

Date of Crash 12/01/2019 Time of Crash 1550 City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 2 Number Injured 1 Speed Limit 40 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION:

Form section for location details, including Route#, Direction, Name of Roadway/Street, and Mile Marker/Exit Number.

Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 19-406-AC

Operator and Owner information section, including License #, Sex, Lic. Class, Operator Name (FARRELL, LYNDA ANN), Address (75 ALDRICH RD), City (WILMINGTON), State (MA), Zip (01887-2203), Insurance Company (LIBERTY MUTUAL INSURANCE), and Vehicle details (2010 KIA).

Table for operator and occupants involved, with columns for Name, Address, DOB/Age, Sex, and various injury codes (34-40).

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

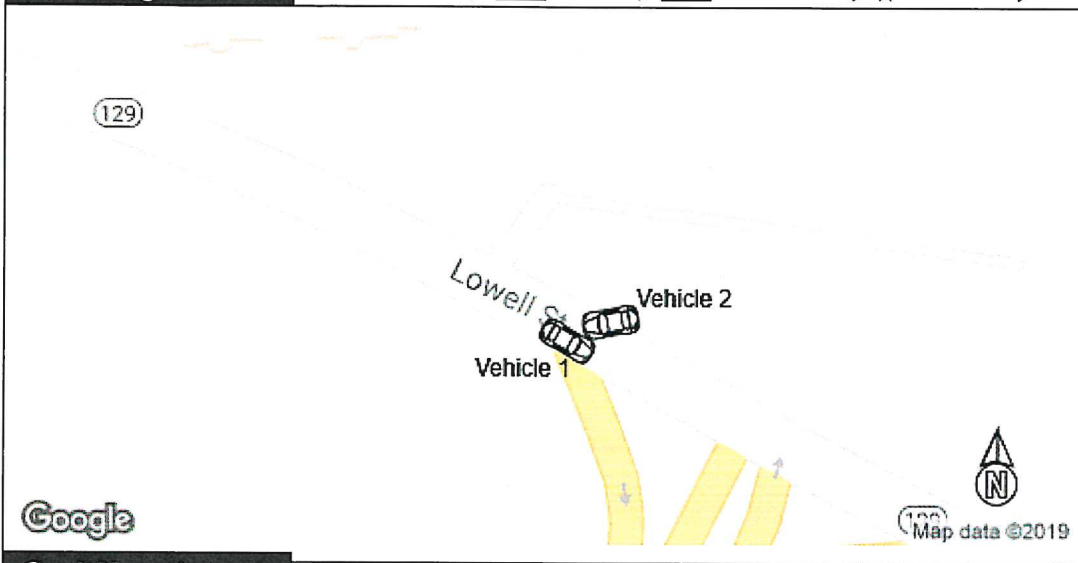
Operator and Owner information section for the second vehicle, including License #, Sex, Lic. Class, Operator Name (NOAH, MELISSA AMY), Address (32 GRYZBOSKA CIR), City (FRAMINGHAM), State (MA), Zip (01702-5520), Insurance Company (CITIZENS INSURANCE COMPAN), and Vehicle details (2014 VOLKSWAGEN).

Table for operator and occupants involved for the second vehicle, with columns for Name, Address, DOB/Age, Sex, and various injury codes (34-40).

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

**Crash Diagram:**

ie: → 1    → 2    → O    → 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:**

Vehicle 1 was traveling east on 129. Vehicle 2 was turning on the on ramp to Rte 93 south and struck 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

12/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 12/01/2019  
 Time of Crash: 1750  
 City/Town: **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles: 1  
 Number Injured: 0  
 Speed Limit: 35  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 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 # **804** Name of Roadway/Street **WOBURN 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# **19-407-AC**

License # **S57519428** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_  
 Operator **VAN, PHUONG VIEN**  
 Address **14 HANCOCK ST**  
 City **REVERE** State **MA** Zip **02151-5231**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C**  
 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 # **6CL986** Reg Type **PC** Reg State **MA**  
 Veh Year **2002** Veh Make **TOYOTA** Veh Config. **2**  
 Owner **VAN, PHUONG VIEN**  
 Address **14 HANCOCK ST**  
 City **REVERE** State **MA** Zip **02151-5231**  
 Vehicle Action Prior to Crash **1**  
 Event Sequence **41 23 22 23 23 23**  
 Most Harmful Event **22 24**  
 Driver Contributing Code **1 25 25**  
 Driver Distracted by **0 26**  
 Damaged Area Code: **2 27 27 27**  
 Test Status: **1 28**  
 Type of Test: **29**  
 BAC Test Result: **1 30**  
 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **1 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>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/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 \_\_\_\_\_

