

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
 _____ **397 MIDDLESEX AVE** _____
 _____ 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# 20-245-AC**

License # **8230524** St. **RI** DOB/Age _____ Reg # **2984212** Reg Type **AP** Reg State **IN**
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2020** Veh Make _____ Veh Config. **10** 21
 Operator **WATERMAN, RICHARD E** Owner **RYDER TRUCK RENTAL**
 Address **21 INDIAN RUN TRL** Address **11690 NW 105 ST**
 City **SMITHTFIELD** State **RI** Zip **02917** City **MIAMI** State **FL** Zip **33178**
 Insurance Company **ARBELLA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 27 **27** 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 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 |
|--------------------------|-----------|-------------------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | X | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S63975485** St. **MA** DOB/Age _____ Reg # **8XW243** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2019** Veh Make **HONDA** Veh Config. **1** 21
 Operator **URENA-REYES, LISBETH** Owner **URENA-REYES, LISBETH**
 Address **66 HAMPSHIRE ST APT 2B** Address **66 HAMPSHIRE ST APT 2B**
 City **LAWRENCE** State **MA** Zip **01840-1235** City **LAWRENCE** State **MA** Zip **01840-1235**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 **27** 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 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? **1** 33

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of _____ of _____ or _____ Mile Marker Exit Number

Feet **N S E W** of _____ 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# **20-246-AC**

License # _____ St _____ DOB/Age _____ Reg # **123HC9** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1 21**

Operator: **unknown** Owner: **GIROUX, EDWARD THADDEUS**

Address _____ Address **7 MOLLOY RD**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2912**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **99 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **2 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 **99 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 |
|--------------------------|-----------|-------------------|---------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | XX | 1 | 99 | 99 | 99 | 99 | 99 | 1 | |
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Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **3KW339** Reg Type **PC** Reg State **MA**

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

Operator: **Driverless M.V.** Owner: **FINN, MICHAELA C**

Address _____ Address **7 MOLLOY RD**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-2912**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **2 27 3 27 4 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **97 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **99 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 **5 26** Susp. Alcohol: **31** Susp. Drug: **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 | XXXXXX | XX | 1 | 10 | 4 | 0 | 0 | 10 | 97 | |
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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

Route# Direction Name of Intersecting Roadway/Street

62 E 361 MIDDLESEX AVE
 _____ 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 SHELL GAS STATION
 Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# 20-247-AC

License # **NHL14584581** St **NH** DOB/Age _____ Reg # **4706356** Reg Type **PC** Reg State **NH**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2008** Veh Make **NISSAN** Veh Config. **1**

Operator **HAMADI, IBRAHIM M** Owner **HAMADI, IBRAHIM M**

Address **603 SHERWOOD GLEN** Address **603 SHERWOOD GLEN**

City **SOMERSWORTH** State **NH** Zip **03878** City **SOMERSWORTH** State **NH** Zip **03878**

Insurance Company **NO INSURANCE** Vehicle Action Prior to Crash **3** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **4 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) **T1684012** Most Harmful Event **4 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90 14** Viol. 2: Ch/Sec/Sub **90 34J** Driver Contributing Code **4 25 97 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? **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 | 99 | 4 | 0 | 0 | 10 | 1 | |
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Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 2 Action 2 Location 4 Condition 1 Hit/Run Moped

License # **S00249818** St **MA** DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

Operator **MOON, MICHAEL FRANCIS** Owner _____

Address **10 MIDDLESEX AVE APT 17** Address _____

City **WILMINGTON** State **MA** Zip **01887-2714** City _____ State _____ Zip _____

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

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **4 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **4 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/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 | 9 | | | | 8 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
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NARRATIVE FOR PATROL OFFICER RONALD J ALPERS JR

Ref: 20-247-AC

Entered: 11/07/2020 @ 1259 Entry ID: 163
Modified: 11/07/2020 @ 1336 Modified ID: 163

I, Detective Alpers, was assigned to patrol in marked cruiser 32, on Saturday, 11-07-2020. During this patrol I responded to 361 Middlesex Ave. for a reported motor vehicle crash involving a cyclist. Sgt. Hermann responded to assist. I arrived and observed a male laying on the roadway between Shell Gas Station and Uptown Deli (361 Middlesex Ave.)

I immediately identified the cyclist as Mike Moon. He was laying on the ground complaining of severe neck pain. I held traction on his neck awaiting response from the Fire Dept. Sgt. Hermann assisted with securing the scene while I held traction on the patient. The Fire Department arrived and assisted with placing a neck collar on Mike Moon. We then moved him onto a backboard where he was secured for transport to Lahey Clinic.

