

**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  
 59 **LOWELL ST**  
 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# **19-334-AC**

License # **08BDP59141** St **NH** DOB/Age \_\_\_\_\_ Reg # **2613400** Reg Type **PC** Reg State **NH**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **BEANLAND, PETER J** Owner **BEANLAND, PETER J**  
 Address **54 HEATHER CT** Address **54 HEATHER CT**  
 City **NASHUA** State **NH** Zip **03062** City **NASHUA** State **NH** Zip **03062**  
 Insurance Company **AMICA** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 6 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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 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
<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 1 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S82855122** St **MA** DOB/Age \_\_\_\_\_ Reg # **1R6401** Reg Type **MC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **HARLEY-DAVIDSON** Veh Config. **3** 21  
 Operator **MUISE, JAMES A** Owner **MUISE, JAMES A**  
 Address **16 FLAGG ST** Address **16 FLAGG ST**  
 City **WOBURN** State **MA** Zip **01801-7121** City **WOBURN** State **MA** Zip **01801-7121**  
 Insurance Company **PROGRESSIVE DIRECT** 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: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99** 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

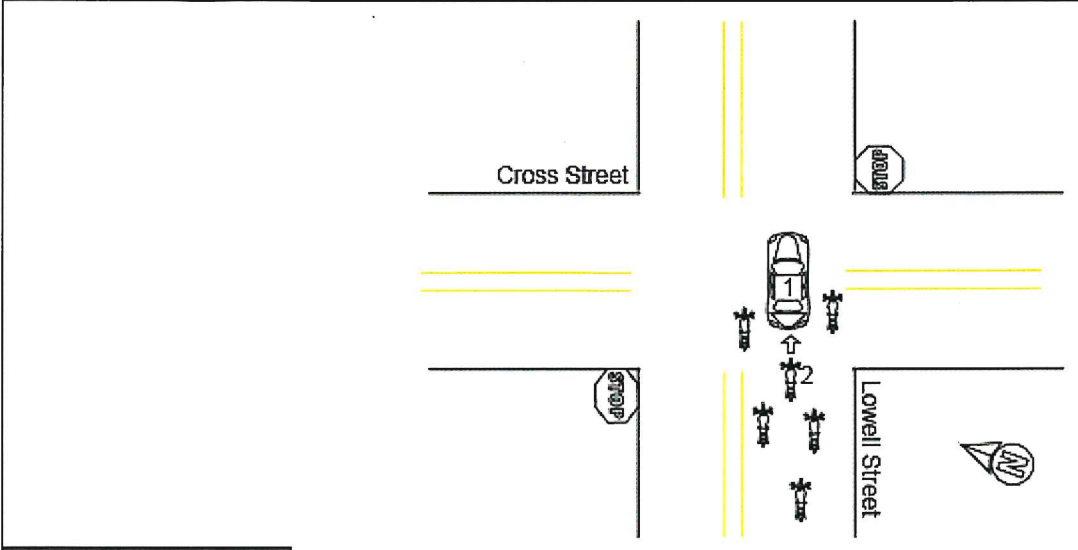
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>

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

**Crash Diagram:**

ie: → 1    → 2    → ○X○X    → ○B



**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:**

Op. of MV1 Peter Beanland, stated that he was traveling straight ahead east on Lowell Street. He observed a group of motorcycles driving behind him, then a motorcycle abruptly stopped in front of him, so he stopped and was rear ended by MC2. Op. of MC2 James Muise stated that he was traveling behind MV1, MV1 came to an abrupt stop, so he crashed into the motor vehicle, and was ejected from the MC. Scott Lauziere was operating one of the other motorcycles, claimed that MV1 was driving erratically and came to an abrupt stop. The other MC operators corroborated Mr. Lauziere's statements. MV1 sustained minor damage to the rear bumper and MC2 sustained minor damage to the front fender (See images). Mr. Beanland refused medical attention and Mr. Muise was transported to Lahey Hospital for suspected injuries. No tow was needed.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
LAUZIERE SCOTT F JR	3 HANSON RD N READING MA 01864-0000		1
VELLA PAUL J	20 FRANKLIN ST WOBURN MA 01801		1

**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 **Julio J Quiles**    **197**    **Wilmington Police Department**    **10/06/2019**  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 19-334-AC



