

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 2 10 Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number
 3 11 Route# Direction Name of Intersecting Roadway/Street
 2 1 Route# Direction Name of Intersecting Roadway/Street
 3 11 Route# Direction Name of Intersecting Roadway/Street
 Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-79-AC**

4 1 License # **S34114614** St **MA** DOB/Age Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Operator **STIRA, LISA** Last First Middle Owner **STIRA, MARK A** Last First Middle Address **18 MARJORIE RD** Address **18 MARJORIE RD** City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-1756** Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

5 Citation # (If Issued) _____

6 1 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

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

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

8 2 License # **S74556974** St **MA** DOB/Age Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Operator **ELEMAN, AMY M** Last First Middle Owner **ELEMAN, AMY M** Last First Middle Address **19 NORTH ST** Address **19 NORTH ST** City **WILMINGTON** State **MA** Zip **01887-2135** City **WILMINGTON** State **MA** Zip **01887-2135** Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash 4 22 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 99 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Driver Distracted by 99 26 Towed from scene? 2 33

9 2 Citation # (If Issued) _____

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

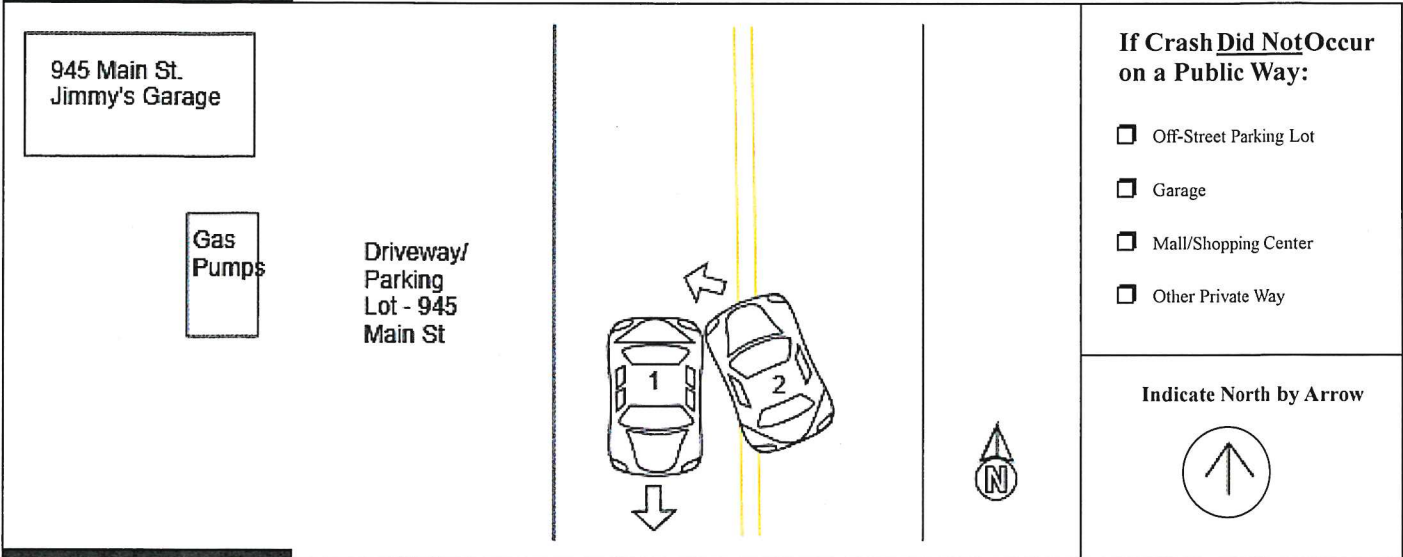
Please fill out for operator/non-motorist and all occupants involved

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

MV1 was traveling southbound on Main St/RT 38 towards Woburn. MV2 was traveling northbound on Main St/RT 38 towards Wilmington. MV2 began to turn left out of the travel lane and into the parking lot of Jimmy's Garage at 945 Main St. Front left side panel above wheel of MV2 struck rear left panel of MV1. Minor damage, neighter MV was towed. There were no injuries reported. Both vehicles were driveable.

