

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# **21-2-AC**

License # _____ St _____ DOB/Age _____ Reg # **996YN2** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **TOYOTA** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **ZOU, CHANG QU**
 Address _____ Address **8 SAVIN ST**
 City _____ State _____ Zip _____ City **BURLINGTON** State **MA** Zip **01803-2210**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **8 27 27 27**
 Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 30**
 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	0	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 # **S57794622** St **MA** DOB/Age _____ Reg # **22X660** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2015** Veh Make **NISSAN** Veh Config. **1 21**
 Operator **JENKINS, JEREMY CHRISTOPHER** Owner **JENKINS, JEREMY CHRISTOPHER**
 Address **18 VICTOR ST FL APT 2** Address **18 VICTOR ST FL APT 2**
 City **HAVERHILL** State **MA** Zip **01832-3871** City **HAVERHILL** State **MA** Zip **01832-3871**
 Insurance Company **INTEGON NATIONAL** 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 **2 23 23 23 23** Test Status: **1 28 29**
 Citation # (If Issued) **T2445629** Most Harmful Event **2 24** Type of Test: **1 30**
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 25** BAC Test Result: **1 30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **99 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	X	1	99	4	0	0	99	1	

Wilmington Police Department
Images Associated with 21-2-AC