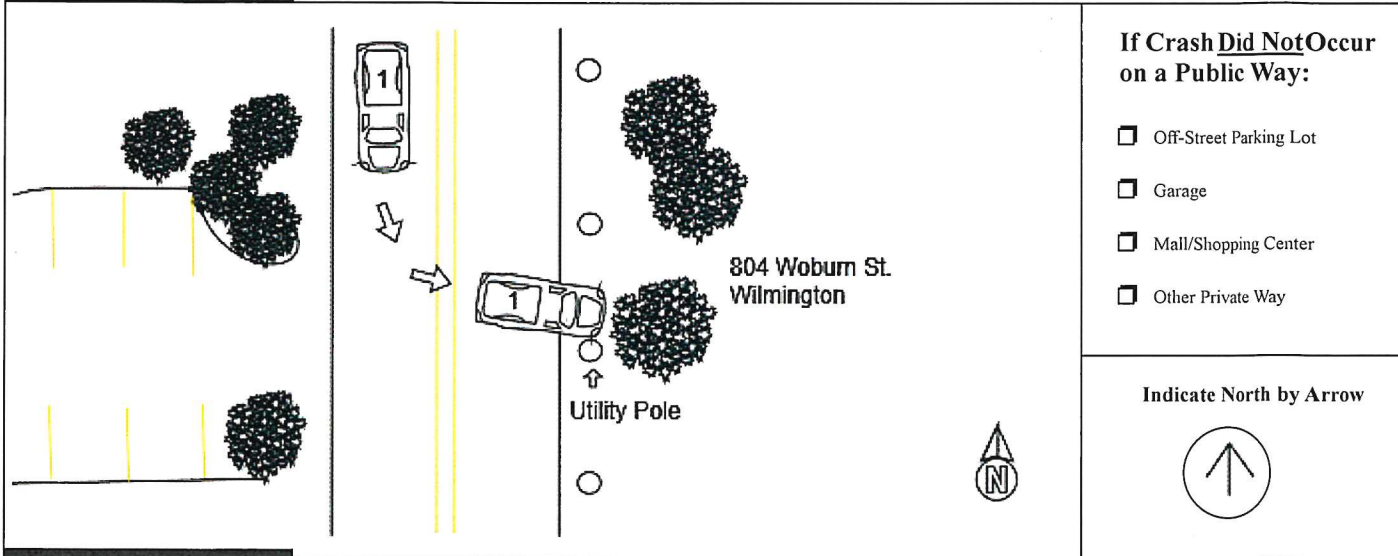
Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Vehicle Action Prior to Crash **22**  
 Event Sequence **23 23 23 23**  
 Most Harmful Event **24**  
 Driver Contributing Code **25 25**  
 Driver Distracted by **26**  
 Damaged Area Code: **27 27 27**  
 Test Status: **28**  
 Type of Test: **29**  
 BAC Test Result: **30**  
 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **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>X</del>	<b>1</b>							

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

ie: → 1    → 2    → ○    → ☺

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow



**Crash Narrative:**

Vehicle 1 was traveling south on Woburn st and lost control due to snowy road conditions. Vehicle 1 crossed the double yellow line and hit a utility pole causing damage to the front right side of the vehicle as well as the windshield. No airbags were deployed and the operator reported no injuries. Cains towing was called to removed the vehicle.

**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 Meghan Sousa

214

Wilmington Police Department

12/01/2019

Police Officer Name (Please Print)

