

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street  
At

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

2 Route# Direction Name of Intersecting Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street  
381 MIDDLESEX AVE

Feet N S E W of Mile Marker Exit Number

3 11 Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped | Crash Report ID# 21-81-AC

3 License # 30272122 St PA DOB/Age 10/11/1957  
Sex M Lic. Class C M Lic. Restrictions 20 CDL Endorsement  
Operator SIEGEL, DAVID S  
Address 37 THORNTON AVE  
City METHUEN State MA Zip 01844  
Insurance Company LIBERTY MUTUAL INSURANCE  
Vehicle Travel Direction: N S X W Responding to Emergency? 2  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

1 12 Reg # 386A563 Reg Type CO Reg State VT  
Veh Year 2009 Veh Make GMC Veh Config. 8 21  
Owner SIEGEL, DAVID S  
Address 37 THORNTON AVE  
City METHUEN State MA Zip 01844  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 3 27 9 27  
Event Sequence 1 23 23 23 23 Test Status: 28  
Most Harmful Event 1 24 Type of Test: 29  
Driver Contributing Code 1 25 25 BAC Test Result: 30  
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		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
<i>Operator</i>		See Above	X	1	1	4	0	0	10	1	
ROGER TRONGEAU	5 BALDWIN ST HAVERHILL, MA 01832-5641	12/01/2004	M	3	1	4	0	0	10	1	

3 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

8 2 License # SA4630232 St MA DOB/Age 12/04/1989  
Sex F Lic. Class 99 M Lic. Restrictions 20 CDL Endorsement  
Operator ATURINDA, JACKLINE  
Address 2 BARON PARK LN APT 36  
City BURLINGTON State MA Zip 01803  
Insurance Company FOREMOST INSURANCE CO.  
Vehicle Travel Direction: X S E W Responding to Emergency? 2  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

2 14 Reg # 2LZT75 Reg Type PC Reg State MA  
Veh Year 2012 Veh Make HYUNDAI Veh Config. 1 21  
Owner ATURINDA, JACKLINE  
Address 2 BARON PARK LN APT 36  
City BURLINGTON State MA Zip 01803  
Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 3 27  
Event Sequence 1 23 23 23 23 Test Status: 28  
Most Harmful Event 1 24 Type of Test: 29  
Driver Contributing Code 4 25 19 25 BAC Test Result: 30  
Driver Distracted by 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		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
<i>Operator/Non-Motorist</i>		See Above	X	1	1	4	0	0	10	1	