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 Joseph A Fitzgerald

215

Wilmington Police Department

03/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/09/2020	Time of Crash 2245 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 20	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# 41	Direction _____	Address # EAMES ST	Name of Roadway/Street _____
At _____							
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		_____ Feet	N S E W	_____ of _____	Mile Marker _____
Also at Intersection with _____				_____ Feet	N S E W	_____ of _____	Exit Number _____
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____		_____ Feet	N S E W	_____ of _____	Route# _____
				Landmark _____			

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

Crash Report ID# **20-80-AC**

License # S20505444 St MA DOB/Age _____	Reg # 67JM77 Reg Type PC Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 21
Operator COTE, REID J	Owner COTE, SUSAN E
Address 401 DANA CT	Address 401 DANA CT
City WILMINGTON State MA Zip 01887-6227	City WILMINGTON State MA Zip 01887-6227
Insurance Company PILGRIM INSURANCE COMPANY	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Event Sequence 22 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____	Most Harmful Event 22 24 Type of Test: 1 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 25 20 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 5 26 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
Operator		See Above	X	X	1	1	1	0	0	10	1

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

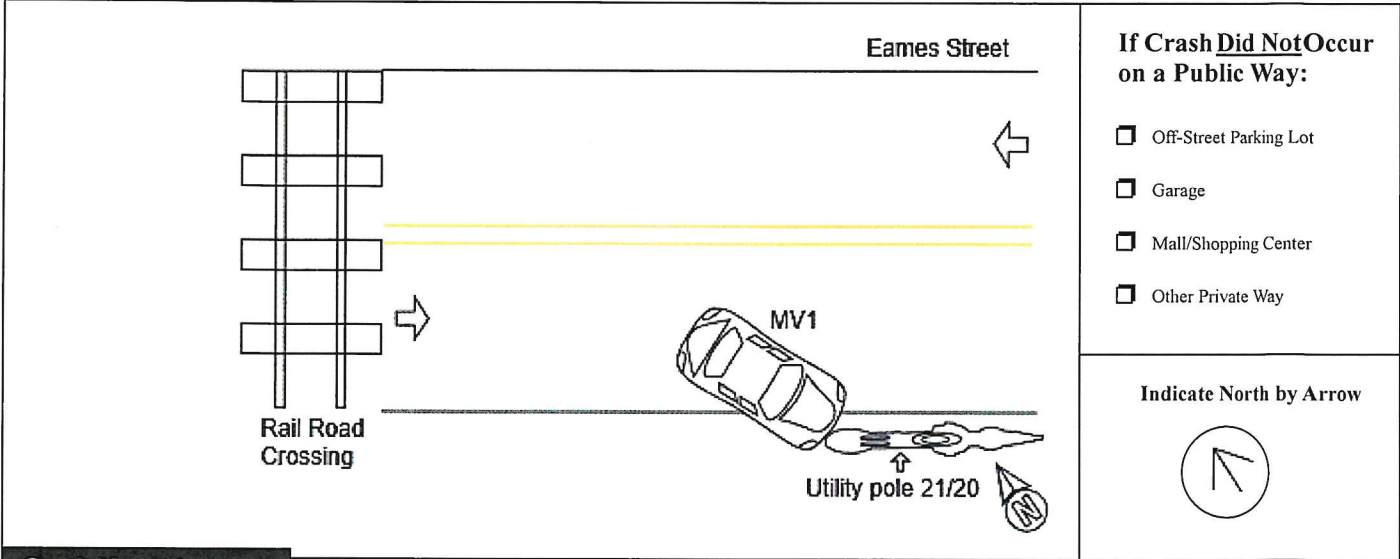
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 26 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
Operator/Non-Motorist		See Above	X	X	1						

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Operator of MV1, Reid Cote was traveling West on Eames Street. He drove over the rail road tracks, lost control of his vehicle and crashed into utility pole 20/21. Mr. Cote stated that he dropped his money, leaned over to pick it up and struck the pole. He stated he had not sustained any injuries. I observed the vehicle had sustained heavy front end damage and the driver's airbag had deployed (See images). WFD arrived on scene, I advised them of the situation and they evaluated Mr. Cote for any injuries. Mr. Cote refused any medical attention. Mr. Cote consented to perform SFST and passed. Forrest towed his vehicle. Reading Light Department and Verizon were notified about the pole.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE 20/21