Signature

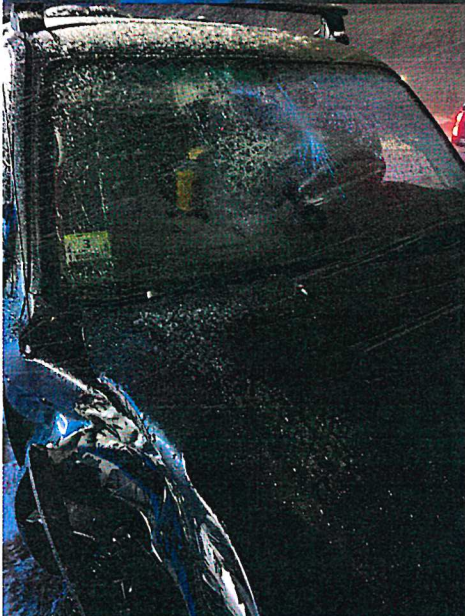
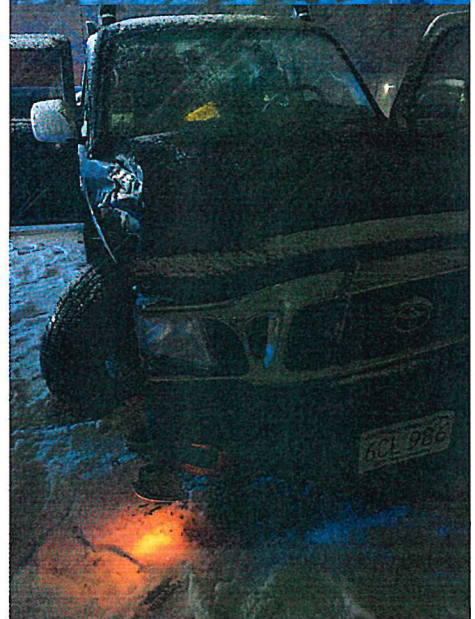
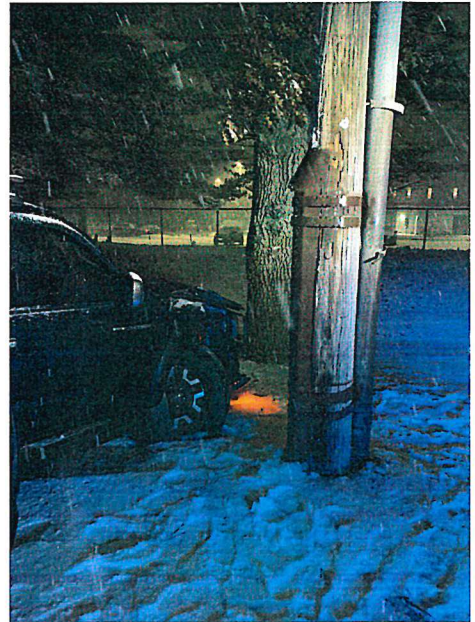
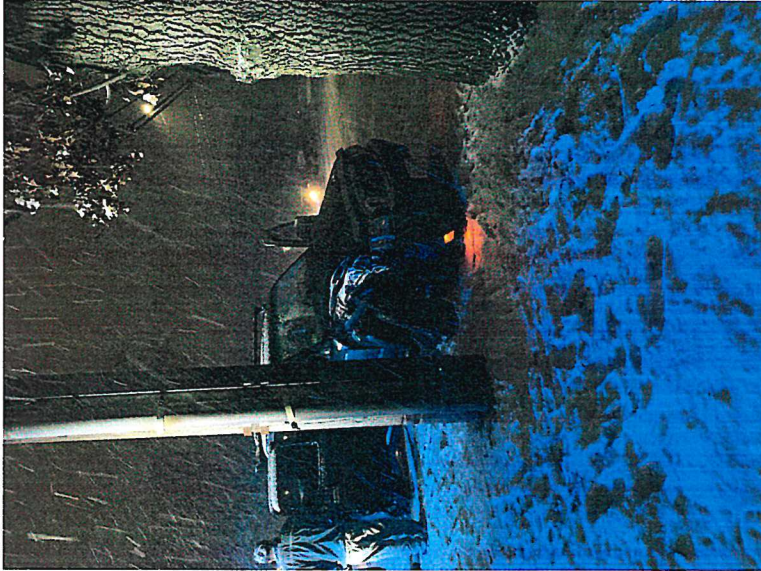
ID/Badge #

Department

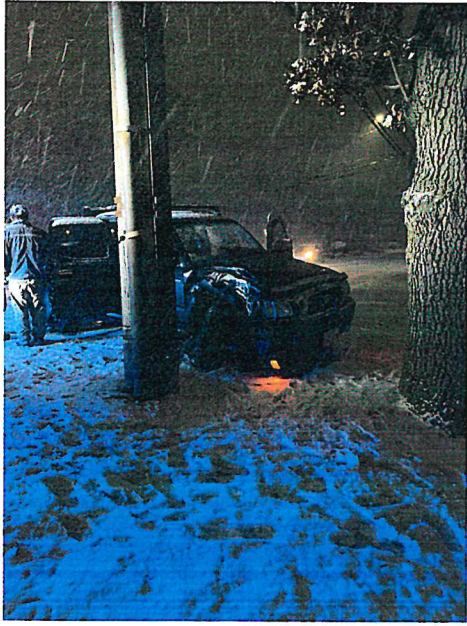
Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 19-407-AC



Wilmington Police Department  
Images Associated with 19-407-AC



**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 # **30** **BURLINGTON AVE**  
 Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number  
 Mile Marker  
 Feet **N S E W** of \_\_\_\_\_ Intersecting Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **19-408-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **unknown** Owner \_\_\_\_\_  
 Last First Middle Last First Middle  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **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			<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 # **S37583592** St **MA** DOB/Age \_\_\_\_\_ Reg # **J716** Reg Type **CO** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **FORD** Veh Config. **2 21**  
 Operator **MONSIGNORE, JOSEPH SCOTT** Owner **MONSIGNORE, JOSEPH SCOTT**  
 Last First Middle Last First Middle  
 Address **8 KEANS RD** Address **8 KEANS RD**  
 City **BURLINGTON** State **MA** Zip **01803-4219** City **BURLINGTON** State **MA** Zip **01803-4219**  
 Insurance Company **CITATION INSURANCE COMPAN** 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 **1 25 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Towed from scene? **2 33**

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

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

*Roberts Rd*

Vehicle 2

Vehicle 1

**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

**Crash Narrative:**

Vehicle 2 was traveling east on Rte 62. Vehicle 1 lost control and drove heat first into vehicle 2. The operator of vehicle 1 did not stop and continued on west on Rte 62. The operator of vehicle 2 stated he was unable to observe and plate number and described the vehicle as a white truck possibly a Dodge Ram.

