

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

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

At           

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

Also at Intersection with           

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

3 **Route#**            **Direction**            **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# 19-283-AC**

License # S18154203 St MA DOB/Age            Reg # RW12761 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL            Veh Year 2009 Veh Make SATURN Veh Config. 1 21

Operator MCGREGOR, LINDA CHRISTINE Owner MCGREGOR, STEPHEN A

Address 6 ARNOLD AVE Address 6 ARNOLD AVE

City READING State MA Zip 01867-2208 City READING State MA Zip 01867-2208

Insurance Company COMMERCE INSURANCE Vehicle Action Prior to Crash 3 22 Damaged Area Code: 1 27 27 27

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

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

Viol. 1: Ch/Sec/Sub            Viol. 2: Ch/Sec/Sub            Driver Contributing Code 4 25 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 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
<b>Operator</b>	See Above	<del>          </del>	<del>          </del>	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 # S26878038 St MA DOB/Age            Reg # 1CYY64 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL            Veh Year 2016 Veh Make HONDA Veh Config. 1 21

Operator BURKE, ROBERTA R Owner BURKE, ROBERTA R

Address 4 HANSON RD Address 4 HANSON RD

City WILMINGTON State MA Zip 01887-3448 City WILMINGTON State MA Zip 01887-3448

Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27

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

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

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

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

Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		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
<b>Operator/Non-Motorist</b>	See Above	<del>          </del>	<del>          </del>	1	1	2	0	0	10	1	







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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-285-AC**

License # **NHL11108917** St **NH** DOB/Age \_\_\_\_\_ Reg # **V23229** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config. **1** 21

Operator **BEAN, DUSTIN JAMES** Owner **SULLIVAN TIRE CO INC**

Address **566 BODWELL RD** Address **41 ACCORD PK DR**

City **MANCHESTER** State **NH** Zip **03109** City **NORWELL** State **MA** Zip **02061-1614**

Insurance Company **FEDERATED MUTUAL** 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: **2** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S46489125** St **MA** DOB/Age \_\_\_\_\_ Reg # **5ZJ818** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21

Operator **CERULLO, MARY E** Owner **CERULLO, MARY E**

Address **29 MEADOW DR** Address **29 MEADOW DR**

City **MIDDLETON** State **MA** Zip **01949-2325** City **MIDDLETON** State **MA** Zip **01949-2325**

Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **1** 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: **2** 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 \_\_\_\_\_

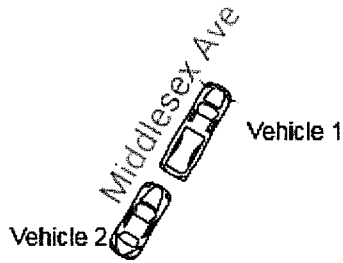
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>F</del>	<b>1</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = 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**



Map data ©2019 Google

**Crash Narrative:**

Vehicle 1 was stopped in traffic. Vehicle 2 rear ended vehicle 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 Rafael G Cruz

198

Wilmington Police Department

08/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 247 MAIN ST  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 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# **19-286-AC**

