

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 GRAND ST
 Route# Direction Name of Roadway/Street
 At
BIRCH RD
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
2 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# **19-298-AC**

License # **074801226** St **TN** DOB/Ag _____ Reg # **B5248HY** Reg Type **AP** Reg State **TN**
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2014** Veh Make **Other-not listed** Veh Config. **10** 21
 Operator **ANDERSON, TORIANO** Owner **TLD LOGISTICS SERVICES INC**
 Last First Middle Last First Middle
 Address **127 CALIFORNIA AVE** Address **1300 EVERETT RD**
 City **OAK RIDGE** State **TN** Zip **37830** City **KNOXVILLE** State **TN** Zip **37932**
 Insurance Company **PROTECTIVE INSURANCE** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 0 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **28** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) _____ Most Harmful Event **28** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **9** 25 25 BAC Test Result: 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator 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	5	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/Ag _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** **19** Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator _____ Owner _____
 Last First Middle Last First Middle
 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 _____ 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? **33**
 Viol. 4: Ch/Sec/Sub _____

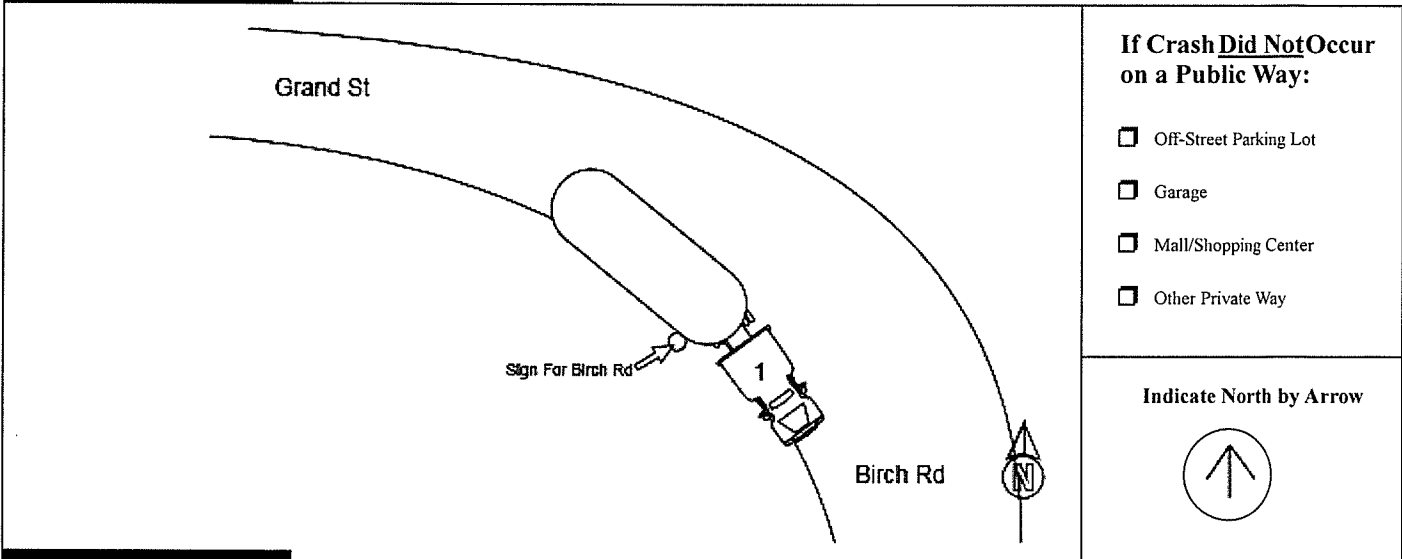
Please fill out for operator/non-motorist and all occupants involved

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	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:

Vehicle 1 was travelling on Grand St when he attempted to turn right onto Birch Rd. When vehicle 1 did this he struck and knocked over the street sign for Birch Rd. Vehicle 1 was a tractor trailer that was following his GPS that sent him the wrong way.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	STEET SIGN

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 W Wandell

174

Wilmington Police Department

09/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Date of Crash 09/10/2019 Time of Crash 1303 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

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>187</u> Name of Roadway/Street <u>BALLARDVALE 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# **19-299-AC**

