

**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

3 10 Route# 6 Direction Address # **JONSPIN RD**  
Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
3 11 1000 Feet  S  E  W of **ANDOVER ST**  
Feet  N  S  E  W of Route# Intersecting Roadway/Street  
Landmark

3 Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped Crash Report ID# **21-91-AC**

4 1 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **1FHW80** Reg Type **PC** Reg State **MA**  
Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_ Veh Year **2009** Veh Make **HONDA** Veh Config.  1  21  
Operator **Driverless M.V.** Owner **WARD, KATHLEEN SUSAN**  
Last First Middle Last First Middle  
Address \_\_\_\_\_ Address **3 HARWICH ST**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **NORTH ANDOVER** State **MA** Zip **01845-5060**  
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash  11  22 Damaged Area Code:  8  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:  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			<input checked="" type="checkbox"/> 1							

7 1 Please Select One of the Following:  Vehicle 21 #Occupants  Non-Motorist A Type  15 Action  16 Location  17 Condition  18  Hit/Run  Moped

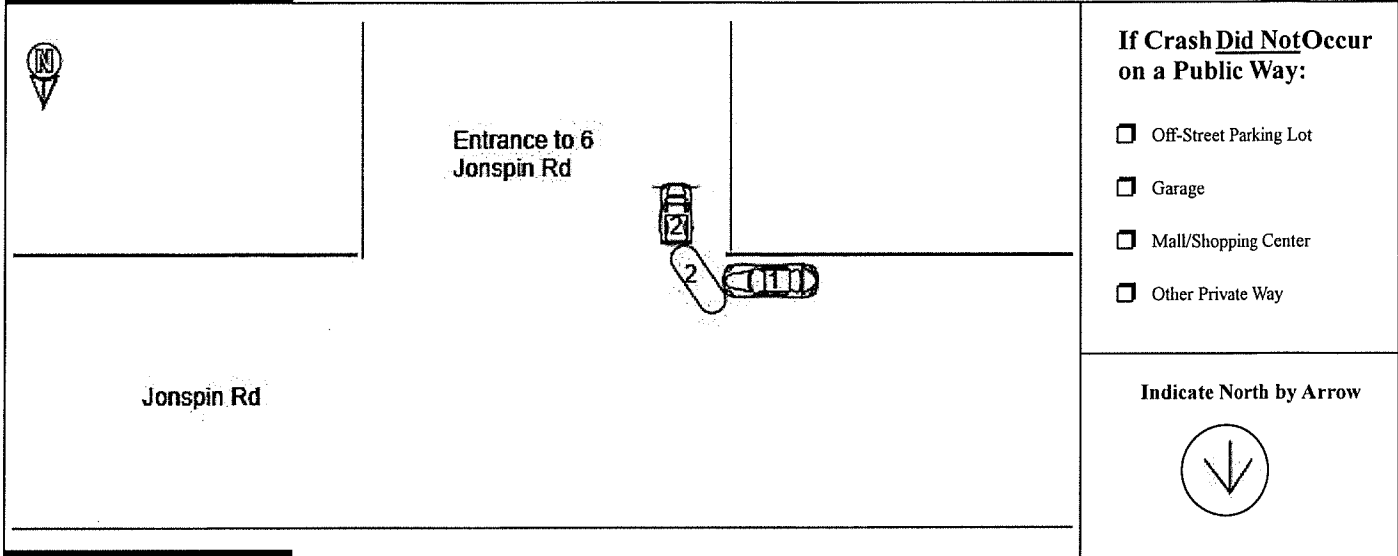
8 1 License # **S63361325** St **MA** DOB/Age \_\_\_\_\_ Reg # **3560916** Reg Type **PC** Reg State **NH**  
Sex **M** Lic. Class  19  19 Lic. Restrictions  1  20 CDL Endorsement \_\_\_\_\_ Veh Year **2013** Veh Make **FORD** Veh Config.  2  21  
Operator **MARCOTTE, JOSHUA** Owner **SITE ACQUISITIONS LLC**  
Last First Middle Last First Middle  
Address **7 MALLORY ST** Address **12 INDUSTRIAL WAY**  
City **NORTH CHELMSFORD** State **MA** Zip **01863-1777** City **SALEM** State **NH** Zip **03079**  
Insurance Company **USI INSURANCE** Vehicle Action Prior to Crash  10  22 Damaged Area Code:  0  27  27  27  
Vehicle Travel Direction:  N  S  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  19  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/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			<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 1	