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

03/09/2020

Police Officer Name (Please Print)

Signature

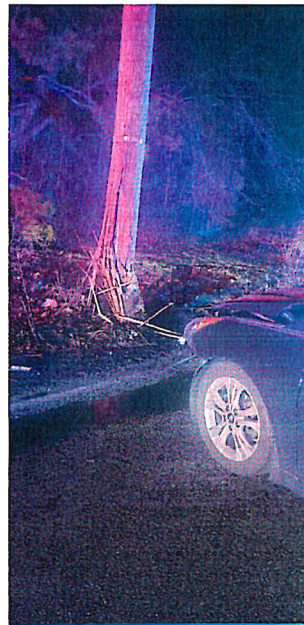
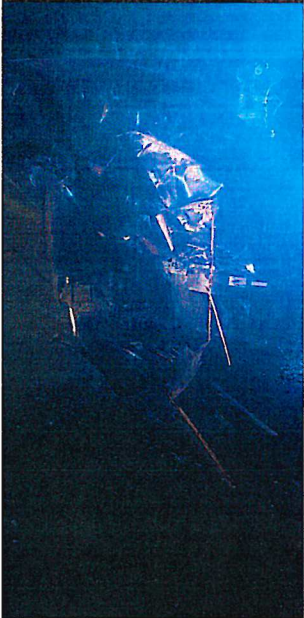
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 20-80-AC



Wilmington Police Department
Images Associated with 20-80-AC



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

Route# SALEM ST Direction _____ Name of Roadway/Street _____

Route# CUNNINGHAM ST 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 _____

_____ 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# 20-81-AC**

License # S52252898 St. MA DOB/Age _____ Reg # 516EBL Reg Type PC Reg State MA

Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2011 Veh Make FORD Veh Config. 1

Operator BORENSTEIN, CHERYL L Owner BORENSTEIN, CHERYL L

Address 31 ARLENE AVE Address 31 ARLENE AVE

City WILMINGTON State MA Zip 01887-1111 City WILMINGTON State MA Zip 01887-1111

Insurance Company VERMONT MUTUAL INSURANCE Vehicle Action Prior to Crash 2 Damaged Area Code: 6 27 27 27

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

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

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

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

Towed from scene? 2 33

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

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

License # S49975504 St. MA DOB/Age _____ Reg # 2C0351 Reg Type CO Reg State ME

Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Veh Year 2004 Veh Make International Veh Config. 6

Operator GERVACIO-MENDEZ, DAVID ARTURO Owner TRIUMPH TRUCKING

Address 28 WILSON ST APT 2 Address PO BOX 1841

City HAVERHILL State MA Zip 01832-5270 City SANFORD State ME Zip 04073

Insurance Company STATE FARM INS Vehicle Action Prior to Crash 1 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: 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