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

Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street  
 At  
 Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-335-AC**

License # **S51579125** St **MA** DOB/Age \_\_\_\_\_ Reg # **8XK126** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2018** Veh Make **GMC** Veh Config. **1** 21  
 Operator **GORMAN, FRANCIS J** Owner **GORMAN, FRANCIS J**  
 Address **6 CRESCENT ST** Address **6 CRESCENT ST**  
 City **TEWKSBURY** State **MA** Zip **01876-2735** City **TEWKSBURY** State **MA** Zip **01876-2735**  
 Insurance Company **PLYMOUTH ROCK ASSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **7** 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: **1** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 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		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>99</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

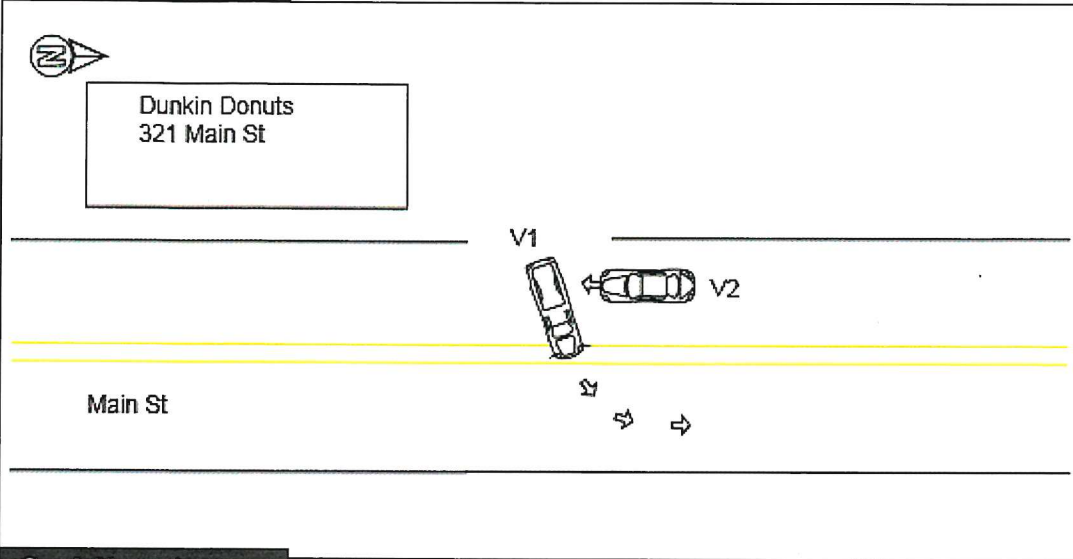
License # **S35959093** St **MA** DOB/Age \_\_\_\_\_ Reg # **M4E** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2015** Veh Make **LEXUS** Veh Config. **1** 21  
 Operator **MUISE, MARY E** Owner **MUISE, MARY E**  
 Address **301 REYNOLDS DR** Address **301 REYNOLDS DR**  
 City **SAUGUS** State **MA** Zip **01906-1500** City **SAUGUS** State **MA** Zip **01906-1500**  
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27  
 Vehicle Travel Direction:  **N E W** Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **4** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** 24 Type of Test: **4** 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **4** 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>99</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



**Crash Narrative:**

Upon my arrival to the scene both operators were awaiting my response and out of there vehicles. The Opr of V1 stated that he was turning left out of the Dunkin Donuts parking lot and that V2 slowed down to allow this. He stated that as he exited the lot V2 sped up and the two vehicles rubbed each other as he turned to travel north on Main St. Opr 2 refuted this statement, stating that she never slowed down and that the V1 pulled out abruptly which led to the collision. Both operators refused medical treatment and were able to drive their vehicles away from the scene.

