

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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|---|--|
| <p>1 1 Route# Direction Name of Roadway/Street At</p> <p>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</p> <p>2 1 Route# Direction Name of Intersecting Roadway/Street</p> | <p>2 10 Route# Direction Address # 760 MAIN ST Name of Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>2 11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>Route# Intersecting Roadway/Street _____</p> <p>Landmark _____</p> |
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-16-AC**

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| <p>License # S60650467 St MA DOB/Age _____</p> <p>Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement _____</p> <p>Operator MULRENAN, MEGHAN E Last First Middle</p> <p>Address 6 AMOS ST</p> <p>City TEWKSBURY State MA Zip 01876-2902</p> <p>Insurance Company SAFETY INSURANCE COMPANY</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # 5TF314 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make NISSAN Veh Config. 1 21</p> <p>Owner MULRENAN, MEGHAN E Last First Middle</p> <p>Address 6 AMOS ST</p> <p>City TEWKSBURY State MA Zip 01876-2902</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p> |
|---|--|

| 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 | 99 | 4 | 0 | 0 | 10 | 1 | |
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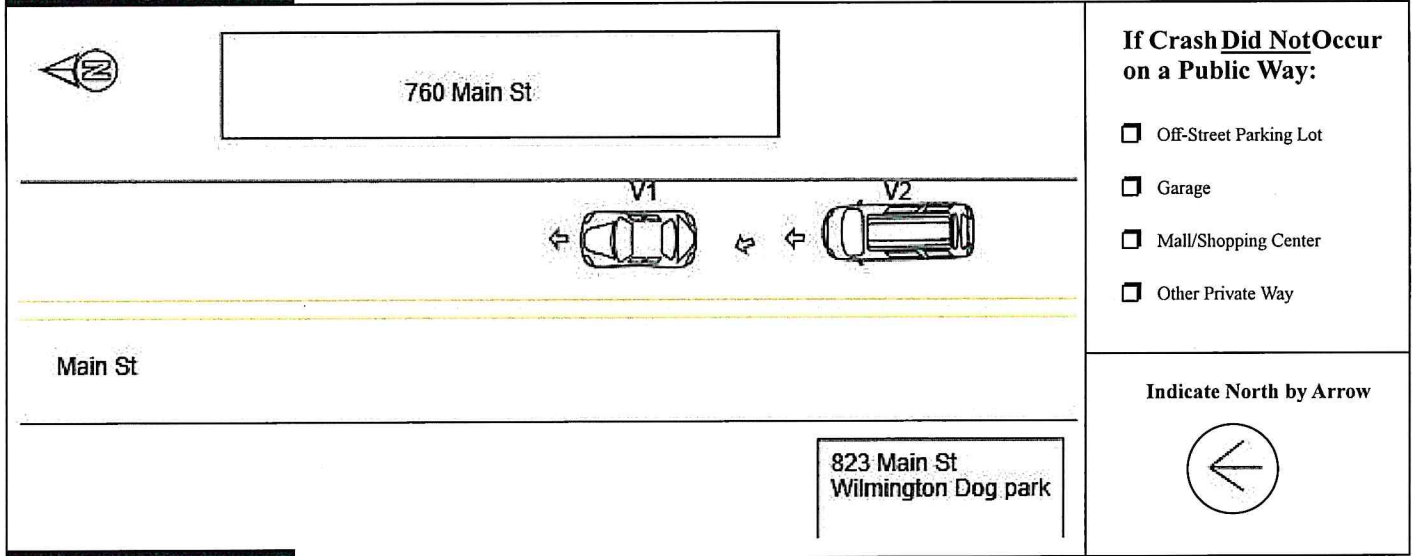
Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

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| <p>8 1 License # S17207832 St MA DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions _____ CDL Endorsement _____</p> <p>Operator MORAN, SHAWN MICHAEL Last First Middle</p> <p>Address 4 HAZELWOOD AVE APT 12</p> <p>City DRACUT State MA Zip 01826-5249</p> <p>Insurance Company STARR INDEMNITY AND LIABI</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p> | <p>Reg # T62315 Reg Type CO Reg State MA</p> <p>Veh Year 2018 Veh Make DODGE Veh Config. 1 21</p> <p>Owner MERCHANTS AUTOMOTIVE GROUP INC Last First Middle</p> <p>Address 1278 HOOKSETT RD</p> <p>City HOOKSETT State NH Zip 03106-1839</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 1 29</p> <p>Driver Contributing Code 99 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</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 | | | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |
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→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ☺ = Bicycle

Crash Diagram:



Crash Narrative:

Both V1 and V2 were traveling NB on Main St. The Opr of V1 stated that a vehicle in front of her stopped abruptly causing V1 to also come to a sudden stop. V2 seeing this attempted to swerve into the opposite lane but could not do this in time and subsequently struck the rear of V1. No one was injured as a result of this accident and both Opr's were out of their vehicles upon my arrival. Both Opr's refused medical treatment offered to them. both vehicles were able to driver away from the scene and did not require tow's

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---------|---------|-----------|
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Property Damage:

| Owner (Last,First,Middle) | Address | Phone # | 41-Type | Description of Damaged Property |
|---------------------------|---------|---------|---------|---------------------------------|
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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 Michael E Johnson 199 Wilmington Police Department 01/19/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date