

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

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

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

3 3 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ Mile Marker _____ or _____ 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 **12** #Occupants Hit/Run Moped

Crash Report ID# **20-102-AC**

License # **S48024418** St **MA** DOB/Ag _____ Reg # **3TE442** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2006** Veh Make **MERCURY** Veh Config. **1** 21

Operator **QUATTROCCHI, BENJAMIN D** Owner **QUATTROCCHI, BENJAMIN D**

Address **15 GOV FULLER RD** Address **15 GOV FULLER RD**

City **BILLERICA** State **MA** Zip **01821-2029** City **BILLERICA** State **MA** Zip **01821-2029**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 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 **99** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? **1** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	10	1	
ISABELLA FEBBO	29 DORCHESTER ST WILMINGTON, MA 01887-2272		F	3	1	1	0	0	10	1	

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

License # **S95503080** St **MA** DOB/Ag _____ Reg # **9TA147** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D M** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **HONDA** Veh Config. **1** 21

Operator **GIUSTO, JASON P** Owner **GIUSTO, JASON P**

Address **25 HOUGHTON RD** Address **25 HOUGHTON RD**

City **WILMINGTON** State **MA** Zip **01887-4544** City **WILMINGTON** State **MA** Zip **01887-4544**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: 5 27 6 27 4 27

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

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

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

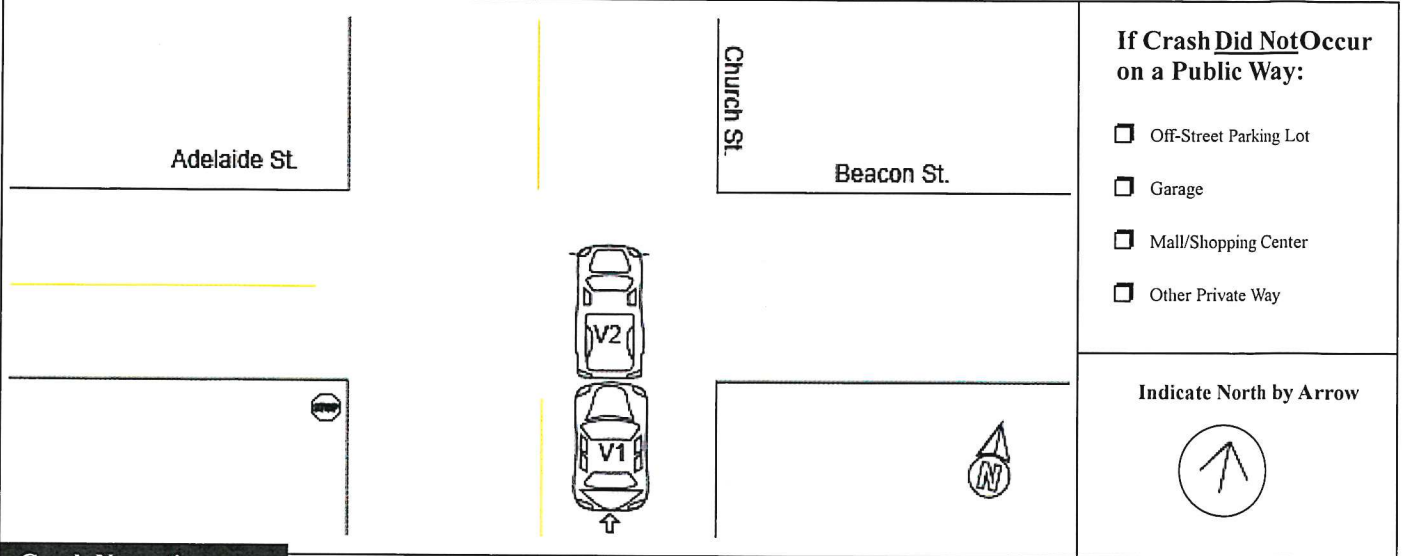
Please fill out for operator/non-motorist and all occupants involved

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	

→ = 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:

V2 was traveling on north on Church St. V2 stopped to turn left onto Adelaide St. V1 was also traveling north on Church St. The driver of V1 stated he looked away from the road for a moment and then crashed into V2. He did not say what he was looking at. There was damage to the rear end of V2. V1 had heavy front end damage and needed to be towed by A&S Towing. All parties denied medical attention and signed refusals with the fire department. Photos of the damage are attached.