**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**

**12/01/2019**

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 12/02/2019	Time of Crash 0636 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u>	State Police Local Police MBTA Police Campus Police Other: _____	<b>CRASH</b>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
<b>MAIN ST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>MIDDLESEX AVE</b> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 _____

Please Select One of the Following:  Vehicle 1 #Occupants 2  Hit/Run  Moped  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

Crash Report ID# **19-409-AC**

License # <b>S41841222</b> St <b>MA</b> DOB/Age _____	Reg # <b>8MJ288</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <b>2015</b> Veh Make <b>TOYOTA</b> Veh Config. <u>1</u> <u>21</u>
Operator <b>MOO, SHA LAH</b> Last First Middle	Owner <b>MOO, SHA LAH</b> Last First Middle
Address <b>28 BRIDGE ST</b>	Address <b>28 BRIDGE ST</b>
City <b>LOWELL</b> State <b>MA</b> Zip <b>01852-1200</b>	City <b>LOWELL</b> State <b>MA</b> Zip <b>01852-1200</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>35</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>7</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<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>	
<b>NAY BLUT</b>	494 MERRIMACK ST LOWELL, MA 01854-3977		<u>M</u>	<u>3</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 2  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</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> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

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



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

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

Route# Direction Address # **222 MAIN ST**  
 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  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **19-410-AC**

License # **S46254790** St **MA** DOB/Age  
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement  
 Operator **HALLIDAY, SCOTT E**  
 Address **28 BUTTERSROW**  
 City **WILMINGTON** State **MA** Zip **01887-3341**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction: **N S E** 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 # **8XN216** Reg Type **PC** Reg State **MA**  
 Veh Year **2019** Veh Make **GMC** Veh Config. **1 21**  
 Owner **HALLIDAY, SCOTT E**  
 Address **28 BUTTERSROW**  
 City **WILMINGTON** State **MA** Zip **01887-3341**  
 Vehicle Action Prior to Crash **2 22** Damaged Area Code: **6 27 5 27 4 27**  
 Event Sequence **1 23 23 23 23** Test Status: **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			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</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 # **NHL14155256** St **NH** DOB/Age  
 Sex **M** Lic. Class **A** Lic. Restrictions **20** CDL Endorsement  
 Operator **ELLIOTT, MICHAEL EDWARD**  
 Address **15 TINA AVE APT C**  
 City **PELHAM** State **NH** Zip **03076**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction: **N S E** 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 # **N73538** Reg Type **CO** Reg State **MA**  
 Veh Year **2007** Veh Make **Other-not listed** Veh Config. **97 21**  
 Owner **S AND R LEASING LLC**  
 Address **BX 1306**  
 City **LOWELL** State **MA** Zip **01854-0000**  
 Vehicle Action Prior to Crash **1 22** Damaged Area Code: **97 27 27 27**  
 Event Sequence **1 23 23 23 23** Test Status: **28**  
 Most Harmful Event **1 24** Type of Test: **29**  
 Driver Contributing Code **18 25 20 25** BAC Test Result: **30**  
 Driver Distracted by **5 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			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 1 Direction At Name of Roadway/Street: WILLOW ST 100  
 Route# 2 Direction Name of Roadway/Street: WILLOW ST 100  
 Route# 3 Direction Name of Roadway/Street: WILLOW ST 100  
 Route# 4 Direction Name of Roadway/Street: WILLOW ST 100

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# 19-411-AC

License # S29039254 St MA DOB/Age. Reg # 396RR3 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement  
 Operator WILHELM, WITHOLD H Owner MARSHALL, ARLENE MARIE  
 Address 2 BRENTWOOD AVE Address 2 BRENTWOOD AVE  
 City WILMINGTON State MA Zip 01887-3461 City WILMINGTON State MA Zip 01887-3461  
 Insurance Company SAFETY INSURANCE COMPANY  
 Vehicle Travel Direction:  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  
 Driver Contributing Code 1 25 25 Driver Distracted by 0 26  
 Damaged Area Code: 1 27 3 27 27  
 Event Sequence 40 23 21 23 23 23  
 Most Harmful Event 21 24  
 Test Status: 1 28  
 Type of Test: 29  
 BAC Test Result: 30  
 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 1 33

Please fill out for operator and all occupants involved

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

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

License # St DOB/Age. Reg # Reg Type Reg State  
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement  
 Operator Owner  
 Address Address  
 City State Zip 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  
 Driver Contributing Code 25 25 Driver Distracted by 26  
 Damaged Area Code: 27 27 27  
 Event Sequence 23 23 23 23  
 Most Harmful Event 24  
 Test Status: 28  
 Type of Test: 29  
 BAC Test Result: 30  
 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							



Wilmington Police Department  
Images Associated with 19-411-AC



Date of Crash 12/03/2019 Time of Crash 0739 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

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 Address # Name of Roadway/Street 90 WEST ST Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 19-412-AC

License # S88901415 St MA DOB/Age 19 Sex M Lic. Class D 19 Lic. Restrictions 20 CDL Endorsement Operator COGAN, RYAN CARLING Address 28 HOLLYWOOD TER

Reg # 8PM979 Reg Type PC Reg State MA Veh Year 2019 Veh Make DODGE Veh Config. 2 Owner COGAN, RYAN CARLING Address 28 HOLLYWOOD TER

City N READING State MA Zip 01864-1155 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N X 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

City N READING State MA Zip 01864-1155 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with columns: 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 row: Operator, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

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

License # S74907788 St MA DOB/Age 19 Sex M Lic. Class D 19 Lic. Restrictions 20 CDL Endorsement Operator MCAVOY, JARED TYLER Address City State Zip Insurance Company TORT CLAIM Vehicle Travel Direction: X 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 # 2204669 Reg Type PO Reg State MA Veh Year 1994 Veh Make grumman Veh Config. 97 Owner US POSTAL SERVICE Address City State Zip Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with columns: 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 row: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.

