

**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 \_\_\_\_\_ 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# **21-18-AC**

License # **S48515540** St **MA** DOB/Agc \_\_\_\_\_ Reg # **8028RA** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **CHEVROLET** Veh Config. **2** 21

Operator **MASTASCUSA, CIERA LYNN** Owner **MASTASCUSA, MICHAEL**

Address **9 EUGLEY WEST PARK** Address **9 EUGLEY WEST PARK**

City **N READING** State **MA** Zip **01864-0000** City **N READING** State **MA** Zip **01864-1307**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **3** 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

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 **6** 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? **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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S66032597** St **MA** DOB/Agc \_\_\_\_\_ Reg # **7TC496** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21

Operator **RICHARDSON, ADAM P** Owner **RICHARDSON, ADAM P**

Address **499 BOSTON RD APT 3211** Address **499 BOSTON RD APT 3211**

City **BILLERICA** State **MA** Zip **01821-2726** City **BILLERICA** State **MA** Zip **01821-2726**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **1** 27 2 27 8 27

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

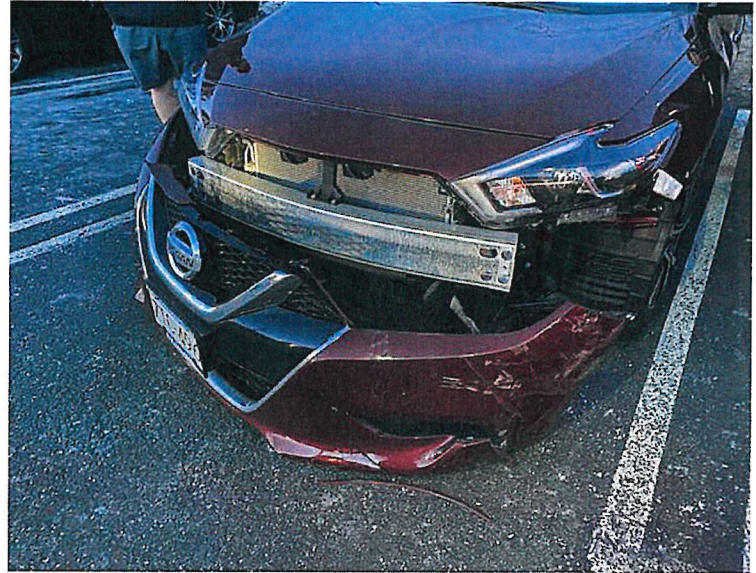
Towed from scene? **2** 33

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 21-18-AC



**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 # **222 MAIN ST**  
 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# **21-19-AC**

License # \_\_\_\_\_ St. \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1CZD44** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **D** **19** **19** Lic. Restrictions **I** **20** CDL Endorsement Veh Year **2014** Veh Make **Jeep** Veh Config. **1** **21**  
 Operator \_\_\_\_\_ Owner **MOULARAS, ELENI**  
 Address \_\_\_\_\_ Address **91 GLEN RD**  
 City \_\_\_\_\_ Stat. \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-1880**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **3** **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? **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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

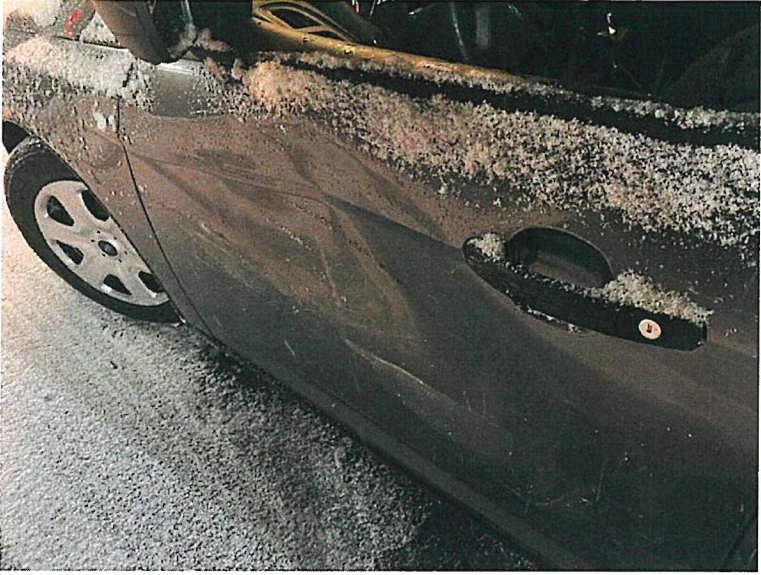
License # **S84613378** St. **MA** DOB/Age \_\_\_\_\_ Reg # **3KC851** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL Endorsement Veh Year **2012** Veh Make **FORD** Veh Config. **1** **21**  
 Operator **EMILE, BIANCA** Owner **EMILE, BIANCA**  
 Address **23 FAIRMONT ST APT 1** Address **23 FAIRMONT ST APT 1**  
 City **MALDEN** State **MA** Zip **02148-7893** City **MALDEN** State **MA** Zip **02148-7893**  
 Insurance Company **THE COMMERCE INSURANCE CO** 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? **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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 21-19-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# **21-20-AC**