**Witnesses:**

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

**Property Damage:**

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

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Michael E Johnson

199

Wilmington Police Department

10/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**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 Mile Marker Exit Number  
 2 Route# Direction Name of Intersecting Roadway/Street  
 2 Route# Direction Name of Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 3 #Occupants  Hit/Run  Moped Crash Report ID# **19-336-AC**

License # **S17013621** St **MA** DOB/Age \_\_\_\_\_ Reg # **812SF5** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **SUBARU** Veh Config. **1** 21  
 Operator **FIORE, ANDREA J** Owner **FIORE, ANTHONY**  
 Address **1 THIRD AVE** Address **1 THIRD AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2256** City **WILMINGTON** State **MA** Zip **01887-2256**  
 Insurance Company **SAFECO 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: **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>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>F</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>M</b>	<b>6</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S39616978** St **MA** DOB/Age \_\_\_\_\_ Reg # **431LR3** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **HYUNDAI** Veh Config. **1** 21  
 Operator **COSCIA, SARAH L** Owner **COSCIA, SARAH L**  
 Address **549 WESTFORD ST APT 4** Address **549 WESTFORD ST APT 4**  
 City **LOWELL** State **MA** Zip **01851-2937** City **LOWELL** State **MA** Zip **01851-2937**  
 Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** 22 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: **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: **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/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>1</b>	<b>4</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  
 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 2 Route# Direction Name of Intersecting Roadway/Street

125 1 ROUTE 125 HWY  
 Route# Direction Address # Name of Roadway/Street  
 Feet N S E W of Mile Marker Exit Number  
 0 Feet X S E W of 93 I93  
 Route# Intersecting Roadway/Street  
 Feet N S E W of Landmark

3 Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped  
 Crash Report ID# 19-337-AC

License # S45157172 St MA DOB/Age. Reg # 142GAF Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2006 Veh Make MERCURY Veh Config. 1 21  
 Operator FITZGIBBONS, LITA A Owner FITZGIBBONS, LITA A  
 Address 63 MARTIN AVE Address 63 MARTIN AVE  
 City N ANDOVER State MA Zip 01845-4318 City N ANDOVER State MA Zip 01845-4318  
 Insurance Company PREFERRED MUTUAL Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 10 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: 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
<b>Operator</b>	See Above			1	1	4	0	0	10	1	
MARY MASCOLA	52 BREWSTER ST N ANDOVER, MA 01845-5008		F	3	1	4	0	0	10	1	

7 6 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 1 License # S56037177 St MA DOB/Age. Reg # 3ZV292 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2011 Veh Make AUDI Veh Config. 1 21  
 Operator TORRES, ANIBAL Owner TORRES, ANIBAL  
 Address 34 CONGRESS ST Address 34 CONGRESS ST  
 City LAWRENCE State MA Zip 01841-4454 City LAWRENCE State MA Zip 01841-4454  
 Insurance Company GOVT EMPLOYEE INS Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 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) T1152218 Most Harmful Event 1 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub 720 906 Viol. 2: Ch/Sec/Sub Driver Contributing Code 5 25 19 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

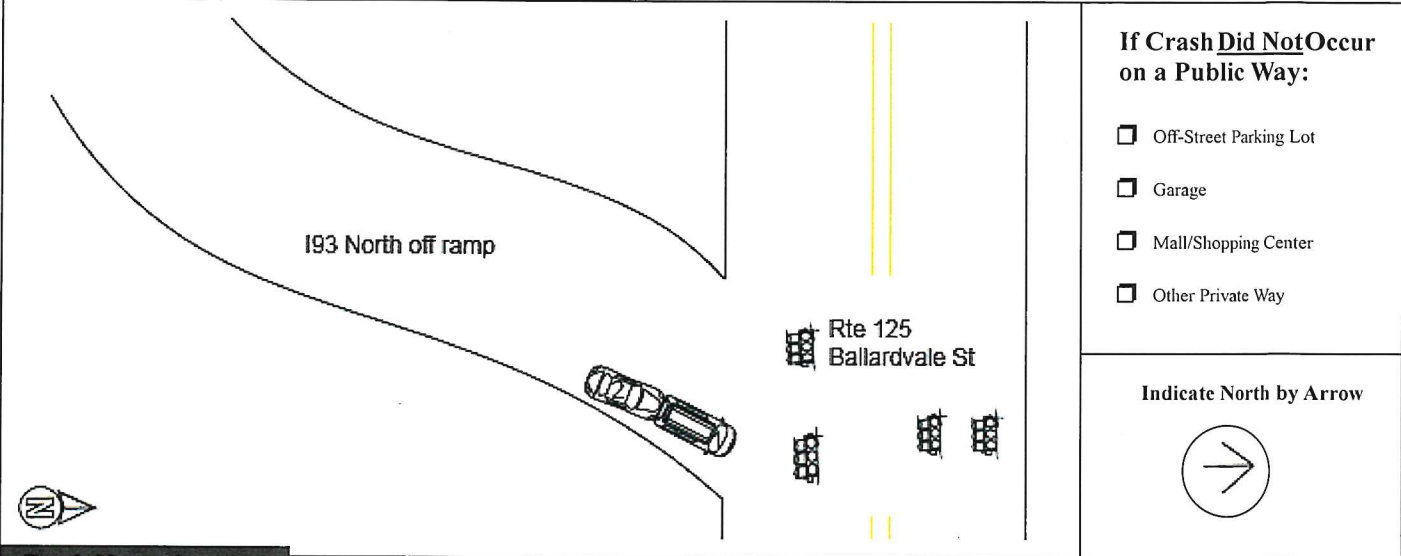
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			1	1	1	0	0	10	1	