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

**Crash Diagram:**



**Crash Narrative:**

Vehicle 1 was parked in front of 6 Jonspin Rd. Vehicle 2 was backing out of the parking lot to 6 Jonspin Rd. As vehicle 2 was backing, the rear corner of the trailer being towed by vehicle 2 crashed into vehicle left front side of vehicle 1 causing damage to the headlight, and fender of vehicle 1. There was no damage to the trailer being towed by vehicle 2.

**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 Michael W Wandell      174      Wilmington Police Department      05/03/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

**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 1 Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Roadway/Street  
 Route# Direction Address # **642 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# **21-92-AC**

License # **S86534691** St **MA** DOB/Age \_\_\_\_\_ Reg # **5683BY** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **DEMELO, DIANE B** Owner **DEMELO, JOSE LUCINDO**  
 Address **3 ST PAUL ST** Address **3 ST PAUL ST**  
 City **WILMINGTON** State **MA** Zip **01887-1828** City **WILMINGTON** State **MA** Zip **01887-1828**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 27 27  
 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 **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 **11** 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			<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 # **S40530841** St **MA** DOB/Age \_\_\_\_\_ Reg # **EV8856** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Operator **GREGORY, ROBERT S** Owner **GREGORY, ROBERT S**  
 Address **642 WOBURN ST** Address **642 WOBURN ST**  
 City **WILMINGTON** State **MA** Zip **01887-2963** City **WILMINGTON** State **MA** Zip **01887-2963**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: **6** 27 27 27  
 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 **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **25** BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Towed from scene? **2** 33

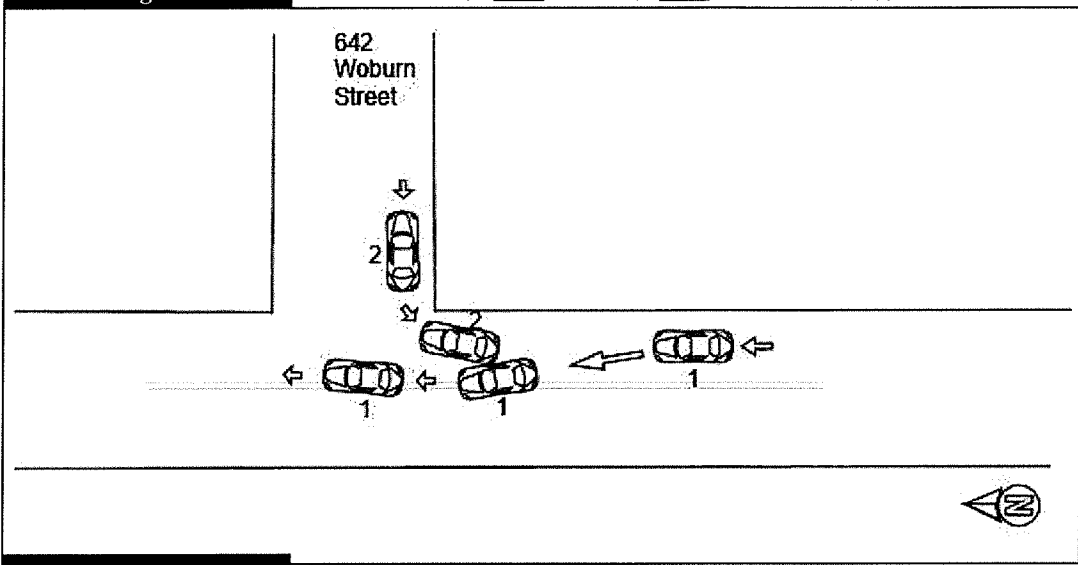
Please fill out for operator/non-motorist and all occupants involved