<p>License # <u>S80913571</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL Endorsement _____</p> <p>Operator <u>GRISWOLD, MICHAELA RAE</u></p> <p>Address <u>100 OLDE COACH RD APT 1</u></p> <p>City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830-3353</u></p> <p>Insurance Company <u>METROPOLITAN PROP</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>793YC9</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2012</u> Veh Make <u>Infinity</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>GRISWOLD, MICHAELA RAE</u></p> <p>Address <u>100 OLDE COACH RD APT 1</u></p> <p>City <u>HAVERHILL</u> State <u>MA</u> Zip <u>01830-3353</u></p> <p>Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<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

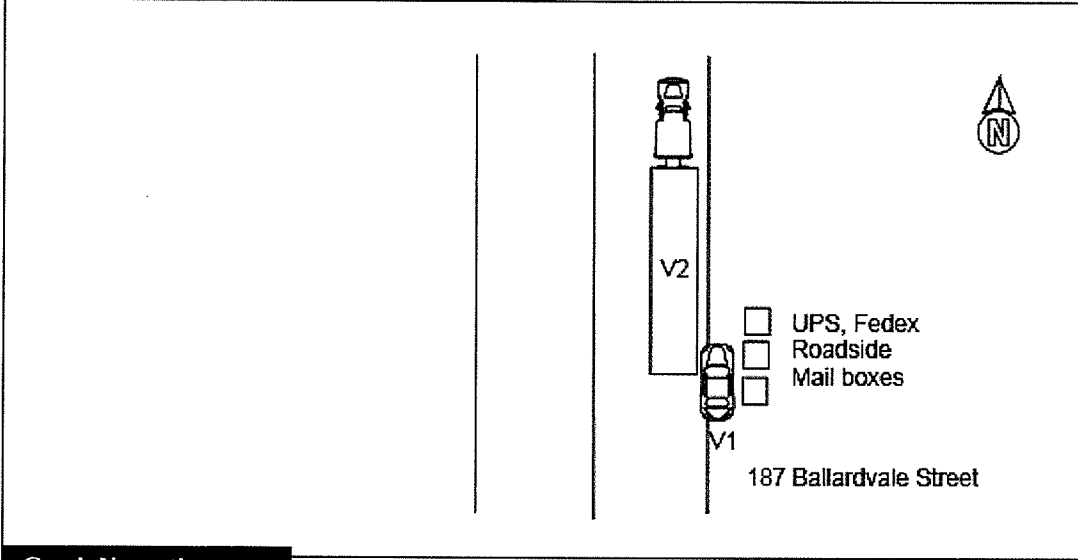
<p>License # <u>0532231</u> St <u>DE</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____</p> <p>Operator <u>HITCHENS, HARVEY L</u></p> <p>Address <u>30339 MOUNT JOY</u></p> <p>City <u>MILLSBORO</u> State <u>DE</u> Zip <u>19966</u></p> <p>Insurance Company <u>ECMB OF MARYLAND</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>CL118438</u> Reg Type <u>AP</u> Reg State <u>DE</u></p> <p>Veh Year <u>2018</u> Veh Make <u>International</u> Veh Config. <u>10</u> <u>21</u></p> <p>Owner <u>SOUTH WIND LEASING LLC</u></p> <p>Address <u>22 CHESTNUT ST</u></p> <p>City <u>MILTON</u> State <u>DE</u> Zip <u>19968</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator/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>	

→ = 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 (Griswold) was parked along side of road on small unpaved cut out to access roadside UPS, Fedex mailboxes. V2 (Hitchens) was passing by on Ballardvale Street. Trailer of TT unit (Maine-2159224) clipped driver's side mirror to V1. V1 was stationary and not merging in traffic. Mirror damaged. No injuries reported. V1 followed V2 to Market Basket warehouse to contact driver & notify police. V2 opr. stated he saw vehicle pulled to the side of road and he thought he had enough room to pass by. He was not aware the metal trailer bumper hit the mirror. Paperwork exchanged.