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 Emily L Stebbins 210 Wilmington Police Department 04/28/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 20-102-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 04/30/2020	Time of Crash 2209 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit <u>30</u>	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 _____ At _____	Route# _____ Direction _____ Address # <u>72</u> Name of Roadway/Street <u>HIGH ST</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

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

Crash Report ID# **20-103-AC**

License # <u>S93582817</u> St <u>MA</u> DOB/Agc _____	Reg # <u>7WN594</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2003</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>GRAMZOW, SEAN ANDREW</u>	Owner <u>GRAMZOW, SEAN ANDREW</u>
Address <u>38 MAIN ST APT 20</u>	Address <u>38 MAIN ST APT 20</u>
City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-2220</u>	City <u>NORTH READING</u> State <u>MA</u> Zip <u>01864-2220</u>
Insurance Company <u>CITIZENS INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>30</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>3</u> <u>28</u>
Citation # (If Issued) <u>T1684313</u>	Most Harmful Event <u>30</u> <u>24</u> Type of Test: <u>2</u> <u>29</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>3</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>11</u> <u>25</u> <u>7</u> <u>25</u> Susp. Alcohol: <u>1</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>5</u> <u>26</u> Towed from scene? <u>1</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
Operator		See Above	X	X	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
MICHELLE MASTROPIETRO	16 LASALLETTE RD BILLERICA, MA 01821-1809		F	<u>3</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

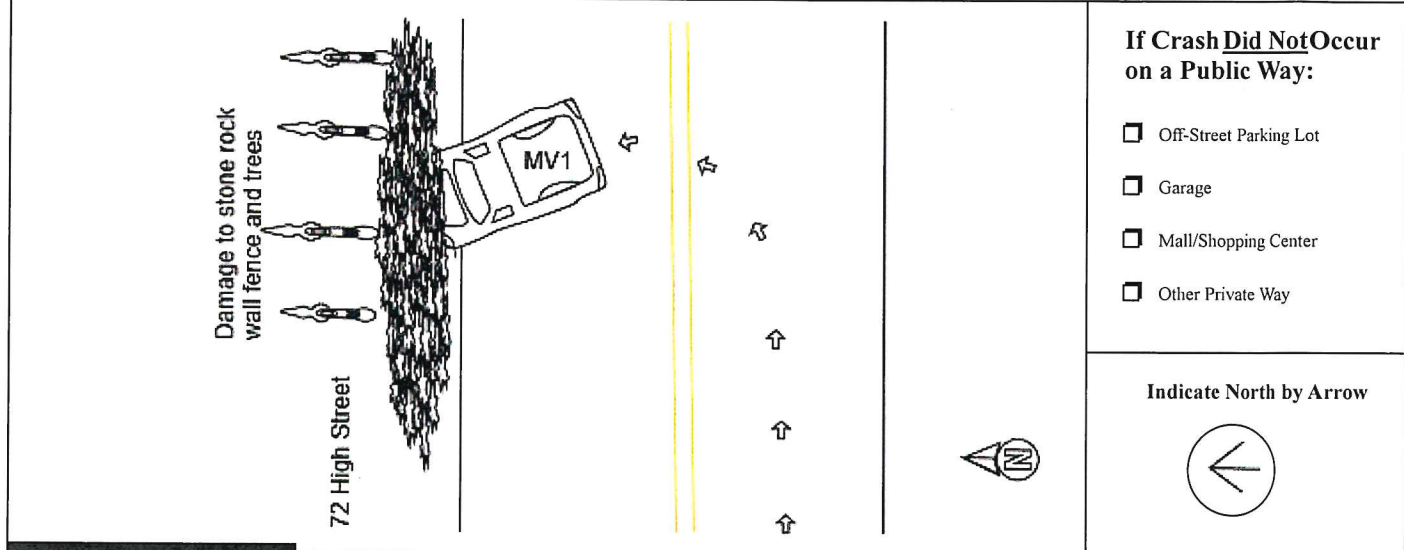
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Agc _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____	Owner _____
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 _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>26</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
Operator/Non-Motorist		See Above	X	X	<u>1</u>						

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

Crash Diagram:



Crash Narrative:

Operator of MV1, Sean Gramzow stated that he was driving home and traveling east on High St. He stated this was a road rage incident. He turned onto High Street from Middlesex Ave, there was a vehicle following closely behind, so he slowed down. MV2 was honking its horn and flashing its headlights. MV2 then crossed into the opposite direction lane and attempted to speed pass MV1. MV2 then crossed back into the lane pulling directly in front of MV1. Mr. Gramzow then turned his wheel to avoid a crash, lost control of his vehicle and crashed into the rock wall. He was unable to provide a license plate or any description of MV2. He stated no injuries and signed a refusal with WFD. His front seat passenger, Michelle Mastropietro corroborated his statements to Sgt. McCue (Unit 35) and Ofc. Nofle (Unit 31). She also refused medical attention. MV1 was towed by Cain's. Mr. Gramzow submitted to SFST (See my Supplemental Narrative).