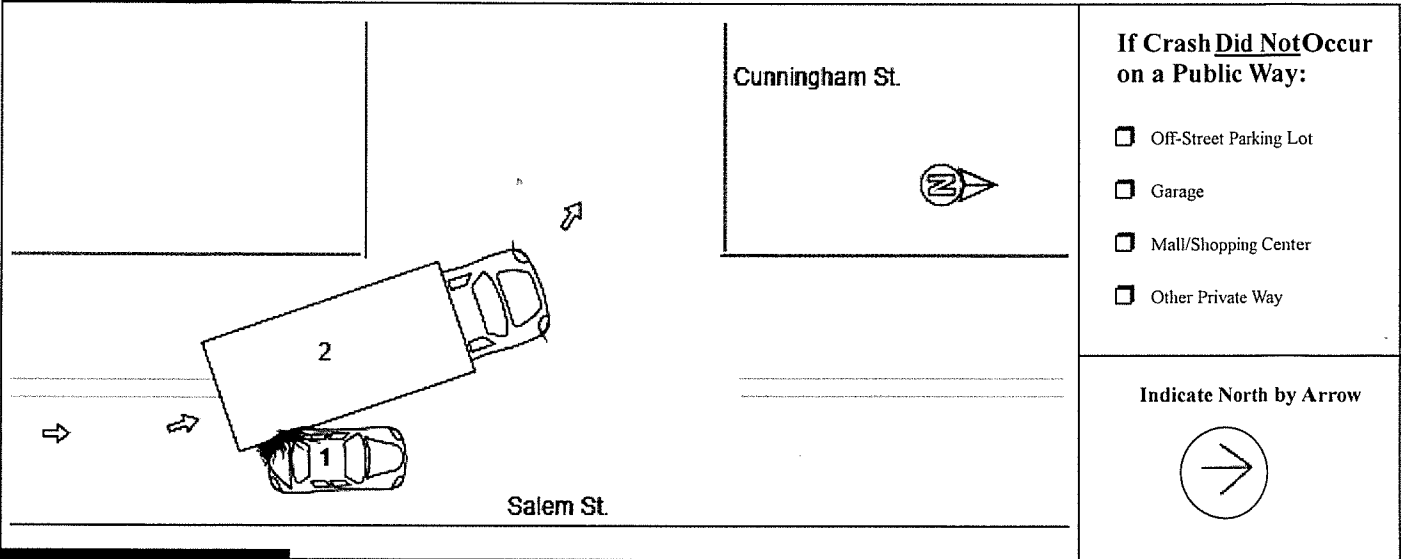
Towed from scene? 2 33

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

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On 03/10/20 car 1 while travelling NB on Salem St. slowed o take a turn into Cunningham St. Car 2 while also travelling NB on Salem St. tried to avoid rear ending car 1, swerved to the left and crashed the rear end of his box truck into the rear of car 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 # 2C0351 (From Vehicle Section)

Carrier Name Triumph Trucking Bus Use 42

Address _____ City SANFORD St ME Zip 04073

US DOT # 2281121 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 Dillon Halliday 205 Wilmington Police Department 03/10/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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 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 _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-82-AC**

License # **NHL10780820** St **NH** DOB/Age _____ Reg # **4517162** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **1998** Veh Make **TOYOTA** Veh Config. **8**

Operator **LACROSSE, KEVIN** Owner **KIHIKO, JAMES NJUGUNA**

Address **47 WILLOW CREEK DR** Address **28 ROYAL CREST DR APT 12**

City **HUDSON** State **NH** Zip **03051** City **NASHUA** State **NH** Zip **030606605**

Insurance Company _____ Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **2** **27** **3** **27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **10** **23** **23** **23** **23** Test Status: **2** **28**

Citation # (If Issued) **T1684208** Most Harmful Event **10** **24** Type of Test: **2** **29**

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **10** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub **90** **23** Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **1** **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	0	4	0	0	9	2	Winchester Hospital

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 _____ Veh Year _____ Veh Make _____ Veh Config. **21**

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** **27** **27**

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

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

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

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

Towed from scene? **33**

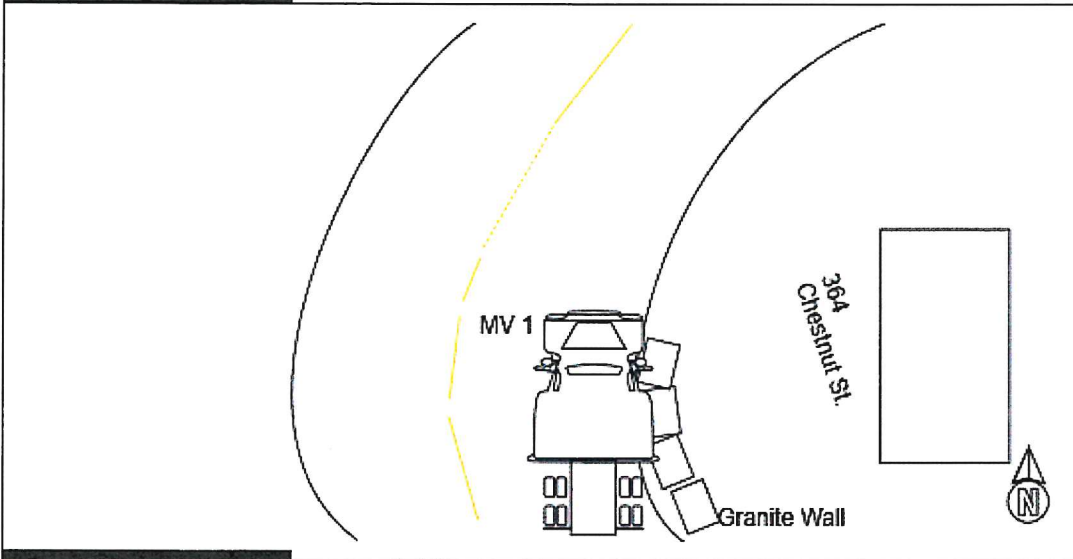
Please fill out for operator/non-motorist and all occupants involved