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 # **CL118438** (From Vehicle Section)

Carrier Name **Reed Trucking Co** Bus Use 42

Address **BOX 216** City **MILTON** St **DE** Zip **19968**

US DOT #: **45584** State Number _____ Issuing State **DE** MC/MX/ICC #: **69052**

Interstate 43 **1** Cargo Body Type Code 44 **0** GVWR/GCWR 45 **3**

Trailer Reg #: **2159224** Reg Type **TL** Reg State **ME** Reg Year **2014** Trailer Length 46 **4**

Hazmat Information:

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

Patrol Officer **Richard DiPerri** Signature **173** ID/Badge # **Wilmington Police Department** Department **09/10/2019** Date

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 **279 MAIN ST**
 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 **13** #Occupants Hit/Run Moped
 Crash Report ID# **19-300-AC**

License # **S10391536** St. **MA** DOB/Age _____ Reg # **MM1913** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **GMC** Veh Config. **1** 21
 Operator **GOODWIN, ROBERT L JR** Owner **GOODWIN, ROBERT L JR**
 Address **124 FRANKLIN ST** Address **124 FRANKLIN ST**
 City **MELROSE** State **MA** Zip **02176-1821** City **MELROSE** State **MA** Zip **02176-1821**
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **8** 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? **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	M	1	1	4	0	0	10	1	
FRANK MCNARY	263 W WYOMING AVE MELROSE, MA 02176-3618		M	3	1	4	0	0	10	1	
ROBERT MCNARY	18 WINDSOR RD SOMERVILLE, MA 02144-3135		M	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S21061438** St. **MA** DOB/Age _____ Reg # **682PW2** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2004** Veh Make **KIA** Veh Config. **1** 21
 Operator **MORLANI, CARLA DENISE** Owner **MORLANI, ANTHONY ANGELO**
 Address **7 ELWOOD RD** Address **7 ELWOOD RD**
 City **WILMINGTON** State **MA** Zip **01887-2809** City **WILMINGTON** State **MA** Zip **01887-2809**
 Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **8** 27 27
 Vehicle Travel Direction: **N** **E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 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	M	1	1	4	0	0	10	1	

Date of Crash 09/10/2019 Time of Crash 1750 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 35 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>279</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 checked="" 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 checked="" type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 3 #Occupants Hit/Run Moped Crash Report ID# **19-300-AC**

<p>License # <u>S86823556</u> St. <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>WONSON, JESSICA LYNN</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>68 GAUDREAU ST</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5514</u></p> <p>Insurance Company <u>STANDARD FIRE INS</u></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>554RC7</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2010</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>WONSON, JESSICA LYNN</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>68 GAUDREAU ST</u></p> <p>City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-5514</u></p> <p>Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>18</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>2</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	4	0	0	10	1	

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

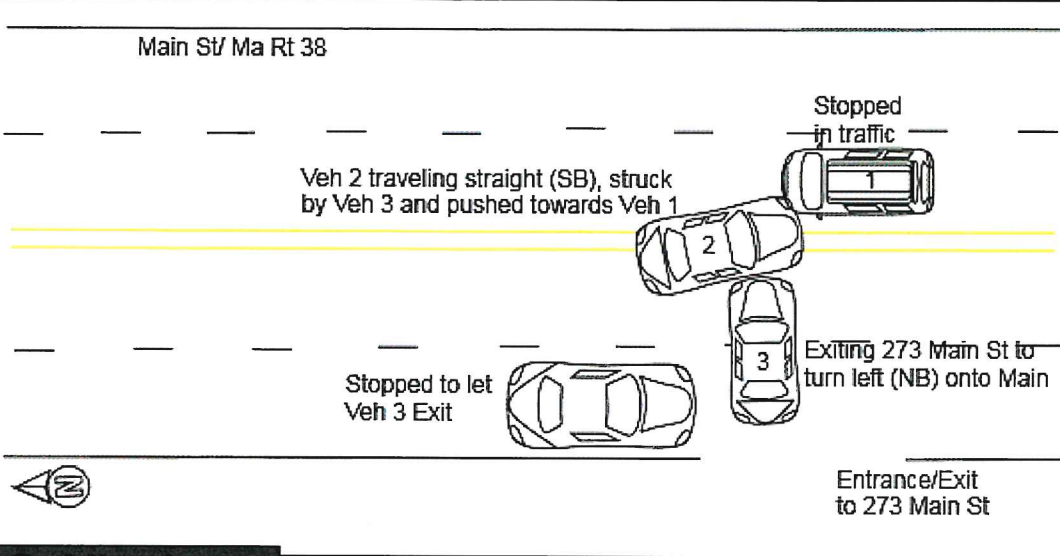
<p>License # _____ St. _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" 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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u></p> <p>Most Harmful Event <u>24</u> Type of Test: <u>29</u></p> <p>Driver Contributing Code <u>25</u> <u>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>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	XXXX	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:

