Contributing Code 2 25 12 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 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	XXXXXX	X	1	5	5	99	0	8	2	Lahey Clinic

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 # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 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? 33</p>
---	--

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