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			<b>1</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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**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. or MV#1 was traveling north on Woburn Street heading towards Concord Street. As MV#1 was approaching 642 Woburn Street MV#2 backed out of 642 Woburn Street. When MV#2 backed out of 642 Woburn Street, MV#1 had to swerve out of the way. MV#1 and MV#2 collided. MV#1 sustained damaged it 2 passengers door and rear fender and MV#2 sustained damaged to its driver side rear corner of vehilce.

**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 05/03/2021  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

**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 1 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  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **21-93-AC**

License # **S42818417** St **MA** DOB/Age \_\_\_\_\_ Reg # **2AGC44** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2012** Veh Make **VOLKSWAGEN** Veh Config. **1** 21  
 Operator **MUSTO, CARMEN A** Owner **MUSTO, CARMEN A**  
 Address **522 SHAWSHEEN AVE** Address **522 SHAWSHEEN AVE**  
 City **WILMINGTON** State **MA** Zip **01887-1640** City **WILMINGTON** State **MA** Zip **01887-1640**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **10** 27 **27**  
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **20** **23** **36** **23** **23** **23** Test Status: **1** 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **36** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11** 25 **20** 25 BAC Test Result: **1** 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7** 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
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	Lahey Clinic

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

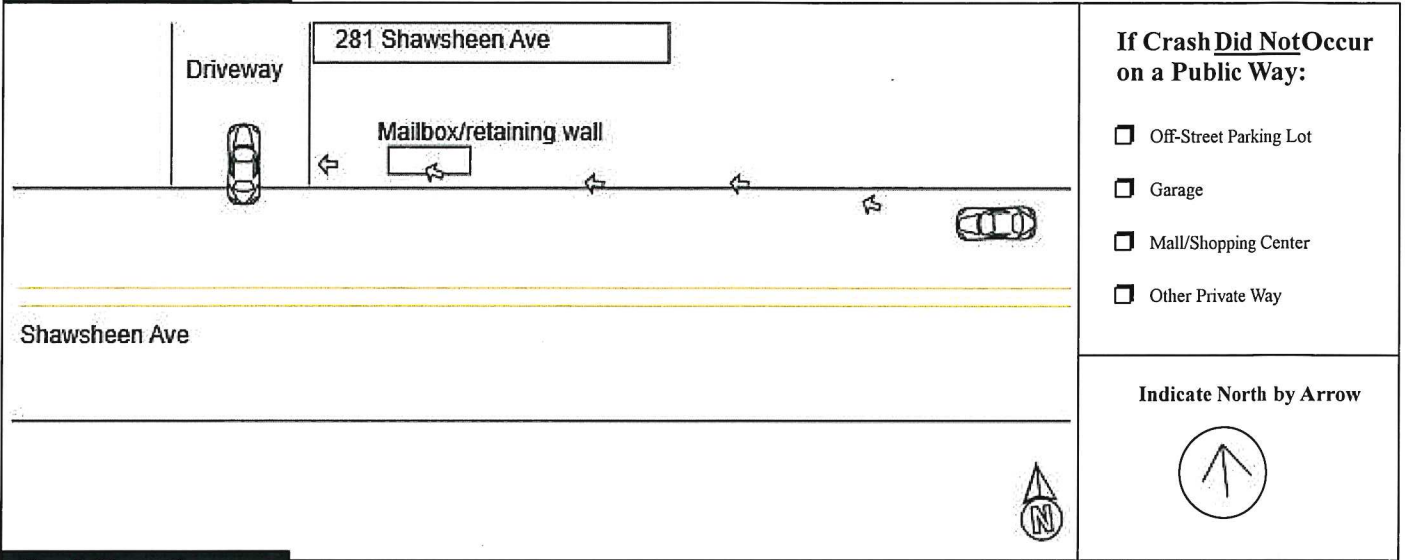
8 1 License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19** **19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							