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ASSENZA JENNIFER	72 HIGH ST WILMINGTON MA 01887-147		97	STONE ROCK WALL FENCE AND TREES
SANDLIN AMANDA RENEE	72 HIGH ST WILMINGTON MA 01887		97	STONE ROCK WALL FENCE TREES

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 04/30/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: 20-103-AC

Entered: 05/01/2020 @ 1839 Entry ID: 197
Modified: 05/01/2020 @ 2010 Modified ID: 197
Approved: 05/06/2020 @ 1516 Approval ID: 159

On Thursday, April 30, 2020, I was working uniformed patrol assigned to marked unit 34, sector 2, on the 4:00 PM - 12:00 AM shift. At approximately 10:09 PM, I was dispatched to 72 High Street for a caller reporting a motor vehicle crash with a car into a rock wall.

Upon arrival, I observed a 2003 blue Ford pickup truck bearing MA reg. 7WN594 crashed into a stone rock wall fence and trees belonging to the homeowners of 72 High Street. I observed the registered owner, Sean Gramzow outside of the vehicle. I asked if he had sustained any injuries and he said, "No." I then observed his front seat passenger identified as Michelle Mastropietro. She stated that she was a little shaken up but was also refusing medical attention. I observed a woman who identified herself as the homeowner of 72 High Street, Amanda Sandlin attending to Ms. Mastropietro. Due to both front airbags being deployed members of WFD came to the scene, evaluated both parties and they both signed a refusal.

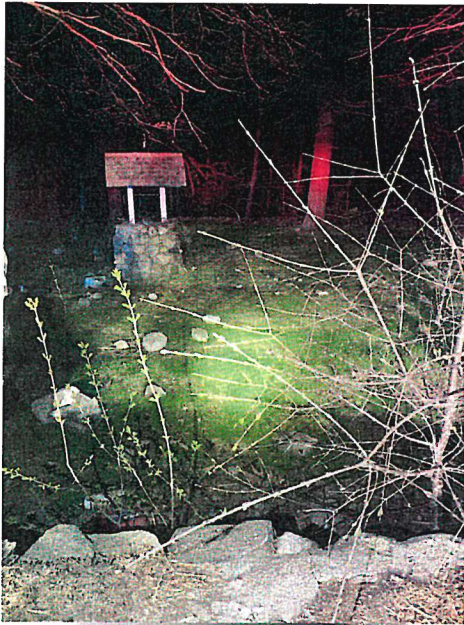
Sgt. McCue (Unit 35), Lt. Ahern (Unit 27) and Ofc. Nofle (31) arrived on scene to assist. I observed empty bottles of alcoholic beverages scattered on the ground near the vehicle and the same bottles in the bed of the truck. I also detected an odor of alcohol emanating from inside the vehicle. I asked Mr. Gramzow where he was coming from and where he was going. He stated he was coming from a friend's house in Tewksbury and heading home to North Reading. He explained to me that this was a road rage incident involving an unknown vehicle (See accident narrative). I asked him about all the liquor bottles in his truck and on the road. He said that his girlfriend had been drinking and that he only had two drinks earlier today. Due to the single vehicle crash, odor of alcohol, admission of consuming liquor, along with the bottles of liquor in and around his truck, I asked if he would be willing to submit to standard field sobriety tests. He consented to submit to SFSTs. I conducted SFSTs and he passed. I then had Ofc. Thornton (Unit 33) bring a portable breath test (Unit 3) to the scene. Mr. Gramzow consented to submit to the PBT and blew a 0.031. I then issued him Massachusetts uniform citation number T1684313 for marked lanes violation M.G.L. ch.89 s.4A and advised him to pull over during any future road rage incidents to let the other vehicle go and or call 911.

Cain's towed the vehicle to their tow yard (See attachments for Motor Vehicle Tow and Inventory Report). Mr. Gramzow and Ms. Mastropietro were picked up by friends. Mrs. Sandlin was advised on how to obtain police reports for the damage to her property. Ofc. Nofle took photographs of the scene (See images).