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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

The operator and passenger of vehicle 1 stated they were stopped at the red light, on the north bound off ramp from I93. They stated vehicle 2 crashed into them while they were stopped waiting for the light to turn green. The operator of vehicle 2 stated he saw vehicle 1 start to go they stop causing him to crash into the rear of 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 Michael W Wandell

174

Wilmington Police Department

10/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 10/08/2019	Time of Crash <b>2153</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>45</b>	State Police Local Police MBTA Police Campus Police Other:

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>			
Route#	Direction	Name of Roadway/Street		Route#	Direction	Address # Name of Roadway/Street	
At							
Route#	Direction	Name of Intersecting Roadway/Street		Feet	<b>N S E W</b>	of	Mile Marker Exit Number
Also at Intersection with							
Route#	Direction	Name of Intersecting Roadway/Street		Feet	<b>N S E W</b>	of	Route# Intersecting Roadway/Street
Landmark							

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

Crash Report ID# **19-338-AC**

License # <b>S16168761</b> St <b>MA</b> DOB/Age _____	Reg # <b>659TZ7</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2003</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b>
Operator <b>POOLE, CHRISTIE</b>	Owner <b>POOLE, DANIEL D</b>
Address <b>14 COVENTRY LN</b>	Address <b>14 COVENTRY LN</b>
City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3450</b>	City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-0000</b>
Insurance Company <b>COMMERCE INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b>
Citation # (If Issued) _____	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>11</b> <b>25</b> <b>1</b> <b>25</b>
	Driver Distracted by <b>0</b> <b>26</b>
	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Towed from scene? <b>1</b> <b>33</b>

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>X</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 # <b>S57610755</b> St <b>MA</b> DOB/Age _____	Reg # <b>5FDS20</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2011</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b>
Operator <b>HURST, MICHAEL A</b>	Owner <b>HURST, PAMELA J</b>
Address <b>18 TOWPATH DR</b>	Address <b>18 TOWPATH DR</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3918</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3918</b>
Insurance Company <b>LIBERTY MUTUAL INS</b>	Vehicle Action Prior to Crash <b>1</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>8</b> <b>27</b> <b>27</b> <b>27</b>
Citation # (If Issued) <b>T1683196</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b>
Viol. 1: Ch/Sec/Sub <b>89</b> <b>4A</b> Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <b>24</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>9</b> <b>25</b> <b>11</b> <b>25</b>
	Driver Distracted by <b>99</b> <b>26</b>
	Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Towed from scene? <b>1</b> <b>33</b>

