

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 2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street
 321 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

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-26-AC**

4 1 License # **S00124014** St **MA** DOB/Age _____ Reg # **ANB3261** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **1994** Veh Make **CADILLAC** Veh Config. **1** 21
 Operator **SEARS, DOUGLAS W** Owner **SEARS, DOUGLAS W**
 Address **80 GEIGER DR** Address **80 GEIGER DR**
 City **TEWKSBURY** State **MA** Zip **01876-2308** City **TEWKSBURY** State **MA** Zip **01876-2308**
 Insurance Company **ESSENTIA INSURANCE COMPAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N** **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? **1** 33

6 1 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # **S02242046** St **MA** DOB/Age _____ Reg # **1NYE11** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator **LEFEBVRE, JAMES R** Owner **LEFEBVRE, JAMES R**
 Address **50 GREENLAWN AVE EXT** Address **50 GREENLAWN AVE EXT**
 City **METHUEN** State **MA** Zip **01844-6264** City **METHUEN** State **MA** Zip **01844-6264**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **10** 27 27 27
 Vehicle Travel Direction: **N** **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

9 2 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

At Feet N S E W of Mile Marker Exit Number

Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/Street

Also at Intersection with Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-27-AC**

License # S12559896 St MA DOB/Age Reg # V47549 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 21

Operator RUSSELL, JOSEPH F Owner RUSSELL LANDSCAPING LLC

Address 65 KEYES RD Address 154 ALDRICH RD

City WESTFORD State MA Zip 01886-1023 City WILMINGTON State MA Zip 01887-0000

Insurance Company ARBELLA PROTECTION INSURA Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27

Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 23 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 | | | <u>1</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: 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

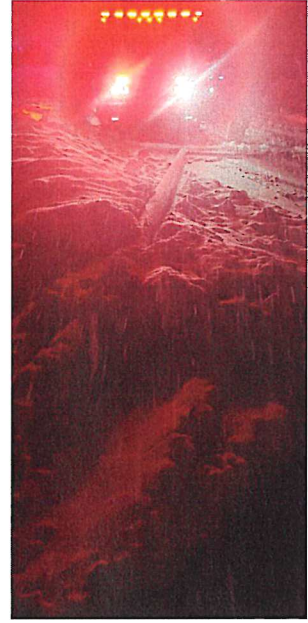
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

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 | | | <u>1</u> | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Wilmington Police Department
Images Associated with 21-27-AC



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

1 1 Route# Direction Name of Roadway/Street At
 2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 3 Route# Direction Name of Intersecting Roadway/Street

4 4 Route# Direction Address # Name of Roadway/Street
 4 4 Feet N S E W of Mile Marker Exit Number
 4 4 Feet N S E W of Route# Intersecting Roadway/Street
 4 4 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 10 #Occupants Hit/Run Moped Crash Report ID# **21-28-AC**

License # St DOB/Age Reg # **1PNW58** Reg Type **PC** Reg State **MA**
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2020** Veh Make **VOLKSWAGEN** Veh Config. 1 21
 Operator **Driverless M.V.** Owner **GREGORY, THOMAS MATTHEW**
 Address Address **5 HOOD FARM RD**
 City **IPSWICH** State **MA** Zip **01938-1066**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash 11 22 Damaged Area Code: 8 27 7 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: 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 | | | 1 | 10 | 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

7 1 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. 13 21
 Operator **unknown** Owner **PENSKE**
 Address Address **UNKNOWN**
 City **UNKNOWN** State **MA** Zip
 Insurance Company Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 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 19 25 18 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/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 | | | 1 | 99 | 4 | 0 | 0 | 10 | 1 | |

Wilmington Police Department
Images Associated with 21-28-AC





**Wilmington Police Department
Incident Report**

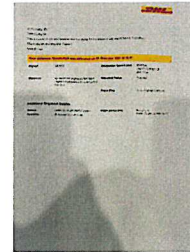
**Incident #: 21-141-OF
Call #: 21-2249**

Date/Time Reported: 02/01/2021 1600
Report Date/Time: 02/02/2021 2041
Status: No Crime Involved

Reporting Officer: Patrol Officer Michael Wilson
Approving Officer: Sergeant Matthew Stavro

Signature: _____

Signature: _____



| # | INVOLVED | SEX RACE | AGE | SSN | PHONE |
|---|----------|----------|-----|-----|-------|
|---|----------|----------|-----|-----|-------|

| | | | | | |
|---|---------------|--|--|-----------|--|
| 1 | ***UNKNOWN*** | | | NOT AVAIL | |
|---|---------------|--|--|-----------|--|