License # **SA0820223** St **MA** DOB/Age \_\_\_\_\_ Reg # **1SCJ43** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2021** Veh Make \_\_\_\_\_ Veh Config. **1** 21

Operator **DISU, FATIMA OLUWATOMI** Owner **DISU, FATIMA OLUWATOMI**

Address **10 BURLINGTON AVE APT 1316** Address **10 BURLINGTON AVE APT 1316**

City **WILMINGTON** State **MA** Zip **01887-3941** City **WILMINGTON** State **MA** Zip **01887-3941**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **5** 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 **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 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S13433274** St **MA** DOB/Age \_\_\_\_\_ Reg # **772MD2** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **HONDA** Veh Config. **1** 21

Operator **NUNEZ, BLADIMIR** Owner **REYES, MAGDELIN**

Address **109 PERRY AVE APT 2** Address **109 PERRY AVE FL APT 2**

City **LAWRENCE** State **MA** Zip **01841-4021** City **LAWRENCE** State **MA** Zip **01841-4021**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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 **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? **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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>Lahey Clinic</b>





Date of Crash 01/27/2021 Time of Crash 0725 24HR City/Town WILMINGTON Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other: 0000

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 21-21-AC

License # SA0930126 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator REICH, COLBY PAUL Reg # 41C270 Reg Type PC Reg State MA Veh Year 2015 Veh Make VOLKSWAGEN Veh Config. 1 21 Owner REICH, COLBY PAUL Address 10 BURLINGTON AVE APT 1316 City WILMINGTON State MA Zip 01887-3941

Table with columns: 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 row shows 'See Above' for address and DOB/Age, and 'X' for Sex.

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 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Table with columns: 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 row shows 'See Above' for address and DOB/Age, and 'X' for Sex.



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

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

2 Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

4 Route# Direction Name of Intersecting Roadway/Street Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-22-AC**

4 License # **SA4040627** St **MA** DOB/Age \_\_\_\_\_ Reg # **669EM4** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **NISSAN** Veh Config. **1**

1 Operator **PRAKASH, FNU** Owner **GANDHI, JITESH VITHAL**

Address **1 OLSON ST APT 7** Address **1 OLSON ST APT 7**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887-2450**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 2 27 27**

5 Vehicle Travel Direction:  N  E  W Responding to Emergency? **1** Event Sequence **1 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 **0 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

8 License # **S250189936** St **MA** DOB/Age \_\_\_\_\_ Reg # **T98758** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement \_\_\_\_\_ Veh Year **2012** Veh Make **FORD** Veh Config. **6**

1 Operator **BIMBO, JAMES A** Owner **J BIMBO INC**

Address **35 BEECHING AVE** Address **35 BEECHING AVE**

City **WILMINGTON** State **MA** Zip **01887-1371** City **WILMINGTON** State **MA** Zip **01887-1371**

Insurance Company **ARBELLA PROTECTION INSURA** Vehicle Action Prior to Crash **11** Damaged Area Code: **0 27 27 27**

9 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1 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 **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

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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 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 30 #Occupants  Hit/Run  Moped Crash Report ID# **21-22-AC**

License # St DOB/Age Reg # **E44172** Reg Type **TR** Reg State **MA**

Sex Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement Veh Year **2010** Veh Make Veh Config. **97 21**