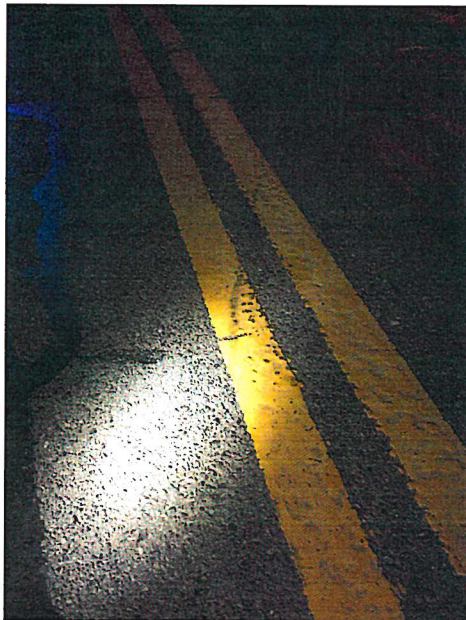
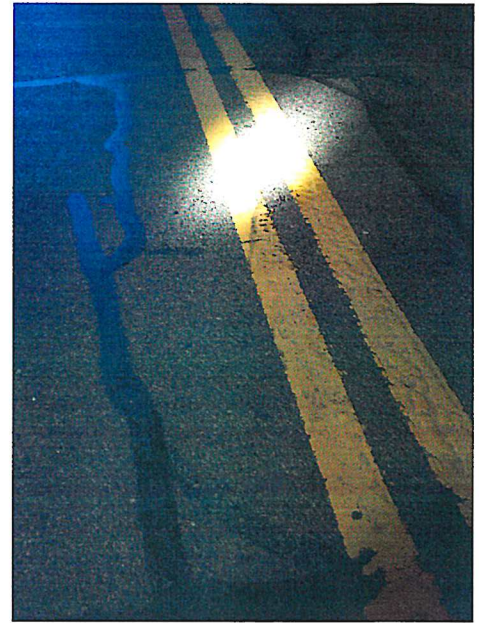
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0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



Wilmington Police Department  
Images Associated with 19-338-AC



Wilmington Police Department  
Images Associated with 19-338-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/09/2019 Time of Crash 1120 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 10 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

1

2 10

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 251 BALLARDVALE ST  
Address # Name of Roadway/Street  
Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker Exit Number  
9000 Feet  S  E  W of 125 RTE 125  
Route# Intersecting Roadway/Street  
Feet  N  S  E  W of \_\_\_\_\_  
Landmark

2

1 11

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

Crash Report ID# **19-339-AC**

3

License # S29791372 St MA DOB/Age \_\_\_\_\_  
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_  
Operator MERRILL, DENNIS A  
Last First Middle  
Address 33 BATTIS RD  
City MERRIMAC State MA Zip 01860-1302  
Insurance Company ACE AMERICAN INS  
Vehicle Travel Direction:  N  S  E  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 # 64841 Reg Type AP Reg State MA  
Veh Year 2005 Veh Make Mack Truck Veh Config. 6 21  
Owner ALLIED WASTE SERVICES OF MASSACHUSETTS LLC  
Last First Middle  
Address 385 DUNSTABLE RD  
City TYNGSBOROUGH State MA Zip 01879-2013  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 0 27 27 27  
Event Sequence 23 23 23 23 23 Test Status: 1 28  
Most Harmful Event 23 24 Type of Test: 29  
Driver Contributing Code 19 25 25 BAC Test Result: 30  
Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 2 33

7 12

4 1

5

6 1

23 13

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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7 9

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

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21

8 1

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
Operator \_\_\_\_\_  
Last First Middle  
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 \_\_\_\_\_ Veh Config. 21  
Owner \_\_\_\_\_  
Last First Middle  
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

1 14

9 2

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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



Date of Crash 10/10/2019 Time of Crash 1033 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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 style="text-align: center;"><b>LOWELL ST</b></p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p 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# **19-340-AC**

License # <u>S47924022</u> St. <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ Operator <u>BEARDSLEY, MICHAEL EUGENE</u> <small>Last First Middle</small> Address <u>2 SUNSET RD</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-0000</u> Insurance Company <u>INTEGON NATIONAL</u>	Reg # <u>1YR242</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BEARDSLEY, MICHAEL EUGENE</u> <small>Last First Middle</small> Address <u>2 SUNSET RD</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-0000</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

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

License # _____ St. _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>unknown</u> <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ Insurance Company _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ <small>Last First Middle</small> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1							





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

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

Route# Direction 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# **19-341-AC**