Table with columns: 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 row: Operator/Non-Motorist, See Above, [X], [X], 1, 1, 4, 0, 0, 10, 1.





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 | 2 | 10

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

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of . . . or . . .

Feet N S E W of 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# 19-413-AC

4 | License # S66770425 St MA DOB/Age Reg # 655XA1 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2014 Veh Make Jeep Veh Config. 2 21

Operator LUTZ, CLINTON PETER Owner LUTZ, CLINTON PETER

Address 92 WENHAM ST Address 92 WENHAM ST

City DANVERS State MA Zip 01923-1740 City DANVERS State MA Zip 01923-1740

Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 3 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N X 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 99 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

6 | 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	4	0	0	10	1	
CHRISTIE SULLIVAN	68 N WASHINGTON ST WILMINGTON, MA 01887		F	3	99	4	0	0	10	1	

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

8 | License # S44024660 St MA DOB/Age Reg # 5204NP Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2018 Veh Make KIA Veh Config. 2 21

Operator WILLIAMS, JOHN D IV Owner WILLIAMS, STEPHANIE ANNE

Address 139 GLEN RD Address 139 GLEN RD

City N WILMINGTON State MA Zip 01887-3535 City N WILMINGTON State MA Zip 01887-3535

Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 27 27 27

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

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

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

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

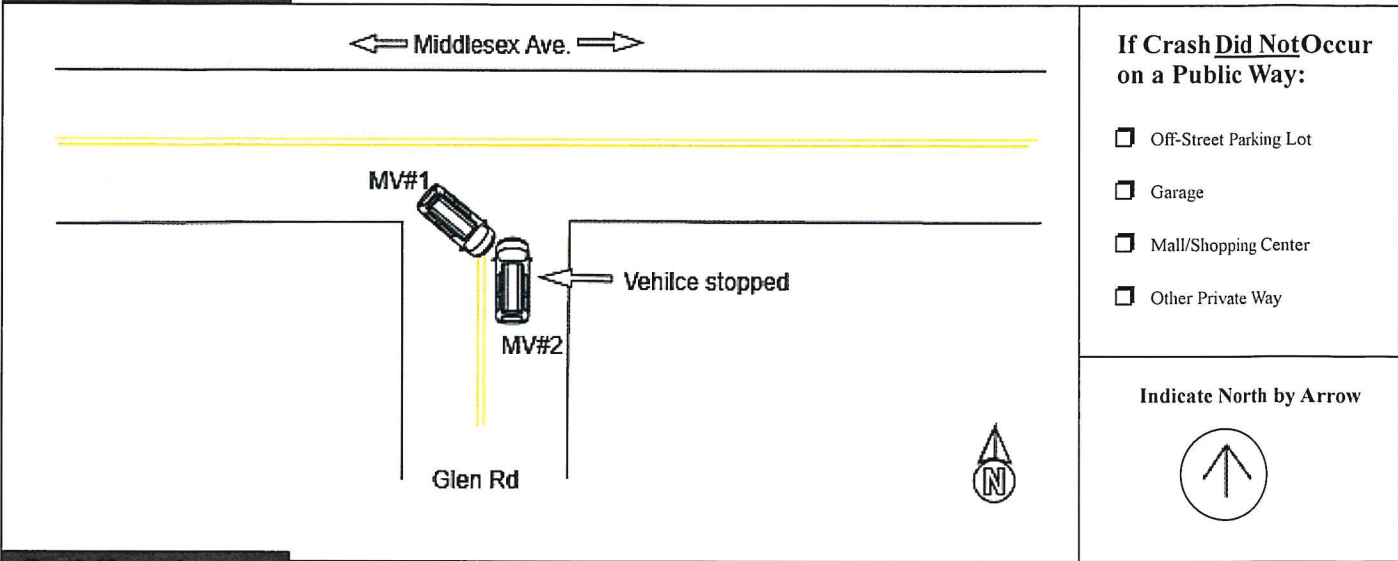
Towed from scene? 2 33

9 | 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	99	4	0	0	10	1	

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

**Crash Diagram:**



**Crash Narrative:**

Oper. of MV#2 was stopped at the intersection of Glen Rd at Middlesex Ave. Oper. of MV#1 was traveling on west on Rt. 62 Middlesex Ave. Oper. of MV#1 turned right onto Glen Rd from Middlesex Ave. As MV#1 was turning onto Glen Rd. he slid into the front driverside corner of MV#1.

Weather- snowing and icy roads.