Respectfully submitted,

Julio J. Quiles
Patrolman - 197
Wilmington Police Department

Wilmington Police Department
 Images Associated with 20-103-AC



Town of Wilmington
 Fire Department

ADDRESS	72 Hwy 5F	ZIP	
CITY	4/30/	STATE	AVC
DRIVER	Sean	GRANDSE	
DATE	3/21/05	TIME	7:01 7:27 4:10
VEHICLE	2010 A20	TRUCK	01869
MAKE	BUICK	MODEL	REGAL
YEAR	2010	DRIVER	SEAN
DRIVER	SEAN	DRIVER	SEAN
DRIVER	SEAN	DRIVER	SEAN
DRIVER	SEAN	DRIVER	SEAN

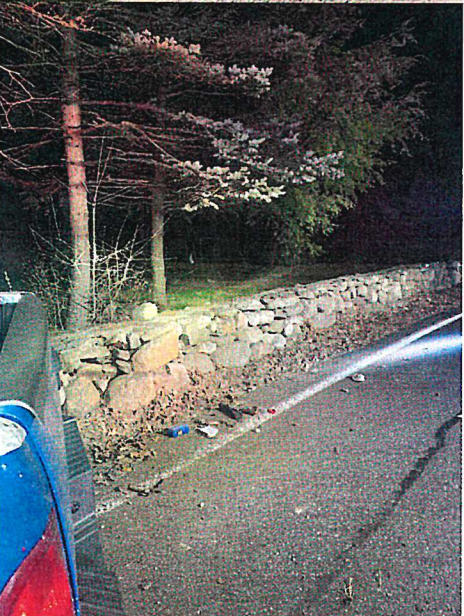
EMT LIABILITY RELEASE

I, Sean Grandse of my own free will do hereby release any claims against the Wilmington Fire Department emergency medical service employer for any injury caused to me by the refusal of treatment or transportation to a medical facility.

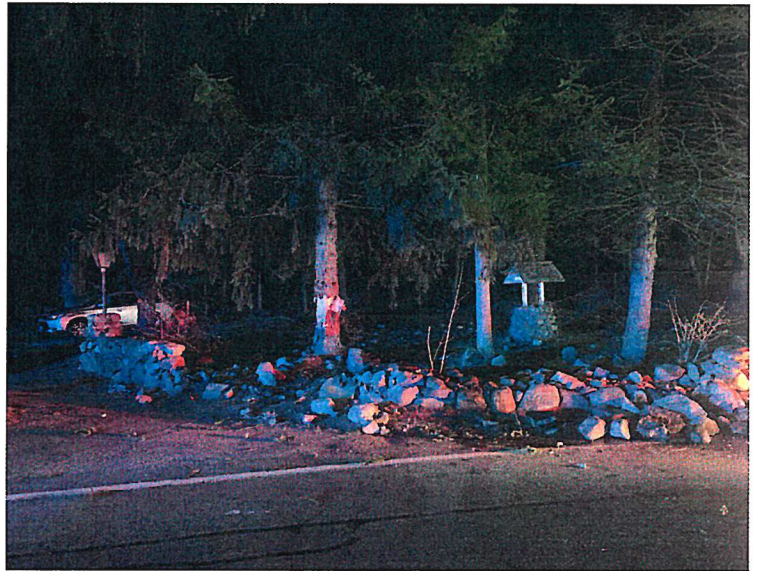
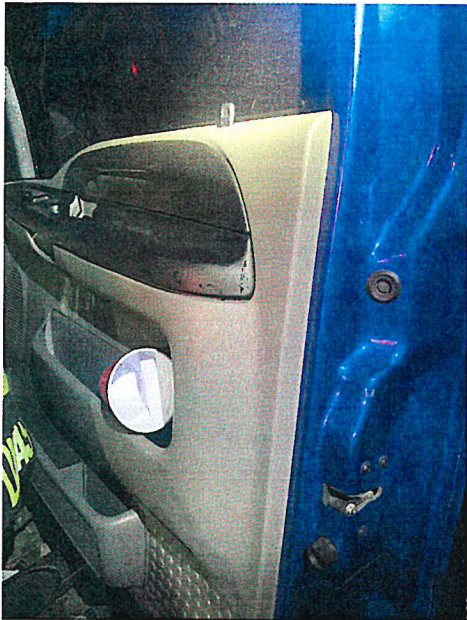
NAME: Sean SIGNATURE: [Signature]