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

→ = 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:

There was a report of a box truck travelling erratically northbound on chestnut st. A witness observed the operator crash into a granite wall that was located just off the road in front of 364 Chestnut St. The witness observed the truck continue to drive down chestnut where he was ultimately located by police in the parking lot of Shell Gas Station in Billerica. (Refer to 20-81-AR) The damage on the truck was consistent with the damage that was done to the granite wall.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
THIBERT DANIEL BRUCE JR	20 CASTLE CIR PEABODY MA 01960-4027		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MCGOWAN GREGORY E	364 CHESTNUT ST WILMINGTON MA 0188		97	GRANITE WALL

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 Shane A Foley

211

Wilmington Police Department

03/10/2020

Police Officer Name (Please Print)

Signature

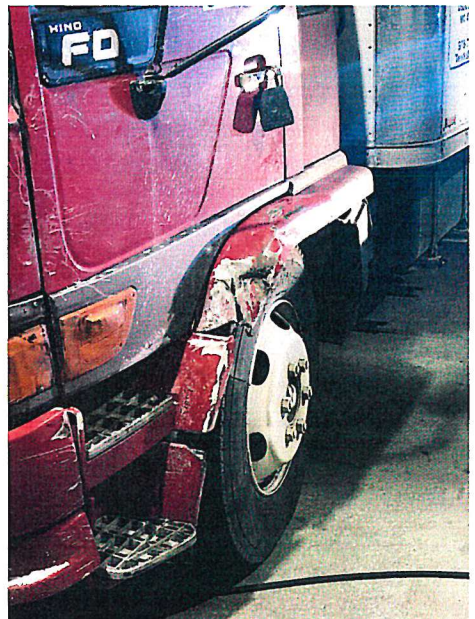
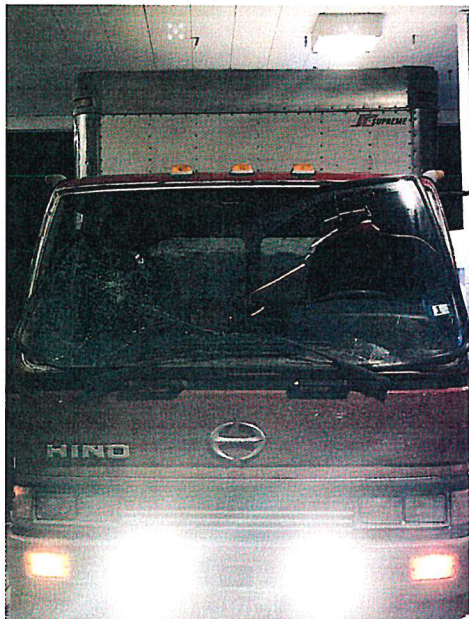
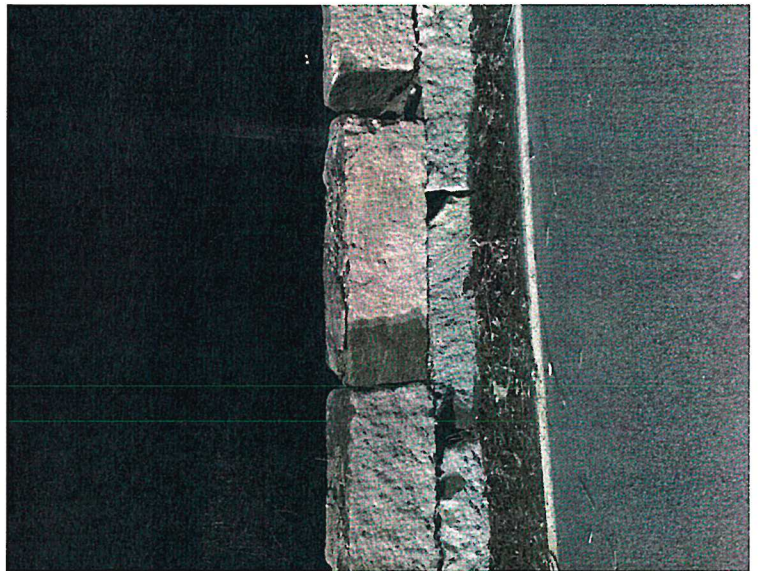
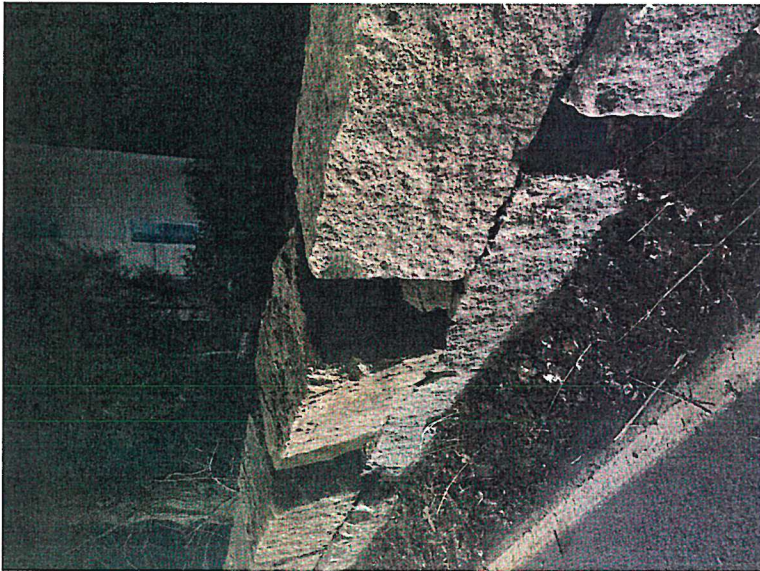
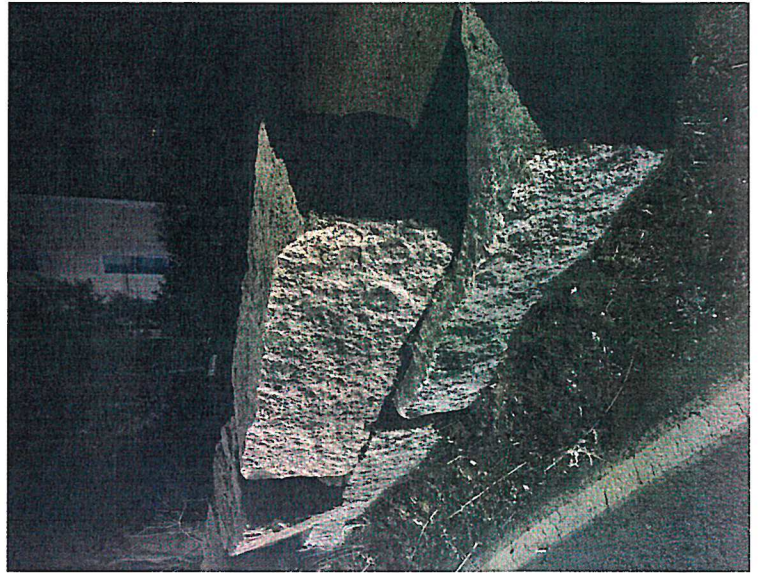
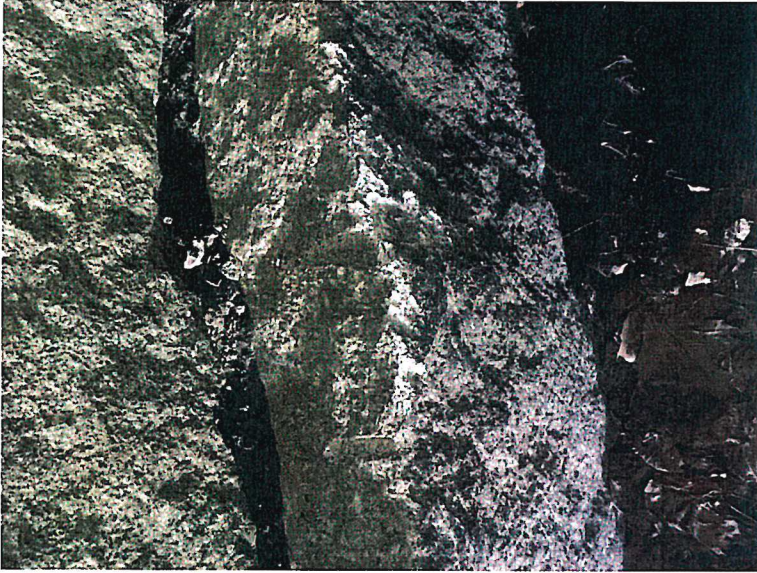
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 20-82-AC