**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 Daniel C Cadigan

178

Wilmington Police Department

12/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

1 1 Route# Direction Name of Roadway/Street At  
 2 4 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 3 4 Route# Direction Name of Intersecting Roadway/Street

2 24 **BOUTWELL ST**  
 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# **19-414-AC**

License # **S75372937** St **MA** DOB/Age \_\_\_\_\_ Reg # **8RKJ80** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1**  
 Operator **MAKER, JASON D** Owner **MAKER, JASON D**  
 Address **109 PARTRIDGE RD** Address **109 PARTRIDGE RD**  
 City **BILLERICA** State **MA** Zip **01821-5608** City **BILLERICA** State **MA** Zip **01821-5608**  
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **35 23 23 23** Test Status: **1 28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **35 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **7 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>XXXX</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/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **33**

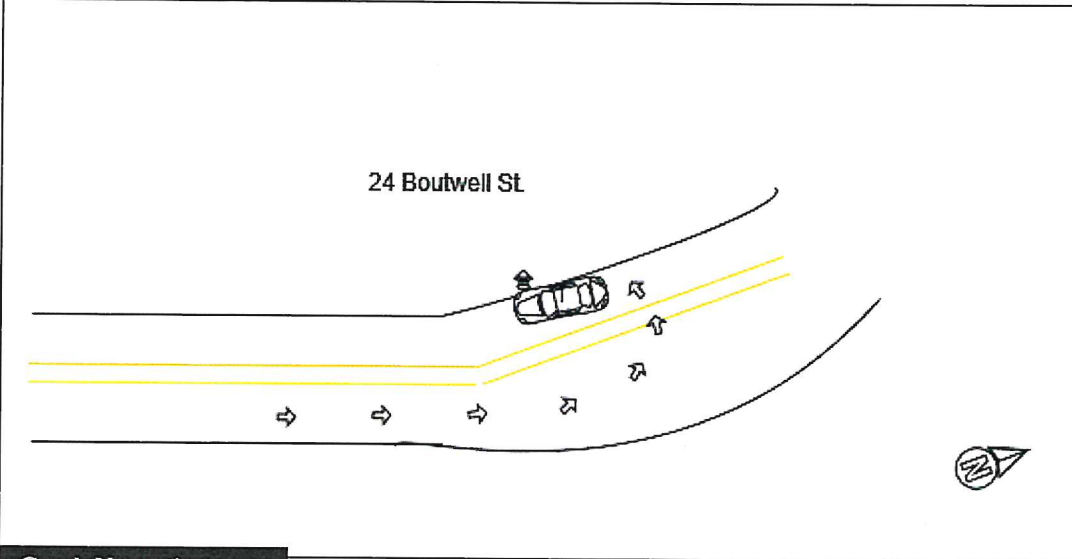
Please fill out for operator/non-motorist and all occupants involved

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

Vehicle 1 was travelling north on Boutwell St approaching a slight bend in the roadway. Vehicle slid on slush on the roadway, the vehicle then spun 180 degrees. Vehicle struck a fire hydrant and the large recycling barrel which were both to the right of the driveway at 24 Boutwell St. The hydrant was knocked completely off of its base.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	FIRE HYDRANT
TOWN OF WILMINGTON	121 GLEN RD WILMINGTON MA 01887		3	RECYCLE TRASH BARREL

**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 Julie M Pozzi

167

Wilmington Police Department

12/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

1 1 Route# Direction Name of Roadway/Street At  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 2 2 Route# Direction Name of Intersecting Roadway/Street  
 3 3 Route# Direction Name of Roadway/Street  
 Route# Direction Address # Name of Roadway/Street  
 Feet NSEW of . or 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# **19-415-AC**

License # **S56523735** St **MA** DOB/Age \_\_\_\_\_ Reg # **38923** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **SOUSA, MEGHAN MARIE** Owner **SOUSA, JOSHUA D**  
 Address **147 TURNPIKE RD** Address **147 TURNPIKE RD**  
 City **CHELMSFORD** State **MA** Zip **01824-4042** City **CHELMSFORD** State **MA** Zip **01824-4042**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 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 **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>XXXXXX</del>	<del>XXXX</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 # **S99839732** St **MA** DOB/Age \_\_\_\_\_ Reg # **9DKJ10** 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 **CHISHOLM, BRETT K** Owner **CHISHOLM, JILL A**  
 Address **87 MINKRUN RD** Address **87 MINKRUN RD**  
 City **WILMINGTON** State **MA** Zip **01887-4553** City **WILMINGTON** State **MA** Zip **01887-4548**  
 Insurance Company **COMMERCE** Vehicle Action Prior to Crash **5** 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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **11** 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 19-415-AC





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

1 10

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

1 10 BURLINGTON AVE

2 11

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

Route# Direction Name of Intersecting Roadway/Street

2 2

Route# Direction Name of Intersecting Roadway/Street

3

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

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

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

Landmark \_\_\_\_\_

3

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

Crash Report ID# **19-416-AC**

4 12

License # **S53990455** St **MA** DOB/Age \_\_\_\_\_ Reg # **6LV883** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **GMC** Veh Config. **1** 21