Military Active Duty:
DOB: NOT AVAIL
LICENSE NUMBER:

PLACE OF BIRTH:
ETHNICITY:

| # | EVENTS (S) |
|---|------------|
|---|------------|

LOCATION TYPE: Parking Lot/Garage Zone: Sector 3
COOKES SKATE SUPPLY
446 MAIN ST
WILMINGTON MA 01887

| | |
|---|----------------------|
| 1 | MV HIT AND RUN CRASH |
|---|----------------------|

| # | PERSON (S) | PERSON TYPE | SEX RACE | AGE | SSN | PHONE |
|---|------------|-------------|----------|-----|-----|-------|
|---|------------|-------------|----------|-----|-----|-------|

| | | | | | | |
|---|---------------------|-------|--|--|--|--|
| 1 | FUDGE, RICHARD L Jr | OTHER | | | | |
|---|---------------------|-------|--|--|--|--|

DOB:
EMPLOYER:

| | | | | | | |
|---|------------------|-------|--|--|--|--|
| 2 | BLAIKIE, DEREK J | OTHER | | | | |
|---|------------------|-------|--|--|--|--|

DOB:
EMPLOYER:

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-141-OF

Entered: 02/02/2021 @ 2047 Entry ID: 209
Modified: 02/09/2021 @ 2110 Modified ID: 209
Approved: 02/02/2021 @ 2305 Approval ID: 180

On Monday, February 1, 2021 I, Officer Wilson, was assigned to uniformed patrol in marked cruiser 34/Sector 2 for the 4:00 PM - 12:00 AM shift. At approximately 4:00 PM, I was dispatched to 446 Main Street, the parking lot of Cooke's Skate Supply, for a report of a past hit and run motor vehicle crash.

I arrived on scene and made contact with the reporting party and registered owner of the damaged vehicle, Mr. Thomas Gregory. Mr. Gregory showed me the damage to the driver's side of his parked black 2020 Volkswagen Tiguan (MA Reg: "1PNW58"). I observed the driver's side mirror of the SUV was severely damaged and hanging by the electrical wires and there were several significant scratches and scrapes to the left/driver's side of the Volkswagen SUV (See Attached Images). Mr. Gregory explained that his vehicle was undamaged when he entered the parking lot and backed his vehicle into the parking space at approximately 3:20 PM. Mr. Gregory stated that he had a scheduled 3:30 PM at Cooke's Skate Supply to be fitted for hockey skates and he arrived approximately 10 minutes early. He stated that about 40 minutes later, when he exited the store and returned to his vehicle, at approximately 4:00 PM that he immediately observed the damage to his vehicle. He stated that the individual who struck his vehicle had fled the scene and did not leave a note with their contact information. Mr. Gregory observed several outdoor surveillance cameras and stated that he then re-entered Cooke's to see if the cameras may have recorded the vehicle that struck his SUV. The owner of Cooke's Skate Supply stated told him that the cameras were not currently functioning and directed Mr. Gregory to the business next door, D&D Lock, to see if their surveillance cameras may have captured the incident. It was at this point that Mr. Gregory contacted the Wilmington Police Department for assistance.

Mr. Gregory and I then entered D&D Lock and made contact with the owner, Mr. Richard Fudge, who assisted us in reviewing his several surveillance cameras that cover the alley entrance and the parking lot. After reviewing footage from multiple cameras, I observed a yellow Penske Rental Truck enter the parking lot at approximately 3:48 PM and attempt to turn around. The yellow Penske Truck attempts a three-point turn and backs up between Mr. Gregory's SUV and a gray pickup truck. While backing, the rear right side/tailgate lift of the Penske truck backs into and collides with the left side of Mr. Gregory's parked SUV. Due to the snowy conditions and its large size, the driver of the Penske truck appears to be unaware that he collided with the Volkswagen, turns around, and then exits to make a delivery at an adjacent business, Boston Building Wraps, located at 458 Main Street, Wilmington, MA 01887. At this point, Mr. Fudge stated that many delivery drivers get "turned around" and enter his parking lot while trying to deliver to Boston Building Wraps. We thanked Mr. Fudge for his assistance, and headed over to Boston Building Wraps. Inside Boston Building Wraps, we made contact with Mr. Derek Blaikie who confirmed that he had just received a delivery just prior to 4:00 PM from DHL Express. We explained the situation to Mr. Blaikie, and he immediately pointed to a large wooden crate that was sitting in the front lobby. Mr. Blaikie stated that he did not know the delivery driver by name and he did not ask for his name or contact information. However, Mr. Blaikie invited us to examine the shipping label (See Attached Images) and reach out to DHL for the other driver and vehicle information. Mr. Blaikie also logged into his DHL account and printed out a copy of the shipping information and delivery confirmation for this package. I then assisted Mr. Gregory with contacting DHL Customer Service and attempting to obtain the other driver and vehicle information. Rose, the DHL Customer Service Representative, informed us that she did not have this information to provide and advised us that she would be creating a DHL Ticket # about this incident and a manager would contact Mr. Gregory, via phone, within 90 minutes with additional information. At this point, I advised Mr. Gregory that an incident and accident report (21-28-AC) about the hit and run would be completed, to contact his insurance company, and I requested he reach back out if DHL provided him with the other driver or vehicle information.

NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-141-OF

| | |
|-----------------------------|------------------|
| Entered: 02/02/2021 @ 2047 | Entry ID: 209 |
| Modified: 02/09/2021 @ 2110 | Modified ID: 209 |
| Approved: 02/02/2021 @ 2305 | Approval ID: 180 |

At approximately 9:00 PM on Tuesday, February 2, 2021 I spoke with Mr. Gregory, via phone, and Mr. Gregory advised me that a DHL Incident Investigation Group Manager "Robert" from the DHL South Boston location had reached out at approximately 4:30 PM to speak with him about yesterday's accident. "Robert" advised Mr. Gregory that DHL was starting their own investigation into the incident and they would be reaching out to the Wilmington Police Department to provide the other vehicle and driver's information for the purposes of completing the accident report. DHL also advised Mr. Gregory that they would be working with his insurance company to pay for the repairs and make sure he is made whole. Mr. Gregory thanked me for my assistance and advised that DHL should be reaching out by tomorrow, 2/3. I advised Mr. Gregory on the process for how he could request a copy of both reports for his insurance claim. (Reference Crash Report# 21-28-AC)

Respectfully Submitted,

Patrolman Michael A. Wilson #209

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

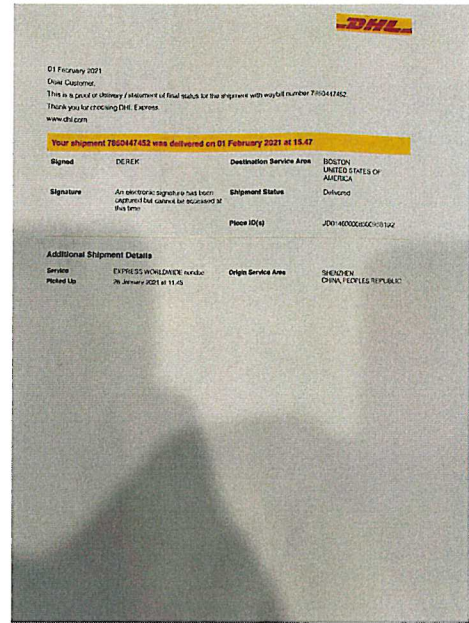
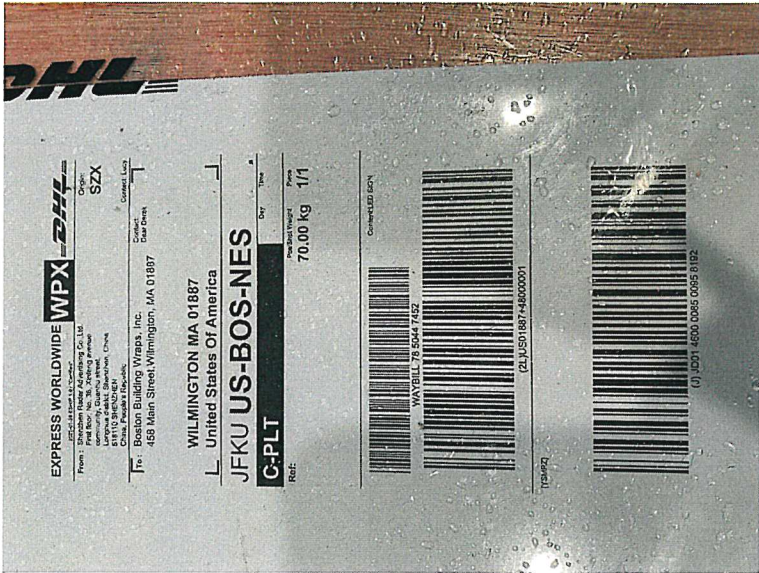
Ref: **21-141-OF**Entered: 02/09/2021 @ 2108 Entry ID: 209
Modified: 02/09/2021 @ 2113 Modified ID: 209