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

**Crash Diagram:**



**Crash Narrative:**

The OPR of V1 was traveling WB on Shawsheen Ave in the vicinity of 281 Shawsheen Ave in steady traffic. The OPR stated that a "squirrel" run across the road, and that she attempted to swerve to avoid hitting it. This resulted in her driving up on to the lawn and caused her to strike the mailbox/retaining wall in front of 281 Shawsheen Ave. After driving through the retaining wall, V1 came to a stop in the driveway of the residence. The OPR was out of the vehicle upon my arrival and standing nearby. The OPR sustained minor injuries due to the collision. She was taken from the scene by ambulance for medical treatment, and the vehicle was towed from the scene by A&S towing to their facility.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SURPRENANT FRANCES E	281 SHAWSHEEN AVE WILMINGTON MA 01		97	RETAINING WALL

**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    05/04/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 21-93-AC



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

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

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

2 Route# Direction Name of Intersecting Roadway/Street

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

2 Feet  N  S  E  W of \_\_\_\_\_ Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

2 Feet  N  S  E  W of \_\_\_\_\_ Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-94-AC**

3 License # **1406308007** St **NV** DOB/Age \_\_\_\_\_ Reg # **1WYX29** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2015** Veh Make **KIA** Veh Config. **1**

4 Operator **DIASDECASTRO, JESSYKA** Owner **DIASDECASTRO, JESSYKA**

3 Address **4400 PINEGROVE ST APT 56** Address **4400 PINEGROVE ST APT 56**

City **LAS VEGAS** State **NV** Zip **891474708** City **LAS VEGAS** State **NV** Zip **891474708**

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

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

1 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 **20** 25 **19** 25 BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

2 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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</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

7 License # **S10069723** St **MA** DOB/Age \_\_\_\_\_ Reg # **6PX133** Reg Type **PC** Reg State **MA**

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

8 Operator **MORI-SANTOS, JOANNY ADRIAN** Owner **CINTRON SANCHEZ, LIZALY**

2 Address **115 ENNELL ST** Address **115 ENNELL ST**

City **LOWELL** State **MA** Zip **01850-1815** City **LOWELL** State **MA** Zip **01850-1815**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** 27 27 27

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

2 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

2 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>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>Lahey Clinic</b>





**AT INTERSECTION:** **LOWELL ST** **< 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 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 12 #Occupants  Hit/Run  Moped Crash Report ID# **21-95-AC**

License # **S63696630** St **MA** DOB/Age: Reg # **1FFX34** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2019** Veh Make **SUBARU** Veh Config. **1**  
 Operator **BENJAMIN, EMILY E** Owner **BENJAMIN, EMILY E**  
 Address **4 PRICE RD APT 1** Address **4 PRICE RD APT 1**  
 City **ALLSTON** State **MA** Zip **02134-2530** City **ALLSTON** State **MA** Zip **02134-2530**  
 Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 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 **6 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: **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>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>NANCY BENJAMIN</b>	105 COLONIAL DR READING, MA 01867-1339	02/15/1960	F	3	99	1	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

License # **SA5900103** St **MA** DOB/Age: Reg # **1GRY92** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2017** Veh Make **HONDA** Veh Config. **1**  
 Operator **FRASER, LAUREN ASHLEY** Owner **FRASER, LAUREN ASHLEY**  
 Address **993 MASSACHUSETTS AVE APT 117** Address **993 MASSACHUSETTS AVE APT 117**  
 City **ARLINGTON** State **MA** Zip **02476** City **ARLINGTON** State **MA** Zip **02476**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** 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**  
 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: **31** Susp. Drug: **32**  
 Towed from scene? **2 33**