Operator **CAPLES, REBECCA E** Owner **CAPLES, REBECCA E**

Address **8 HARRIS ST** Address **8 HARRIS ST**

City **WILMINGTON** State **MA** Zip **01887-3629** City **WILMINGTON** State **MA** Zip **01887-3629**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 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 **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

5 1

6 2

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>	

7 2

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

8 1

9 2

License # **S12611510** St **MA** DOB/Age \_\_\_\_\_ Reg # **PS1** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **MERCURY** Veh Config. **1** 21

Operator **SURRETTE, PAUL E** Owner **SURRETTE, PAUL E**

Address **283 MIDDLESEX AVE** Address **283 MIDDLESEX AVE**

City **WILMINGTON** State **MA** Zip **01887-2109** City **WILMINGTON** State **MA** Zip **01887-2109**

Insurance Company **VERMONT MUTUAL INS** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 27 27

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 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>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 2** **MAIN ST**  
 Route# Direction Name of Roadway/Street  
 At  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

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# **19-417-AC**

License # **S26952358** St **MA** DOB/Age \_\_\_\_\_ Reg # **1XJT21** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2010** Veh Make **HONDA** Veh Config. **1**  
 Operator **PUELLO, PEDRO DANIEL** Owner **PUELLO, PEDRO DANIEL**  
 Address **277 JACKSON ST** Address **277 JACKSON ST**  
 City **LAWRENCE** State **MA** Zip **01841-1958** City **LAWRENCE** State **MA** Zip **01841-1958**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3** **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 **19** **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

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>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 # **S06235932** St **MA** DOB/Age \_\_\_\_\_ Reg # **3748AP** Reg Type **CO** Reg State **NH**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2017** Veh Make **Other-not listed** Veh Config. **8**  
 Operator **GRAFFEO, MICHAEL R** Owner **CHARLES GEORGE COMPANIES INC**  
 Address **170 COLONIELS LN APT 2** Address **209 NASHUA RD**  
 City **WEYMOUTH** State **MA** Zip **02189-2427** City **LONDONDERRY** State **NH** Zip **03053**  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **4** 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: **1** **28**  
 Citation # (If Issued) **T1683790** Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90** **23** 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: **31** Susp. Drug: **32**  
 Towed from scene? **3** **33**

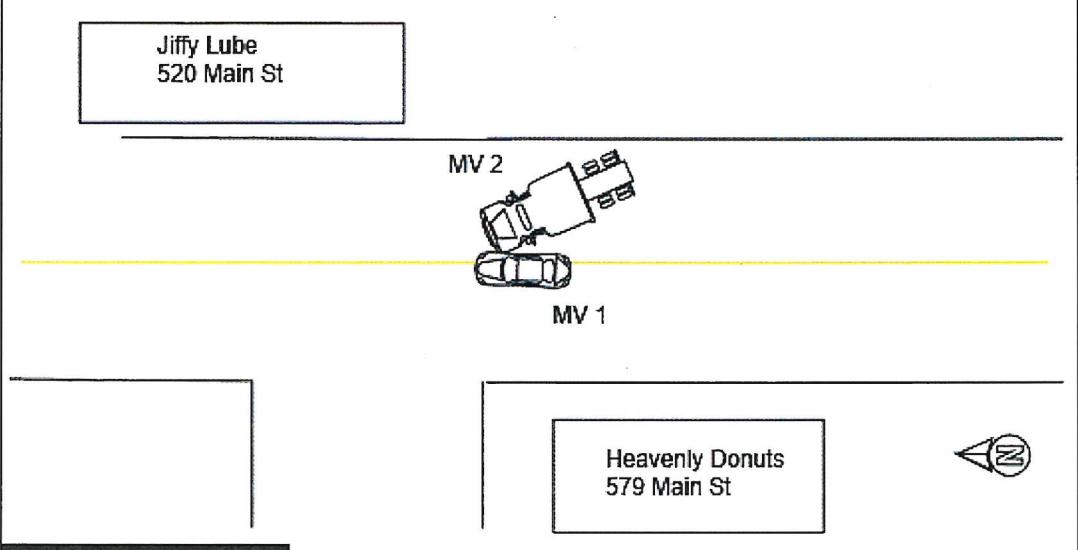
Please fill out for operator/non-motorist and all occupants involved

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>1</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:**

MV 1 was travelling northbound on Main St. MV 2 was also travelling northbound on main st attempting to take a left into Heavenly Donuts. MV 2 is a waste management truck. The operator of MV 1 stated that MV 2 had his rear hazard lights on. MV 1 attempted to drive around MV 2 and that is when MV 2 attempted to take a left turn into the Heavenly Donuts parking lot and caused a collision. In speaking with the operator of MV 2, he stated that he did not have his hazard lights on but did have his rear "warning" lights on, as that is proper protocol when operating this vehicle.