License # **S76073484** St **MA** DOB/Age \_\_\_\_\_ Reg # **9PJ621** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 21  
 Operator **PALARDY, MEGAN E** Owner **PALARDY, MEGAN E**  
 Address **132 DRACUT ST** Address **132 DRACUT ST**  
 City **LAWRENCE** State **MA** Zip **01843-2536** City **LAWRENCE** State **MA** Zip **01843-2536**  
 Insurance Company **GOVT EMPLOYEE INS** 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: **2** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 23 Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S21166787** St **MA** DOB/Age \_\_\_\_\_ Reg # **3BS238** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2013** Veh Make **DODGE** Veh Config. **1** 21  
 Operator **COLE, DUSTIN R** Owner **BERNIER, ARTHUR SCOTT**  
 Address **4 ROLLINS RD** Address **52 MOONLIGHT DR APT B**  
 City **WILMINGTON** State **MA** Zip **01887-3120** City **TEWKSBURY** State **MA** Zip **01876-2209**  
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **3** 28  
 Citation # (If Issued) **T1153218** Most Harmful Event **1** 24 Type of Test: **2** 29  
 Viol. 1: Ch/Sec/Sub **90** **24J** Viol. 2: Ch/Sec/Sub **90** **11A** Driver Contributing Code **10** 25 **14** 25 BAC Test Result: **1** 30  
 Viol. 3: Ch/Sec/Sub **90** **24C** Viol. 4: Ch/Sec/Sub **90** **24E** Driver Distracted by **5** 26 Susp. Alcohol: **1** 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>JOHN ROMANO</b>	87 NESMITH ST LOWELL, MA 01852-2333		<b>M</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MARC SOLLAZZO</b>	16 FAIRVIEW AVE WILMINGTON, MA 01887		<b>M</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	







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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Intersecting Roadway/Street  
 2 Route# Direction Name of Intersecting Roadway/Street Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **19-287-AC**

License # **S49664803** St **MA** DOB/Age Reg # **2MR151** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2018** Veh Make **HONDA** Veh Config. **1** 21  
 Operator **WEISS, ALENA LYNN** Owner **WEISS, ALENA LYNN**  
 Address **2 BRANCH ST** Address **2 BRANCH ST**  
 City **BILLERICA** State **MA** Zip **01821** City **BILLERICA** State **MA** Zip **01821**  
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub 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		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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>M</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S32058181** St **MA** DOB/Age Reg # **SB30901** Reg Type **SB** Reg State **MA**  
 Sex **M** Lic. Class **B** 19 19 Lic. Restrictions **1** 20 CDL **S** Veh Year **2014** Veh Make **Thomas** Veh Config. **4** 21  
 Operator **RAMOS, TOBIAS Y** Owner **NRT BUS INC**  
 Address **130 SPRUCE ST** Address **55 HAMPSHIRE RD**  
 City **LAWRENCE** State **MA** Zip **01841-1025** City **METHUEN** State **MA** Zip **01844**  
 Insurance Company **PILGRIM INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **20** 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		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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number  
 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Also at Intersection with \_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
 2 1 Route# Direction Name of Intersecting Roadway/Street \_\_\_\_\_ Feet **N S E W** of **FIRESTONE PARKING LOT** Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-288-AC**

License # **S42818417** St **MA** DOB/Age. \_\_\_\_\_ Reg # **7YWR70** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2011** Veh Make **VOLKSWAGEN** Veh Config. **1** 21  
 Operator **MUSTO, CARMEN A** Owner **MUSTO, CARMEN A**  
 Address **522 SHAWSHEEN AVE** Address **522 SHAWSHEEN AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1640** City **WILMINGTON** State **MA** Zip **01887-1640**  
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 25 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S59768320** St **MA** DOB/Age. \_\_\_\_\_ Reg # **237HE4** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21  
 Operator **MEO, JAMES P** Owner **HOENE, BERND**  
 Address **54 HIGH ST** Address **51 NORTH WARREN ST**  
 City **N BILLERICA** State **MA** Zip **01862-1613** City **WOBURN** State **MA** Zip **01801-4144**  
 Insurance Company **HANOVER INSURANCE** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 5 27 6 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 **19** 25 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator/non-motorist and all occupants involved		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
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

1 **NASSAU AVE**  
 Route# Direction Name of Roadway/Street  
 At  
**NORFOLK AVE**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 2 **1** Route# Direction Name of Intersecting Roadway/Street  
 3 \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number  
 \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 \_\_\_\_\_ Feet **NSEW** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-289-AC**