Operator **Driverless M.V.** Owner **J BIMBO INC**

Address City State Zip Address City State Zip

Insurance Company Vehicle Action Prior to Crash **11 22** Damaged Area Code: **0 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? 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 **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 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
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							

Please Select One of the Following:  Vehicle 4 #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 City State Zip Address 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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 01/27/2021	Time of Crash 1334 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>		

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <u>210</u> Name of Roadway/Street <u>BALLARDVALE ST</u>	
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 _____	_____ 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 _____	

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# <b>21-23-AC</b>
--	----------------------------------

License # <u>S15477141</u> St <u>MA</u> DOB/Age <u>12/04/1985</u>	Reg # <u>3878A</u> Reg Type <u>AP</u> Reg State <u>MA</u>
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 _____	Veh Year <u>2002</u> Veh Make _____ Veh Config. <u>6</u> <u>21</u>
Operator <u>GUZMAN, MIGUEL ANTONIO</u> Last First Middle	Owner <u>DISTEFANO INDUSTRIES LLC</u> Last First Middle
Address <u>17 CRANBERRY ST</u>	Address <u>BX 972</u>
City <u>PEPPERELL</u> State <u>MA</u> Zip <u>01463-1044</u>	City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472-0000</u>
Insurance Company <u>UNION INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	4	0	0	10	1	

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
---

License # _____ St _____ DOB/Age _____	Reg # <u>1SVL79</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2011</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u>
Operator _____ Last First Middle	Owner <u>PACKARD, RICHARD CLARENCE</u> Last First Middle
Address _____	Address <u>14 WARREN AVE APT 3</u>
City _____ State _____ Zip _____	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-4919</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</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>8</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>1</u> <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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	1	1	3	0	0	10	1	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 01/28/2021	Time of Crash <b>1311</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <u>25</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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>				
Route# _____	Direction _____	Name of Roadway/Street _____		Route# _____	Direction _____	Address # _____	Name of Roadway/Street _____	
At _____								
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 _____	Exit Number _____
Also at Intersection with _____				_____ 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 **1** #Occupants  Hit/Run  Moped  Non-Motorist A

Crash Report ID# **21-24-AC**

License # <b>S07805163</b> St <b>MA</b> DOB/Ag _____	Reg # <b>3260XD</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____	Veh Year <b>2013</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>THOMAS, MICHELLE A</b>	Owner <b>THOMAS, MICHELLE A</b>
Address <b>74 GLEN RD</b>	Address <b>74 GLEN RD</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1877</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1877</b>
Insurance Company <b>METROPOLITAN PROPERTY AND</b>	Vehicle Action Prior to Crash <b>2</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>4</b> <input type="checkbox"/> 27 <b>3</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <b>0</b> <input type="checkbox"/> 26
	Towed from scene? <b>2</b> <input type="checkbox"/> 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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

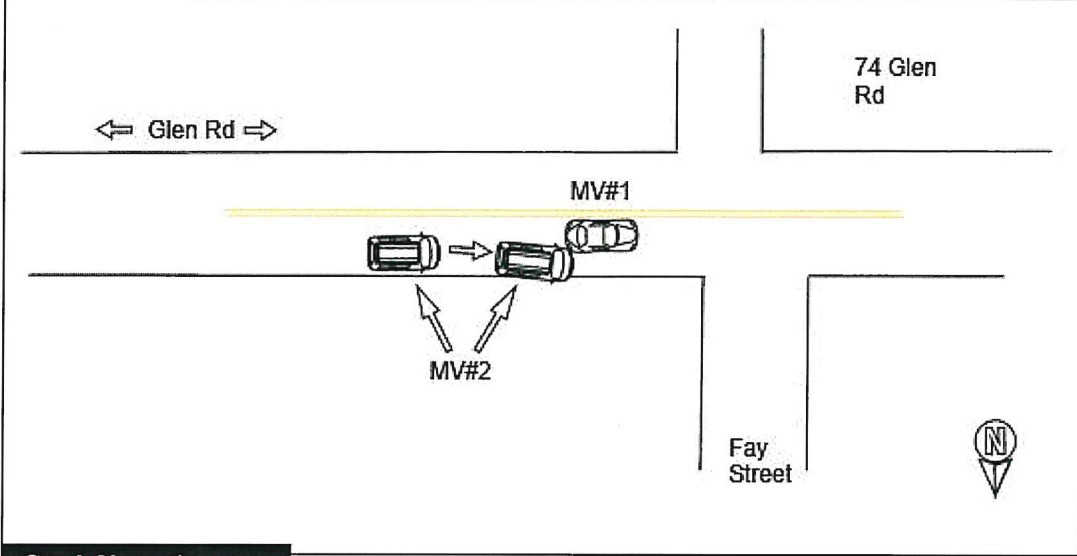
License # <b>S18384354</b> St <b>MA</b> DOB/Ag _____	Reg # <b>9WB635</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____	Veh Year <b>2012</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> <input type="checkbox"/> 21
Operator <b>BARRETT, SHANNON</b>	Owner <b>BARRETT, JOHN JAMES</b>
Address <b>4 RIDGE RD APT UNIT</b>	Address <b>4 RIDGE RD</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-0000</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3421</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Damaged Area Code: <b>8</b> <input type="checkbox"/> 27 <b>7</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <b>1</b> <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>11</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <b>0</b> <input type="checkbox"/> 26
	Towed from scene? <b>2</b> <input type="checkbox"/> 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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>ABIGAIL SILVEIRA</b>	21 PALMER WAY WILMINGTON, MA 01887-1974		<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