On 9/10/19, I responded to the area of 273 Main St for a three vehicle crash. There were no injuries. All involved were wearing seatbelt. It was reported that Veh 3 was exiting Speedway (273 Main St). A vehicle traveling in the right southbound lane stopped to let Veh 3 out. Veh 3 was trying to turn left (NB) onto Main St. Veh 2 was traveling straight on Main St (SB) in the left hand lane. Veh 3 struck Veh 2's passenger door pushing Veh 2 towards Veh 1. Veh 1 was stopped in a line of traffic. Veh 2 struck Veh 1 in the front bumper. There was damage to front bumpers to both Veh 1 and Veh 2. There were no tows needed. Paperwork exchange.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HELTON TINA M	76 PLEASANT ST READING MA 01867-3018		

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 Daniel P Furbush

196

Wilmington Police Department

09/10/2019

Police Officer Name (Please Print)

Signature

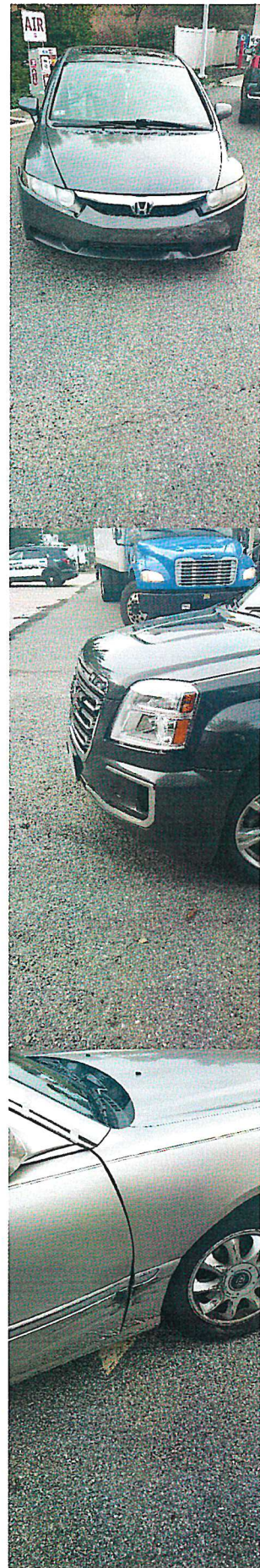
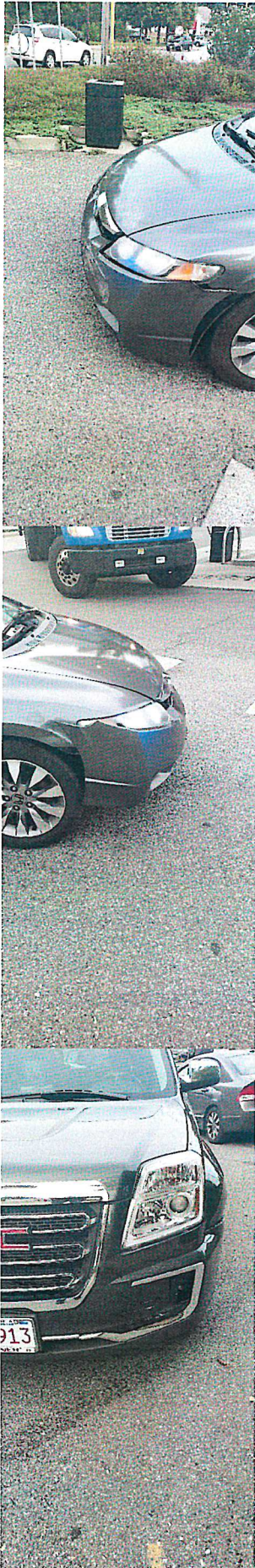
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 19-300-AC



Wilmington Police Department
Images Associated with 19-300-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **357 MIDDLESEX AVE** Name of Roadway/Street