Mike Moon told me that he was riding his bike eastbound on Middlesex Ave. and was struck by a vehicle as he crossed in front of Shell Gas Station. He said that he ended up on the ground. A witness at the scene confirmed that she observed the cyclist cross pass the Gas Station entrance. She said that as the cyclist continued he was struck by a vehicle that was travelling in the same direction (eastbound) and made a right hand turn into the parking lot. The witness said that the cyclist was standing up after getting hit by the car, then layed on the ground saying that his neck hurt and he was in pain. She thought the cyclist was in pain and contacted the Police Department. Mike Moon has a rear facing flashing red light on his bicycle.

Sgt. Hermann spoke with the operator of the vehicle. He identified himself as Ibrahim Hamadi. He reported that he was the owner of the vehicle. He stated that he was travelling eastbound on Middlesex Ave. in order to turn into the parking lot in order to pick up pizza. (His father owns the Shell Gas Station, next to Uptown Deli). Ibrahim is familiar with the area due to the fact that he spends lots of time at the Shell Gas Station. Ibrahim said that he saw the cyclist prior to turning in the parking lot. Ibrahim indicated to me that he thought the cyclist crashed into his car. He believed that he had the right of way to turn into the parking lot, not the cyclist. Ibrahim told me that he works at the Shell Gas Station and was familiar with the road (His father owns the Gas Station). I asked him to provide me with insurance paperwork based on working in Massachusetts for more than 30 days. Ibrahim, now, told me that he did not work at the Shell Gas Station, nor did he think he was at fault.

Ibrahim Hamadi was issued citation T1684012 for failure to yield to bicyclist when turning right. He will be mailed citation T1684012 for operating an uninsured motor vehicle for which he will be summonsed into Woburn District Court for operating a motor vehicle in Massachusetts without insurance. He is a New Hampshire resident and has been in Massachusetts more than 30 days.

Respectfully Submitted,
Detective Ronald J. Alpers Jr.

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# **20-248-AC**

License # **S94274074** St **MA** DOB/Age _____ Reg # **92GL50** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2015** Veh Make **MAZDA** Veh Config. **1**
 Operator **PUGLIESE, CHRISTOPHER** Owner **PUGLIESE, CHRISTOPHER**
 Address **16 JAMES ST** Address **16 JAMES ST**
 City **BURLINGTON** State **MA** Zip **01803-3916** City **BURLINGTON** State **MA** Zip **01803-3916**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** 27 2 27 27
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **5** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **5** 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 |
|--------------------------|-----------|-------------------|-----------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| Operator | See Above | XXXXXX | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
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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 | XXXXXX | XXXX | 1 | | | | | | | |
| | | | | | | | | | | | |
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Wilmington Police Department
Images Associated with 20-248-AC



Wilmington Police Department
Images Associated with 20-248-AC



Wilmington Police Department
Images Associated with 20-248-AC



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|-----------------------------|-------------------------------|-------------------------|--|--|--|----------------------|----------------------------|-------------------|---------------------------------------|---------------------------------------|--------------------------------------|--|---------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 11/07/2020 | Time of Crash 1248 24HR | City/Town Wilmington | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 0 | Speed Limit _____ | State Police <input type="checkbox"/> | Local Police <input type="checkbox"/> | MBTA Police <input type="checkbox"/> | Campus Police <input type="checkbox"/> | Other: <input type="checkbox"/> |

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| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | Route# _____ Direction _____ Address # <u>260</u> <u>MAIN ST</u> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____ Mile Marker _____ Exit Number _____ | Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____ 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 _____ 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# 20-249-AC |
|-------------------------------------|---|----------------------------------|--------------------------------|-----------------------------------|

| | |
|---|--|
| License # <u>S76906338</u> St. <u>MA</u> DOB/Agc _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____ Operator: <u>PROODIAN, PAUL ANTON</u> Last First Middle Address <u>6 MANNING ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3730</u> Insurance Company <u>THE STANDARD FIRE INSURAN</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>5FHA30</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner: <u>PROODIAN, WENDY A</u> Last First Middle Address <u>6 MANNING ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3730</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>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 | XX | 1 | 1 | 2 | 0 | 0 | 10 | 1 | |
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|-------------------------------------|---|---|--|----------------------------------|--------------------------------|
| Please Select One of the Following: | <input checked="" 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 # <u>S40892707</u> St. <u>MA</u> DOB/Agc _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator: <u>CID-JAVIER, EDWIN J</u> Last First Middle Address <u>2 FANEUIL DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2033</u> Insurance Company <u>METROPOLITAN PROPERTY AND</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Reg # <u>9HNW20</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner: <u>CID-JAVIER, EDWIN J</u> Last First Middle Address <u>2 FANEUIL DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2033</u> Vehicle Action Prior to Crash <u>6</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>97</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u> |
|---|--|

| 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 | XX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
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