License # **S70552554** St **MA** DOB/Age Reg # **2ZP879** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **CORO, BUJAR** Owner **CORO, BUJAR**  
 Address **22 PULASKI ST APT D1** Address **22 PULASKI ST APT D1**  
 City **PEABODY** State **MA** Zip **01960-3254** City **PEABODY** State **MA** Zip **01960-3254**  
 Insurance Company **SAFETY 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: 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 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	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 # **S97914787** St **MA** DOB/Age Reg # **451DW8** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **MCNEIL, ALLISON P** Owner **MCNEIL, ALLISON P**  
 Address **88 COLLINCOTE ST** Address **88 COLLINCOTE ST**  
 City **STONEHAM** State **MA** Zip **02180-1652** City **STONEHAM** State **MA** Zip **02180-1652**  
 Insurance Company **LIBERTY MUTUAL INS** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 27 27  
 Vehicle Travel Direction: **N S X 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/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	X	1	1	4	0	0	10	1	
				4	4	5	0	0	10	1	
				6	4	5	0	0	10	1	



Date of Crash 10/10/2019 Time of Crash 1956 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police   
Local Police   
MBTA Police   
Campus Police   
Other:

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

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

At

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

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 3 #Occupants  Hit/Run  Moped Crash Report ID# **19-342-AC**

License #            St            DOB/Age            Reg # **8WE973** Reg Type **PC** Reg State **MA**

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

Operator            Last            First            Middle            Owner **BISHOP, CARRIE M** Last            First            Middle           

Address            Address **7 MORNINGSIDE LN**

City            City **N ANDOVER** State **MA** Zip **01845-1322**

Insurance Company **ESURANCE INSURANCE** 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: 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
<b>Operator</b>	See Above	<del>          </del>	<del>          </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>CARRIE BISHOP</b>	7 MORNINGSIDE LN N ANDOVER, MA 01845-1322		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</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 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # **S74668755** St **MA** DOB/Age            Reg # **2AS636** Reg Type **PC** Reg State **MA**

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

Operator **GONCALVES, KEVIN MICHAEL** Last            First            Middle            Owner **GONCALVES, KEVIN MICHAEL** Last            First            Middle           

Address **12 EARLES ROW** Address **12 EARLES ROW**

City **WILMINGTON** State **MA** Zip **01887-1100** City **WILMINGTON** State **MA** Zip **01887-1100**

Insurance Company **SAFETY INSURANCE** Vehicle Action Prior to Crash **1** 22 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            Viol. 2: Ch/Sec/Sub            Driver Contributing Code 3 25 4 25 BAC Test Result: 1 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
<b>Operator/Non-Motorist</b>	See Above	<del>          </del>	<del>          </del>	<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 Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

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# **19-343-AC**

License # **S24674752** St **MA** DOB/Age \_\_\_\_\_ Reg # **336KE5** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **NISSAN** Veh Config. **1**

Operator **SHERMAN, CHRISTINE** Owner **SHERMAN, CHRISTINE**

Address **95 CONCORD ST** Address **95 CONCORD ST**

City **GLOUCESTER** State **MA** Zip **01930-1652** City **GLOUCESTER** State **MA** Zip **01930-1652**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **8** **27** **3** **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? **3** **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	<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 # **S58842688** St **MA** DOB/Age \_\_\_\_\_ Reg # **51CB47** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **Jeep** Veh Config. **1**

Operator **ZEMAN, KRISTIN E** Owner **ZEMAN, KRISTIN E**

Address **94 PATRICK RD** Address **94 PATRICK RD**

City **TEWKSBURY** State **MA** Zip **01876-4703** City **TEWKSBURY** State **MA** Zip **01876-4703**

Insurance Company **GOVT EMPLOYEE INS** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11** **25** **7** **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**