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

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# **19-301-AC**

License # **S28823147** St **MA** DOB/Age _____ Reg # **4NG717** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **1** **21**

Operator **FAZIO, WILLIAM P** Owner **FAZIO, WILLIAM P**

Address **16 MARCIA RD** Address **16 MARCIA RD**

City **WILMINGTON** State **MA** Zip **01887-1465** City **WILMINGTON** State **MA** Zip **01887-1465**

Insurance Company **METROPOLITAN PROP** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **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) _____ Most Harmful Event **1** **24** Type of Test: **29**

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

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

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

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator 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 # **S17002182** St **MA** DOB/Age _____ Reg # **BV4840** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1** **21**

Operator **LUCOT, KYLEE ELIZABETH** Owner **LUCOT, CHARLES P**

Address **4131 AVALON DR** Address **19 BIRCHWOOD RD**

City **WILMINGTON** State **MA** Zip **01887-1162** City **WILMINGTON** State **MA** Zip **01887-1922**

Insurance Company **GEICO GENERAL INS** 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) _____ Most Harmful Event **1** **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **5** **25** **25** BAC Test Result: **30**

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

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

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/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	
				3	1	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
 128 WEST ST
 Feet N S E W of Mile Marker Exit Number
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 1 Route# Direction Name of 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# **19-302-AC**

License # **S61808346** St **MA** DOB/Age Reg # **6CA218** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2017** Veh Make **VOLKSWAGEN** Veh Config. **1** 21
 Operator **LABELLA, ROBERT B** Owner **LABELLA, ROBERT B**
 Address **7301 INWOOD DR** Address **7301 INWOOD DR**
 City **WOBURN** State **MA** Zip **01801-5157** City **WOBURN** State **MA** Zip **01801-5157**
 Insurance Company **COMMERCE INSURANCE** 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: **28**
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub

Please fill out for operator 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 # **5902368** St **ME** DOB/Age Reg # **4584WZ** Reg Type **PC** Reg State **ME**
 Sex **U** Lic. Class **C** 19 19 Lic. Restrictions **B** 20 CDL Endorsement Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21
 Operator **CARUSO, SALVATORE** Owner **CARUSO, SALVATORE**
 Address **30 RIVERBEND RD** Address **30 RIVERBEND RD**
 City **WELLS** State **ME** Zip **04090** City **WELLS** State **ME** Zip **04090**
 Insurance Company **PATRIOT INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **7** 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 Driver Contributing Code **4** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub

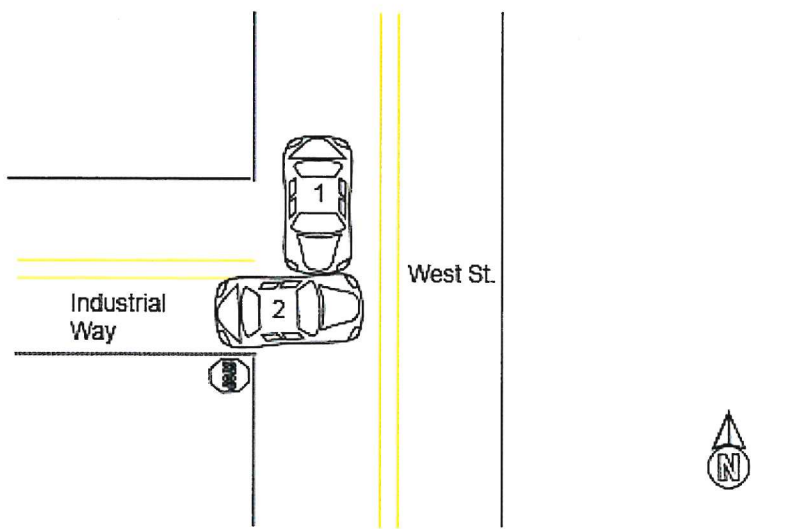
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 travelling southbound on West St. MV2 taking left turn onto West St. from Industrial Way. Operator of MV2 stated that he was unfamiliar with the area and did not see MV1 coming when he went through the stop sign. Operator of MV1 stated he was travelling straight ahead when MV2 came out of Industrial Way without stopping. Damage to the front of MV1. Damage to left side of MV2. MV2 towed by A&S Towing. No injuries reported.