I contacted Mr. Gregory several times, via phone, on Thursday, February 4, 2021 and on Saturday, February 6, 2021 and left two messages asking him to contact me with the operator and vehicle information for the other truck that struck his SUV. When I last spoke with Mr. Gregory on Tuesday, February 2, 2021 he advised me that a representative from DHL would be reaching out to the Wilmington Police Department on Wednesday February 3, 2021 to provide the other driver and vehicle information so I could complete the crash report. As of Tuesday, February 9, 2021 I have not been contacted by DHL and I do not have direct contact information for the DHL representative that was assigned to Mr. Gregory's case. Mr. Gregory was working directly with DHL and his insurance company to have the damage to his vehicle repaired. Since Mr. Gregory, has not returned my calls, I am submitting the crash report as a hit and run crash with the other vehicle listed as unknown.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

Wilmington Police Department Images Associated with 21-141-OF



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 # **192 WOBURN ST** 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# **21-29-AC**

License # **S23000667** St **MA** DOB/Age _____ Reg # **3KY521** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2004** Veh Make **FORD** Veh Config. **1** 21
 Operator **STUART, RYAN M** Owner **STUART, CELIA C**
 Address **3 PINECREST RD** Address **4 ELDERBERRY LN APT 114**
 City **NORTH READING** State **MA** Zip **01864-1136** City **READING** State **MA** Zip **01867-1005**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** 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 **1** 23 23 23 23 Test Status: **1** 28
 Citation # (If Issued) **T2062965** Most Harmful Event **1** 24 Type of Test: **2** 29
 Viol. 1: Ch/Sec/Sub **90** **23** 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 **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 | | | 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 # **2AHK67** Reg Type **PC** Reg State **MA**
 Sex _____ Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2001** Veh Make **BMW** Veh Config. **1** 21
 Operator _____ Owner **WILLIS, EVAN MICHAEL**
 Address _____ Address **192 WOBURN ST**
 City _____ State _____ Zip **01887-2104** City **WILMINGTON** State **MA** Zip **01887-2104**
 Insurance Company **VERMONT MUTUAL INSURANCE** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **1** 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 **19** 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 | | | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction 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# **21-30-AC**

License # **S16556524** St **MA** DOB/Age _____ Reg # **6GV486** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2016** Veh Make **SUBARU** Veh Config. **1**

Operator **RHIND, EMMA L** Owner **RHIND, PHILIP J**

Address **86 BURLINGTON AVE** Address **28 BURLINGTON AVE APT 3**

City **WILMINGTON** State **MA** Zip **01887-3998** City **WILMINGTON** State **MA** Zip **01887-3904**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

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

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **1 29**

Viol. 1: Ch/Sec/Sub _____ 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 **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **1 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 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

License # **S53922660** St **MA** DOB/Age _____ Reg # **889ZE1** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2012** Veh Make **NISSAN** Veh Config. **1**

Operator **BEAUVAIS, FADIALA M** Owner **BEAUVAIS, FADIALA M**

Address **485 CHARLES ST APT 2** Address **485 CHARLES ST APT 2**

City **MALDEN** State **MA** Zip **02148-6308** City **MALDEN** State **MA** Zip **02148-6308**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: N S 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: **1 29**

Viol. 1: Ch/Sec/Sub _____ 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 **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 | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| JEAN MANOUSH | 224 FERRY EVERETT, MA 02149 | | F | 3 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |

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

1 1 Route# Direction Name of Roadway/Street At
 2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 2 1 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street
 474 MAIN ST
 Feet N S E W of Mile Marker Exit Number
 2 11 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of Landmark

3 99 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-31-AC**

4 1 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 **unknown** Owner
 Address Last First Middle Address Last First Middle
 City State Zip City State Zip
 Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
 5 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
 6 1 Towed from scene? 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 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

7 1 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 2 License # **S28687683** St. **MA** DOB/Age Reg # **1BS863** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year **2013** Veh Make **TOYOTA** Veh Config. 1 21
 Operator **NEE, BRIDGET ANNE** Owner **NEE, CATHERINE M**
 Address **502 MOODY ST** Address **1 BRETON CIR**
 City **LOWELL** State **MA** Zip **01854** City **READING** State **MA** Zip **01867-3775**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 27 27 27
 Vehicle Travel Direction: N 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: 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
 9 2 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 | XXXX | 1 | 1 | 4 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