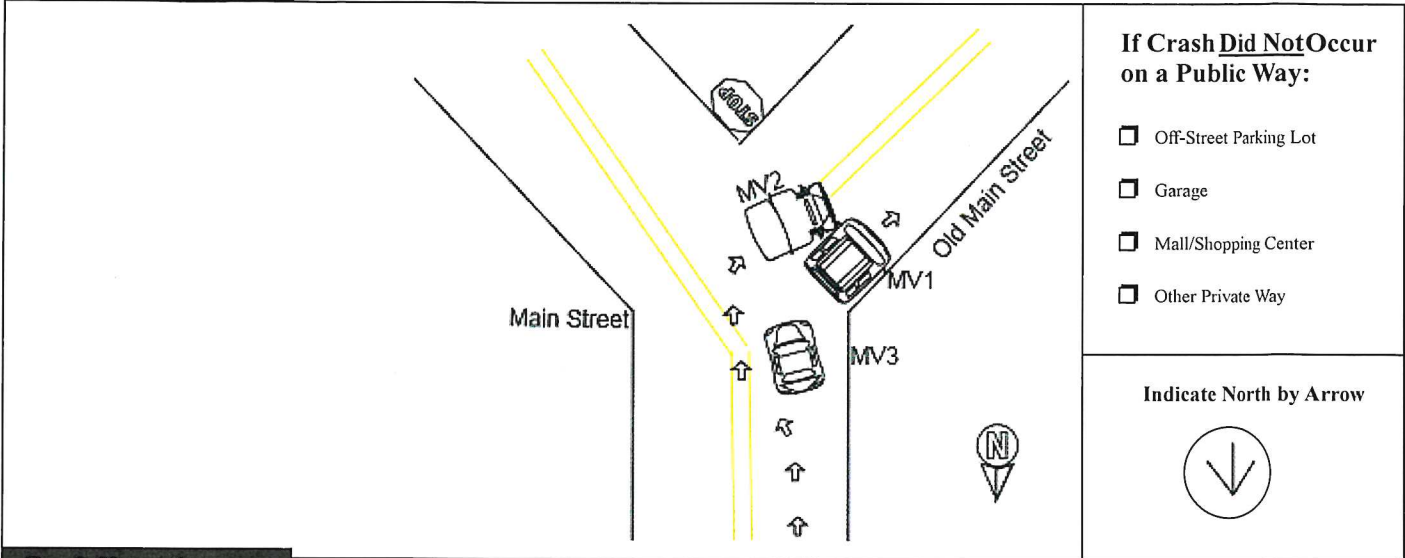
Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved		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>8</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

Op. of MV1, Christine Sherman stated she was traveling south on Main St. and turned left on Old Main St. She was struck on her front left side fender and tire area. Op. of MV2 Kristin Zeman stated she was traveling south on Main St., and was 1 car behind MV1. She was behind MV3, observed MV3 stop, she attempted to stop, but was unable due to the wet road. She attempted to avoid crashing into MV3, swerved around that car, lost control of her car and crashed into MV1 (See images for damages). Mrs. Zeman stated her right knee and upper back hurt, but refused medical attention. Mrs. Sherman stated no injuries and also refused medical attention. Mrs. Sherman contacted AAA towing due to her tire. Mrs. Zeman stated that she believes MV3 may have made contact with MV1 and continued to drive away. Mrs. Sherman stated that she was unsure if MV3 made contact with her car, but did have minor damage to her rear right side fender. Only info on MV3

**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 Julio J Quiles

197

Wilmington Police Department

10/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Crash Narrative  
Case # 19-343-AC

Op. of MV1, Christine Sherman stated she was traveling south on Main St. and turned left on Old Main St. She was struck on her front left side fender and tire area. Op. of MV2 Kristin Zeman stated she was traveling south on Main St., and was 1 car behind MV1. She was behind MV3, observed MV3 stop, she attempted to stop, but was unable due to the wet road. She attempted to avoid crashing into MV3, swerved around that car, lost control of her car and crashed into MV1 (See images for damages). Mrs. Zeman stated her right knee and upper back hurt, but refused medical attention. Mrs. Sherman stated no injuries and also refused medical attention. Mrs. Sherman contacted AAA towing due to her tire. Mrs. Zeman stated that she believes MV3 may have made contact with MV1 and continued to drive away. Mrs. Sherman stated that she was unsure if MV3 made contact with her car, but did have minor damage to her rear right side fender. Only info on MV3 was dark color car.



Wilmington Police Department  
Images Associated with 19-343-AC



Date of Crash 10/11/2019 Time of Crash 1853 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police  Local Police  MBTA Police  Campus Police  Other

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <u>159</u> <b>CHURCH ST</b> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ 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 _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **19-344-AC**