**Crash Diagram:**



**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 and Oper. of MV#2 where booth traveling west on Glen Rd. Oper. of MV#1 states that she was approaching 74 Glen Rd and applied her brakes to turn into the driveway at 74 Glen Rd. As the oper. of MV#1 applied her brakes the vehilce slid a little and she was then struck from behind by MV#2. Oper of MV#2 stated she was traveling behind MV#1 when MV#1 slammed on her brakes. Mv#2 swerved to the right attempting to avoid MV#1 but struck MV#1 in the right rear corner .

**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    01/28/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Date of Crash **01/29/2021** Time of Crash **1507** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other

**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 \_\_\_\_\_  
 Landmark \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Address # **355** Name of Roadway/Street **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# **21-25-AC**

License # **S69634003** St **MA** DOB/Age \_\_\_\_\_ Reg # **6FN484** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **LEXUS** Veh Config. **2** **21**  
 Operator **BRODERICK, AMANDA LOUISE** Owner **BRODERICK, AMANDA LOUISE**  
 Address **550 WINTER ST** Address **550 WINTER ST**  
 City **NORTH ANDOVER** State **MA** Zip **01845-1413** City **NORTH ANDOVER** State **MA** Zip **01845-1413**  
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **5** **27** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **3** **33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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
<b>Operator</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Lahey Clinic

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

License # **S82060480** St **MA** DOB/Age \_\_\_\_\_ Reg # **613KAO** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **2** **21**  
 Operator **DELLASCIO, ALAN F** Owner **DELLASCIO, ALAN F**  
 Address **1 MURIEL RD** Address **1 MURIEL RD**  
 City **GROVELAND** State **MA** Zip **01834-1834** City **GROVELAND** State **MA** Zip **01834-1834**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **1** **27** **5** **27** **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** **33**  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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
<b>Operator/Non-Motorist</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 01/29/2021	Time of Crash <b>1507</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>3</b>	Number Injured <b>1</b>	Speed Limit <b>35</b>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # <b>355</b> Name of Roadway/Street <b>MIDDLESEX AVE</b>
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
		_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>31</b> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-25-AC</b>
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License # <b>S61377286</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>CERES, JANE M</b> Address <b>17 FAIRVIEW AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2444</b> Insurance Company <b>SAFETY INSURANCE COMPANY</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>9LRY40</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2013</b> Veh Make <b>HYUNDAI</b> Veh Config. <b>1</b> Owner <b>CERES, JANE M</b> Address <b>17 FAIRVIEW AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2444</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1 23 23 23 23</b> Most Harmful Event <b>1 24</b> Driver Contributing Code <b>19 25 25</b> Driver Distracted by <b>99 26</b>
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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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input type="checkbox"/> Vehicle <b>4</b> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Event Sequence <b>23 23 23 23</b> Most Harmful Event <b>24</b> Driver Contributing Code <b>25 25</b> Driver Distracted by <b>26</b>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

