

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/30/2020	Time of Crash 1155 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# <u>129 E</u> Direction _____ Address # <u>300</u> Name of Roadway/Street <u>LOWELL 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 _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ VERIZON POLE 23 Landmark	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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# 20-190-AC
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License # <u>S51916744</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>KINSER, ROSEMARY L</u> Address <u>44 GEORGE BROWN ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2223</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1KBW74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>BUICKS</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KINSER, ROSEMARY L</u> Address <u>44 GEORGE BROWN ST</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-2223</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>97</u> <u>27</u> <u>27</u> Event Sequence <u>21</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>21</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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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	X	X	<u>1</u>	<u>1</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>
<u>KENNETH KINSER</u>	<u>44 GEORGE BROWN ST BILLERICA, MA 01821</u>		<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: <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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
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	X	X	<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 # 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# **20-191-AC**

License # **S75588107** St **MA** DOB/Age _____ Reg # **6VL279** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2011** Veh Make **CADILLAC** Veh Config. **1** 21
Operator **DESMOND, PAUL MICHAEL** Owner **DESMOND, PAUL MICHAEL**
Address **7 CARTER ST** Address **7 CARTER ST**
City **WOBURN** State **MA** Zip **01801-5723** City **WOBURN** State **MA** Zip **01801-5723**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 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 **3** 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		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	

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

License # **S12343045** St **MA** DOB/Age _____ Reg # **576MT0** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2008** Veh Make **BUICKS** Veh Config. **1** 21
Operator **AHERN, CAROLE ANNE** Owner **AHERN, CAROLE ANNE**
Address **1 ELDERBERRY LN BLDG APT B205** Address **1 ELDERBERRY LN BLDG APT B205**
City **READING** State **MA** Zip **01867-1093** City **READING** State **MA** Zip **01867-1093**
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **1** 33

Please fill out for operator/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			1	1	4	0	0	8	2	Winchester Hospital

Date of Crash 09/01/2020 Time of Crash 1004 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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

<p>1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ 2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 10 Route# <u>1</u> Direction _____ Address # <u>ROUTE 62 HWY</u> Name of 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 _____ 1 11 _____ 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 _____</p>
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3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **20-192-AC**

<p>4 1 License # <u>S29032348</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>NOLASCO-LOPEZ, ADELSON</u> Address <u>2 BRIMLECOM ST APT 3</u> City <u>LYNN</u> State <u>MA</u> Zip <u>01902-4279</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> 5 2 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>3 12 Reg # <u>S10214</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>FORD</u> Veh Config. <u>6</u> <u>21</u> Owner <u>CALLAHAN, WILLIAM EDWARD</u> Address <u>75 BORDER RD</u> City <u>READING</u> State <u>MA</u> Zip <u>01867-3748</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>10</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>24</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

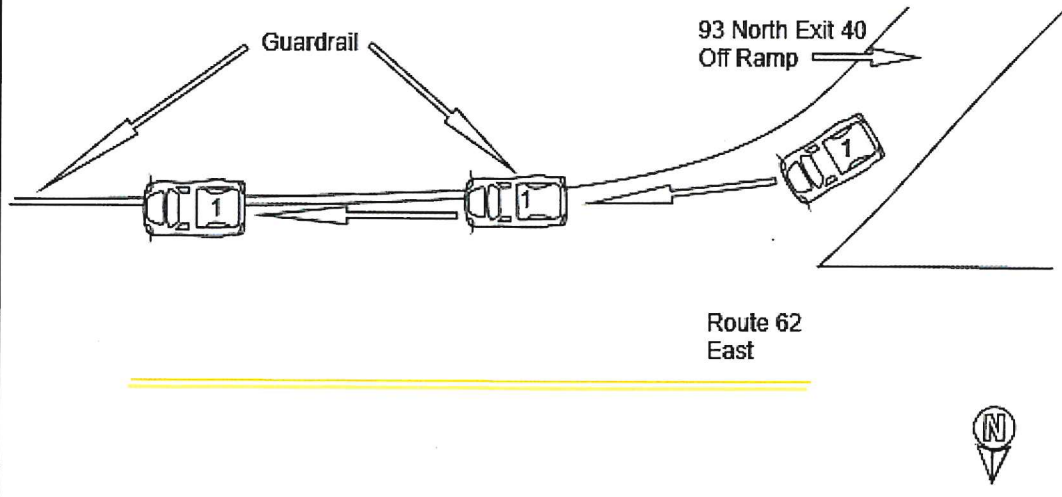
7 6 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>8 1 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ 9 2 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 _____</p>	<p>12 14 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	<u>1</u>							

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:

Oper. of MV#1 was traveling 93 North and got off exit 40 Route 62 heading towards Woburn Street. As MV#1 got off the highway and began to exit the ramp the operators states that he fell asleep and the truck rode up on to the guardrail.