**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 # 3748AP (From Vehicle Section)

Carrier Name Charles George Companies Inc Bus Use  42

Address P.O BOX 857 City OUT OF STATE St NH Zip 03053

US DOT #: 594815 State Number \_\_\_\_\_ Issuing State NH MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type CO Reg State NH Reg Year 2017 Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Shane A Foley Signature 211 Department Wilmington Police Department Precinct/Barracks \_\_\_\_\_ Date 12/05/2019

Date of Crash: 12/05/2019 | Time of Crash: 0950 | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 35 | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 1 Route# Direction Name of Intersecting Roadway/Street

4 1 10 11 4 11 13

ROUTE 125 HWY

Feet N S E W of . . . or . . . Mile Marker Exit Number

Feet N S E W of BALLARDVALE ST Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 11 #Occupants  Hit/Run  Moped | Crash Report ID# **19-418-AC**

License # **S32881561** St **MA** DOB/Age \_\_\_\_\_ Reg # **7WT299** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **ACURA** Veh Config. **1**

Operator **BULLOCK, MATTHEW J** Owner **BULLOCK-SHOTTES, DENISE**

Address **2 SCHERIG CIR** Address **2 SCHERIG CIR**

City **METHUEN** State **MA** Zip **01844** City **METHUEN** State **MA** Zip **01844-5494**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **3** Damaged Area Code: **3** **27** **4** **27** **27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **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>XXXX</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **8318134** St **ME** DOB/Age \_\_\_\_\_ Reg # **929975** Reg Type **AP** Reg State **ME**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL **H** Veh Year **2011** Veh Make **International** Veh Config. **10**

Operator **STANLEY, ARTHUR L** Owner **TRIPP ENTERPRISES LLC**

Address **192 MORSE HILL RD** Address **1151 LEWISTON RD**

City **JAY** State **ME** Zip **04239** City **NEW GLOUCESTER** State **ME** Zip **04260**

Insurance Company **HUB INTERNATIONAL NE** Vehicle Action Prior to Crash **3** Damaged Area Code: **7** **27** **0** **27** **27**

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

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

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

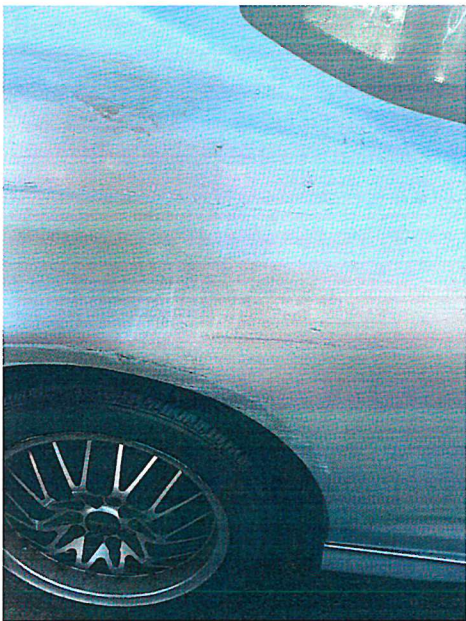
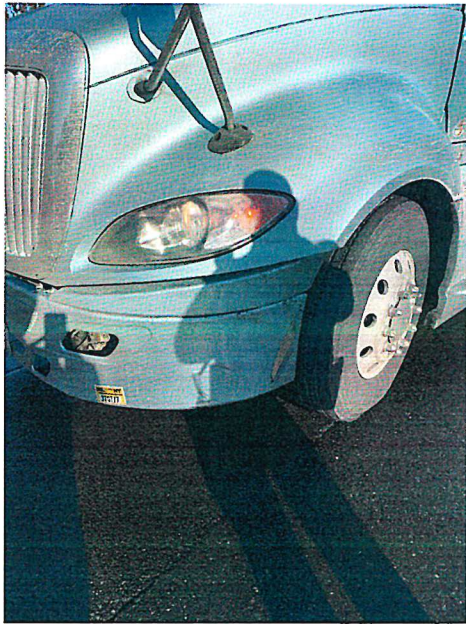
Towed from scene? **2** **33**

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



Wilmington Police Department  
Images Associated with 19-418-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street

496 MAIN ST

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

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

2 11 Feet N S E W of \_\_\_\_\_

Route# Intersecting Roadway/Street

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

Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped | Crash Report ID# 19-419-AC

License # S81888935 St MA DOB/Age \_\_\_\_\_ Reg # 887DJ6 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2006 Veh Make LEXUS Veh Config. 1 21

Operator ISLAM, NARGISH A Owner ISLAM, NARGISH A

Address 1835 MIDDLESEX ST APT C Address 1835 MIDDLESEX ST APT C

City LOWELL State MA Zip 01851-1126 City LOWELL State MA Zip 01851-1126

Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Action Prior to Crash 2 22 Damaged Area Code 5 27 27 27

Vehicle Travel Direction: N X 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: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	
				6	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 22 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # S20858630 St MA DOB/Age \_\_\_\_\_ Reg # 186DS6 Reg Type PC Reg State MA

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

Operator NOEL, KAYLENE JASMINE Owner ALABRE, MARIE MD

Address 672 WOBURN ST Address 672 WOBURN ST

City WILMINGTON State MA Zip 01887-2966 City WILMINGTON State MA Zip 01887-2966

Insurance Company LIBERTY MUTUAL INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: N X 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 5 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	
				3	1	4	0	0	10	1	