License # **S94168357** St **MA** DOB/Ag  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement  
 Operator **COHEN, JAMIE MICHELLE**  
 Address **6 FITZ TER**  
 City **WILMINGTON** State **MA** Zip **01887**  
 Insurance Company **COMMERCE INSURANCE**  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # **6AE414** Reg Type **PC** Reg State **MA**  
 Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** **21**  
 Owner **COHEN, ROBERT L**  
 Address **6 FITZ TER**  
 City **WILMINGTON** State **MA** Zip **01887-3761**  
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **7** **27** **27** **27**  
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Most Harmful Event **1** **24** Type of Test: **29**  
 Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

Please fill out for operator 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement  
 Operator **unknown**  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_  
 Citation # (If Issued) \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Veh Year \_\_\_\_\_ Veh Make **HONDA** Veh Config. **1** **21**  
 Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**  
 Event Sequence **23** **23** **23** **23** Test Status: **28**  
 Most Harmful Event **24** Type of Test: **29**  
 Driver Contributing Code **25** **25** BAC Test Result: **30**  
 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>							





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 08/30/2019	Time of Crash 1229 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit <u>25</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"/>							
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>												
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>185</u> Direction _____ Address # <u>BURLINGTON AVE</u> 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 _____ of _____ or _____ Mile Marker _____ Exit Number _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ Route# _____ Intersecting Roadway/Street _____													
			Landmark _____													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# <b>19-290-AC</b>							
License # <u>S47485807</u> St <u>MA</u> DOB/Age _____			Reg # <u>2532RY</u> Reg Type <u>PC</u> Reg State <u>MA</u>			Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL Endorsement _____			Veh Year <u>1999</u> Veh Make <u>LINCOLN</u> Veh Config. <u>1</u>							
Operator <u>SGROSSO, JUDITH M</u>			Owner <u>SGROSSO, DANTE J</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2832</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2832</u>							
Address <u>22 SHERWOOD RD</u>			Address <u>22 SHERWOOD RD</u>			Insurance Company <u>SAFETY INSURANCE</u>			Vehicle Action Prior to Crash <u>1</u>							
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>31</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>			Test Status: <u>1</u> <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>31</u> <u>24</u>			Type of Test: <u>29</u>			BAC Test Result: <u>1</u> <u>30</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>19</u> <u>25</u> <u>25</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>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</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			
<b>Operator</b>		See Above		<del>XXXXXX</del>	<del>XXXX</del>	<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: <input type="checkbox"/> Vehicle 2 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 # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>							
Operator _____			Owner _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Address _____			Address _____			Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>			Test Status: <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>24</u>			Type of Test: <u>29</u>			BAC Test Result: <u>30</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>			Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>			Towed from scene? <u>33</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</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			
<b>Operator/Non-Motorist</b>		See Above		<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>										



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

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

Route# Direction Name of Roadway/Street Address # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **19-291-AC**

License # **S36481200** St **MA** DOB/Age. Reg # **4VL728** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2005** Veh Make **ACURA** Veh Config. **1**  
 Operator **NUNEZ, NAHYN ISSAIAH** Owner **MONTESINOS, ROMINA N**  
 Address **16 BURT RD** Address **16 BURT RD**  
 City **WILMINGTON** State **MA** Zip **01887-3623** City **WILMINGTON** State **MA** Zip **01887-3623**  
 Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **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? **2** 33

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

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

License # **S57168157** St **MA** DOB/Age. Reg # **7BT622** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2018** Veh Make **CHEVROLET** Veh Config. **1**  
 Operator **VILAFRANCA, JOSE MARIANO** Owner **VILAFRANCA, JOSE MARIANO**  
 Address **12 BEACON ST** Address **12 BEACON ST**  
 City **BURLINGTON** State **MA** Zip **01803-3802** City **BURLINGTON** State **MA** Zip **01803-3802**  
 Insurance Company **CITIZENS INSURANCE** Vehicle Action Prior to Crash **4** 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: **28**  
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **4** 25 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** 33

Please fill out for operator/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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