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 09/01/2020
 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 1
Route# Direction Name of Intersecting Roadway/Street

Route# Direction **108 WEST ST**
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# **20-193-AC**

License # **S12472292** St **MA** DOB/Age _____ Reg # **2GBE14** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **MERCURY** Veh Config. **1** 21
Operator **DUGGAN, KEVIN J** Owner **DUGGAN, KEVIN J**
Address **64 ARNOLD ST** Address **64 ARNOLD ST**
City **METHUEN** State **MA** Zip **01844-3627** City **METHUEN** State **MA** Zip **01844-3627**
Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **27** 27
Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **22** 23 **31** 23 **23** 23 Test Status: **3** 28
Citation # (If Issued) **T1684318** Most Harmful Event **22** 24 Type of Test: **2** 29
Viol. 1: Ch/Sec/Sub **90** **24E** Viol. 2: Ch/Sec/Sub **89** **4A** Driver Contributing Code **10** 25 **9** 25 BAC Test Result: **4** 30
Viol. 3: Ch/Sec/Sub **90** **13B** Viol. 4: Ch/Sec/Sub **90** **17E** Driver Distracted by **1** 26 Susp. Alcohol: **1** 31 Susp. Drug: **2** 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
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

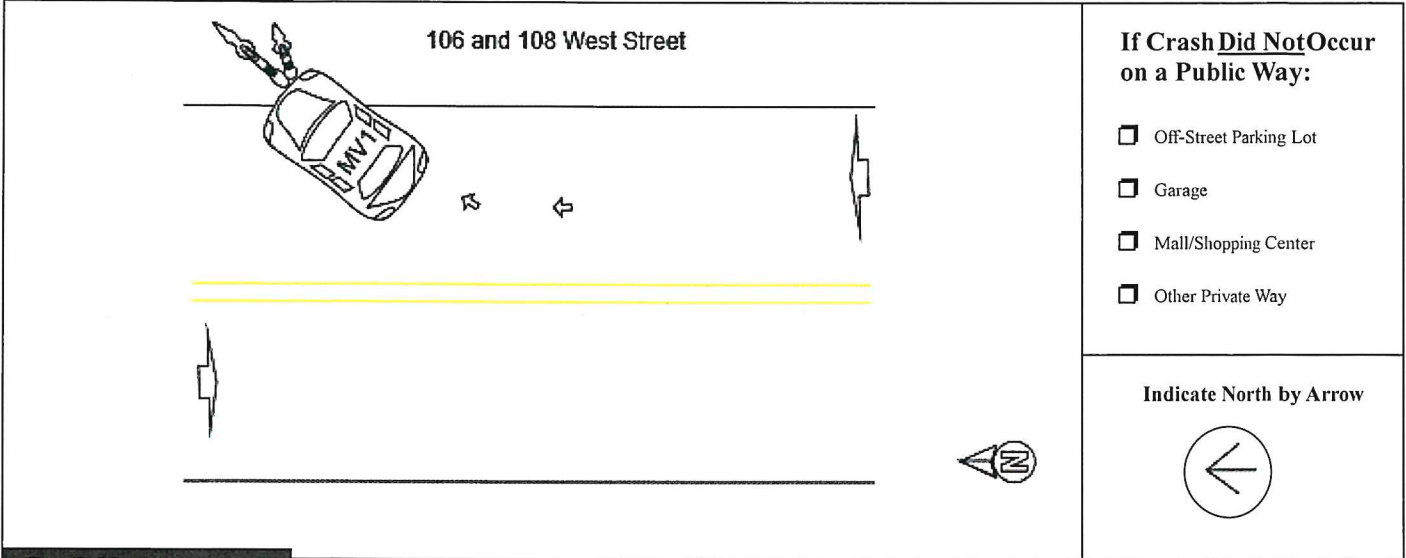
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

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 _____ 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		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	<input checked="" type="checkbox"/>	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ♂ = Pedestrian ⚡ = Bicycle
 ie: → 1 → 2 → ♂ → ⚡

Crash Diagram:



Crash Narrative:

Op. of MV1, Mr. Duggan stated that he was traveling north on West Street. He admitted to texting prior to crashing into utility pole 10 and 50, along with 4 mailboxes that were posted in front of the poles belonging to 106, 106R, 106B, and 108 West Street (See image for damage). Reading Municipal Light Department and Verizon were notified about the poles. The residents were made aware of the mailboxes. MV1 was towed by Cain's towing (See attachments for inventory report). Mr. Duggan stated no injuries and signed a refusal of medical aid with WFD. Mr. Duggan submitted to SFST and passed. He was issued a Massachusetts uniform citation and summonsed to Court (See report 20-234-AR).

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
READING MUNICIPAL LIGHT DEPARTMEN	230 ASH ST READING MA 01867		3	UTILITY POLE
RUGGIERO JANICE MILLER	281 WOBURN ST WILMINGTON MA 01887-		97	MAILBOXES

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 Signature 197 ID/Badge # Wilmington Police Department Department 09/03/2020 Date

Wilmington Police Department
Images Associated with 20-193-AC



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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ 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# **20-194-AC**

License # **S49655835** St **MA** DOB/Age. Reg # **AD39808** Reg Type **AP** Reg State **AZ**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement Veh Year **2007** Veh Make **GMC** Veh Config. **6** 21

Operator **FLISK, ROBERT P** Owner **U-HAUL CO OF ARIZONA**

Address **436R MIDDLESEX AVE** Address **PO BOX 21508**

City **WILMINGTON** State **MA** Zip **01887-1106** City **PHOENIX** State **AZ** Zip **85036-1508**

Insurance Company **REPUBLIC CLAIMS REP WEST** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **35** 23 23 23 23 Test Status: 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 **12** 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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ 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		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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 20-194-AC