Wilmington Police Department
Images Associated with 20-82-AC



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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **381 MIDDLESEX AVE** Name of Roadway/Street
 2 10
 Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Mile Marker Exit Number
 2 11
 Also at Intersection with Feet **N S E W** of Route# Intersecting Roadway/Street
 2 1
 Route# Direction Name of Intersecting Roadway/Street Feet **N S E W** of Landmark

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **20-83-AC**

4 1 License # **S57348796** St **MA** DOB/Age Reg # **7RW198** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2018** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **QUILTY, MARIA P** Owner **QUILTY, MARIA P**
 Address **39 ADAMS ST** Address **39 ADAMS ST**
 City **WILMINGTON** State **MA** Zip **01887-2452** City **WILMINGTON** State **MA** Zip **01887-2452**
 Insurance Company **GEICO GENERAL INSURANCE C** 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: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub 1 13

6 1 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	

7 1 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 License # **S23782328** St **MA** DOB/Age Reg # **1JDB18** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2015** Veh Make **CHRYSLER** Veh Config. **1** 21
 Operator **DALEY, SHANNON D** Owner **DALEY, SHANNON D**
 Address **8 WESTDALE AVE** Address **8 WESTDALE AVE**
 City **WILMINGTON** State **MA** Zip **01887-0000** City **WILMINGTON** State **MA** Zip **01887-0000**
 Insurance Company **CITIZENS 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: **28**
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub Driver Contributing Code **19** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub Driver Distracted by **7** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub 1 14

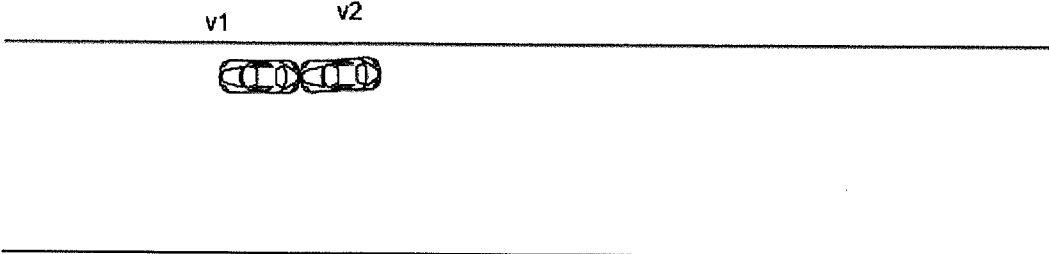

9 2 Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O X = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O X → ☺

<div style="text-align: center; margin-bottom: 20px;"> v1 v2 </div>  <div style="text-align: center; margin-top: 20px;"> 381 Middlesex Avenue </div>	<p>If Crash Did Not Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;">  </div>
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Crash Narrative:

The driver of v1 stated she was stopped, in stop and go traffic, when she was struck from behind by v2

V2 stated that she was looking around and did not see v1 stop, she could not stop in time and then rear ended v1

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 Brian D Thornton 190 Wilmington Police Department 03/12/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date