DATE: 3/21/05 TIME: 7:01

WILMINGTON FIRE DEPARTMENT
 1200 WASHINGTON ST. WILMINGTON, MASSACHUSETTS 01897-1146 FAX 978-688-9181



Wilmington Police Department
Images Associated with 20-103-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number		
Date of Crash 05/02/2020	Time of Crash 1538 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> 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 _____ At _____	Route# _____ Direction _____ Address # <u>136</u> Name of Roadway/Street <u>MIDDLESEX AVE</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<u>100</u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 20-104-AC
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License # <u>08TYJ96261</u> St <u>NH</u> DOB/Age _____	Reg # <u>4482747</u> Reg Type <u>PC</u> Reg State <u>NH</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2001</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>TANGUAY, JOHN J</u> Last First Middle	Owner <u>TANGUAY, SUSAN K</u> Last First Middle
Address <u>39 CRESTWOOD CIR</u>	Address <u>39 CRESTWOOD CIR</u>
City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>	City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>
Insurance Company <u>UNKNOWN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>10</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) <u>T1683375</u>	Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>10</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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

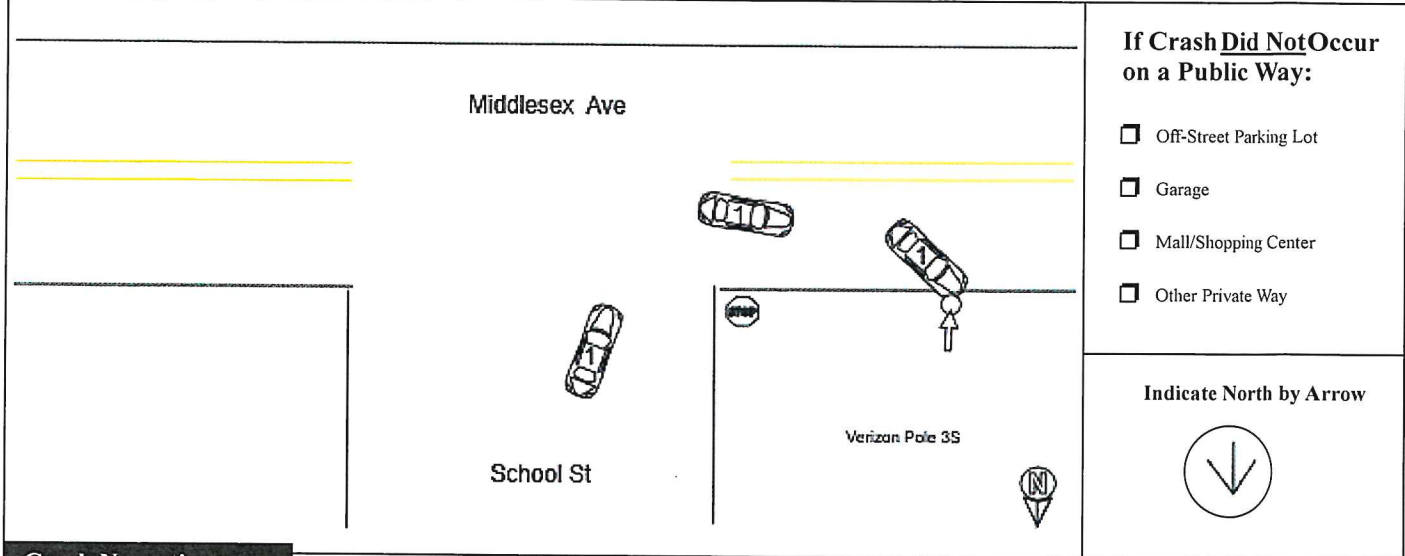
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # _____ 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 _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Driver Distracted by <u>26</u> Towed from scene? <u>33</u>

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

Crash Diagram:

ie: → 1 → 2 → ○ → ⚙️



Crash Narrative:

Vehicle 1 pulled out of School St, turning right onto Middlesex Ave. The operator lost control of his vehicle when he pulled onto Middlesex Ave causing the vehicle to skid, swerve off the edge of the road to the right and crash into Verizon utility pole #31S in front of 136 Middlesex Ave. The operator stated he must have been driving too fast and was not sure how he lost control of the vehicle. The operator was issued Massachusetts Uniformed Citation #T1683375 for Negligent operation of a motor vehicle (90/24). Arrest report #20-108-AR.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FULLER PAYTON M	29 MARJORIE RD WILMINGTON MA 01887-1313		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826			UTILITY POLE #31S

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