Witnesses:

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

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

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

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

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

Hazmat Information:

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

Patrol Officer Kevin P Cavanaugh

195

Wilmington Police Department

09/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Route# Direction Name of Roadway/Street
 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 W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 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# **19-303-AC**

License # **S25926524** St **MA** DOB/Age _____ Reg # **8WK783** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1** **21**
 Operator **BERZOUZ, YASSINE** Owner **BERZOUZ, YASSINE**
 Address **8 EXETER ST APT 1** Address **8 EXETER ST APT 1**
 City **LOWELL** State **MA** Zip **01853-0000** City **LOWELL** State **MA** Zip **01853-0000**
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **7** **22** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **22** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) **T1682649** Most Harmful Event **22** **24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub **89** **4A** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **9** **25** **21** **25** BAC Test Result: **1** **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub **90** **18** 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	3	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type Action Location Condition 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			1							

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

Route# **129** Direction **E** Name of Roadway/Street **SHAWSHOEN AVE**

Route# _____ Direction _____ Name of Roadway/Street _____

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

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

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

Crash Report ID# **19-304-AC**

License # _____ S _____ DOB/Age _____ Reg # **9PH616** Reg Type **PC** Reg State **MA**

Sr _____ Lic. Class **D** Lic. Restrictions **I** CDL _____ Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1**

Operator _____ Owner **OMAHONY, DAVID J**

Address _____ Address **21 ALBANY ST**

Cit _____ Stat _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2261**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **2** Damaged Area Code: **4** **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 _____ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**

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

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

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator 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	
JOMARIE OMAHONY	21 ALBANY ST WILMINGTON, MA 01887-2261			3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **03OER74091** St **NH** DOB/Age _____ Reg # **M67249** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **A** Lic. Restrictions _____ CDL _____ Veh Year **2007** Veh Make **FORD** Veh Config. **6**

Operator **OUELLETTE, RAYMOND G** Owner **VERIZON NEW ENGLAND INC**

Address **30 COMPROMISE LN** Address **BX 612744 2200 W AIRFIELD**

City **SANDOWN** State **NH** Zip **03873** City **DALLAS** State **TX** Zip **75261-0000**

Insurance Company **NATL UNION FIRE** Vehicle Action Prior to Crash **10** Damaged Area Code: **2** **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 _____ Driver Contributing Code **19** **25** **25** BAC Test Result: **30**

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

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

Viol. 4: Ch/Sec/Sub _____

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

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

Date of Crash 09/14/2019 Time of Crash 1527 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 1 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

Police Report

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>38 N MAIN ST Route# Direction Name of Roadway/Street</p> <p>At</p> <p>MASS AVE Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>Feet N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>Feet N S E W of _____</p> <p>Route# Intersecting Roadway/Street</p> <p>Feet N S E 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# **19-305-AC**

<p>License # S72310623 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator JOTHIMANI, GEORGE SELVARAJ Last First Middle</p> <p>Address 78A GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-1877</p> <p>Insurance Company GEICO GENERAL INS</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 # 5EPT40 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make TOYOTA Veh Config. 1</p> <p>Owner JOTHIMANI, GEORGE SELVARAJ Last First Middle</p> <p>Address 78A GLEN RD</p> <p>City WILMINGTON State MA Zip 01887-1877</p> <p>Vehicle Action Prior to Crash 2</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 7 27 8 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>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 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	X	1	1	4	0	0	9	1	

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

<p>License # S91656931 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator JERMYN, JONATHAN D Last First Middle</p> <p>Address 33 HANCOCK ST</p> <p>City STONEHAM State MA Zip 02180-2636</p> <p>Insurance Company LIBERTY MUTUAL INS</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 # P1104 Reg Type PC Reg State MA</p> <p>Veh Year 2009 Veh Make SUBARU Veh Config. 1</p> <p>Owner LOMBARDO, PETER A Last First Middle</p> <p>Address 33 HANCOCK ST</p> <p>City STONEHAM State MA Zip 02180-2636</p> <p>Vehicle Action Prior to Crash 3</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1</p> <p>Driver Contributing Code 7 25 19 25</p> <p>Driver Distracted by 4</p> <p>Damaged Area Code: 8 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>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	XXXX	X	1	1	4	0	0	10	1	