License # <u>S91518476</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>B</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>KERBER, DANIEL PAUL</u> Address <u>7 BRUCE ST</u> City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-3701</u> Insurance Company <u>PILGRIM 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>SB39143</u> Reg Type <u>BU</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>Thomas</u> Veh Config. <u>4</u> <u>21</u> Owner <u>NRT BUS INC</u> Address <u>55 HAMPSHIRE RD</u> City <u>METHUEN</u> State <u>MA</u> Zip <u>01844</u> Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</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>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>12</u> <u>25</u> <u>18</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # <u>S18832897</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____ Operator <u>BULDINI, CHRISTINA MARIE</u> Address <u>28 CENTER ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input 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>UM5910</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ZUCCARO, DANIEL R</u> Address <u>28 CENTER ST</u> City <u>ANDOVER</u> State <u>MA</u> Zip <u>01810-5837</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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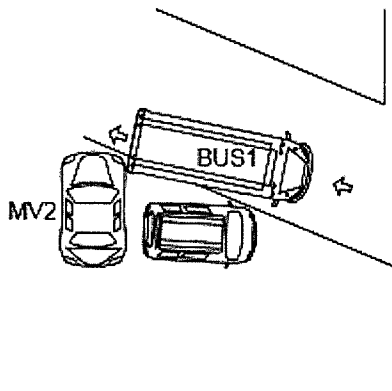
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>10</u>	<u>4</u>	<u>3</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    O = Pedestrian    B = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → O → B

Football Field



**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:**

Op. of BUS1, Daniel Kerber stated that he was attempting to park the school bus, and as he was backing up he crashed into MV2. He stated that the bus had no passengers and he did not sustain any injuries. He refused medical attention. MV2 was parked and unattended. The owner of MV2 was notified and paper work was exchanged. See images for damages. Burlington High School Bus BS1 2774716. Caira Aldo stated that he observed the bus backing up and crash into MV2.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
CAIRA ALDO A JR	188R CHESTNUT ST WILMINGTON MA 01887-3307		1

**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 Julio J Quiles

197

Wilmington Police Department

10/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 10/12/2019 Time of Crash 0233 24HR City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 35 State Police  Local Police  MBTA Police  Campus Police  Other:

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

129 W 316 LOWELL ST  
Route# Direction Address # Name of Roadway/Street  
150 Feet  N  S  W of \_\_\_\_\_ or 38  
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# 19-345-AC

License # S64067343 St MA DOB/Age \_\_\_\_\_  
Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
Operator CHAVEZ, MONIQUE J  
Address 18 MARIE LAN  
City LAWRENCE State MA Zip 01840  
Insurance Company LM GENERAL  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2  
Citation # (If Issued) T1683309  
Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 24  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # 9XW251 Reg Type PC Reg State MA  
Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21  
Owner ABREU, ANDY F  
Address 27 SUMMIT AVE APT 1  
City LAWRENCE State MA Zip 01841  
Vehicle Action Prior to Crash 8 22 Damaged Area Code: 10 27 97 27 27  
Event Sequence 20 23 23 23 23 Test Status: 28  
Most Harmful Event 20 24 Type of Test: 29  
Driver Contributing Code 15 25 6 25 BAC Test Result: 30  
Driver Distracted by 5 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			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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_  
Operator \_\_\_\_\_  
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 \_\_\_\_\_ Veh Config. 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
Operator/Non-Motorist	See Above			1							



Date of Crash 10/12/2019 Time of Crash 1414 City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 40 State Police  Local Police  MBTA Police  Campus Police  Other

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

**125** **BALLARDVALE ST**  
Route# Direction Name of Roadway/Street

At

**ROUTE 125 HWY**  
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# **19-346-AC**

License # **S21720065** St **MA** DOB/Age \_\_\_\_\_ Reg # **2619MV** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1** 21

Operator **MARTIN, ALDEN PATRICK** Owner **MARTIN, CAMILLA S**

Address **21 NEW MEADOWS RD** Address **21 NEW MEADOWS RD**

City **WINCHESTER** State **MA** Zip **01890-3457** City **WINCHESTER** State **MA** Zip **01890-3457**

Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **1** 22 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: **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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</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 # **S13963552** St **MA** DOB/Age \_\_\_\_\_ Reg # **223CV2** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2010** Veh Make **FORD** Veh Config. **1** 21

Operator **RODGER, JAMES STEELE** Owner **RODGER, JULIA A**

Address **24 ELLIOTT ST** Address **24 ELLIOTT ST**

City **READING** State **MA** Zip **01867** City **READING** State **MA** Zip **01867-3204**

Insurance Company **ARBELLA MUTUAL INS** Vehicle Action Prior to Crash **4** 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 **3** 25 **19** 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

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>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