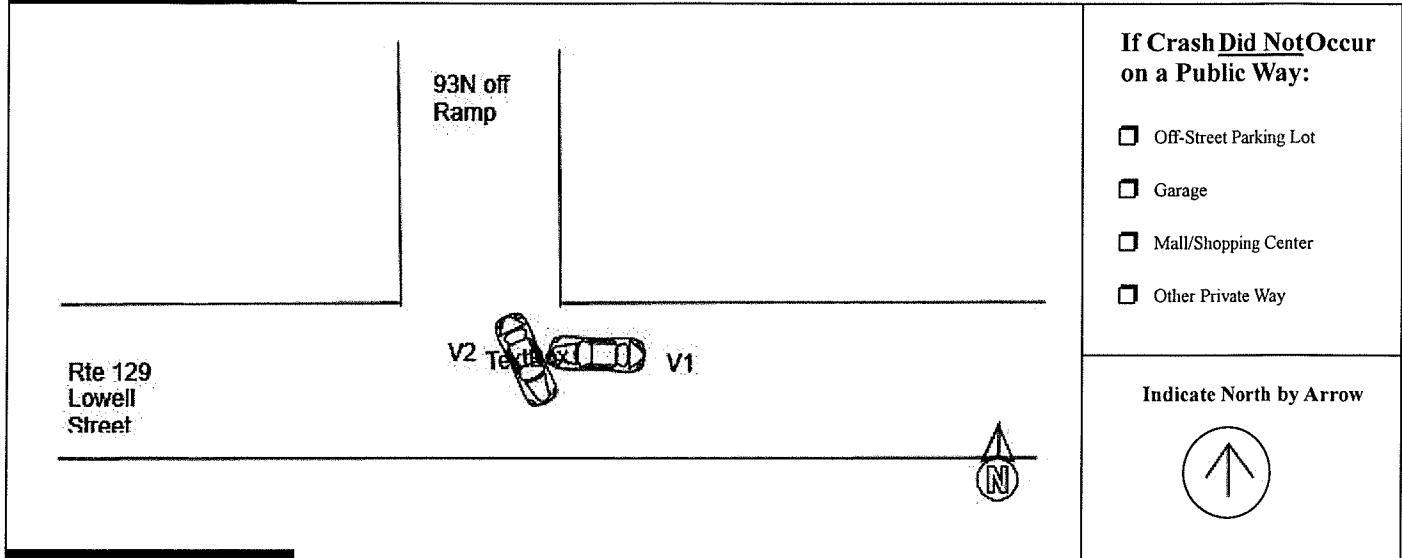
Please fill out for operator/non-motorist and all occupants involved

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			<b>1</b>	<b>99</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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ⚙



**Crash Narrative:**

Vehicle one traveling west on Lowell street. Vehicle two exited the 93 North off ramp turning left onto Lowell street East. Vehicle two pulled out in front of vehicle one and the front drivers side of vehicle one struck the rear drivers side door area of vehicle two.

**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

**Detective Brian J Stickney**      **179**      **Wilmington Police Department**      **05/05/2021**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash: 05/05/2021 | Time of Crash: 1826 24HR | City/Town: Wilmington | Number Vehicles: 2 | 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

Route# Direction Address # Name of Roadway/Street

Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with \_\_\_\_\_

Route# Direction Name of Intersecting Roadway/Street

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# 21-96-AC

License # S14025063 St MA DOB/Age \_\_\_\_\_ Reg # 1CYN76 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2016 Veh Make FORD Veh Config. 1 21

Operator MARTINS, EBER EPIFANIO Owner FERREIRA REIS, IARA

Address 23 JORDAN RD Address 154 HIGH ST APT 101

City BILLERICA State MA Zip 01821-2238 City MEDFORD State MA Zip 02155-3833

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction:  S  E  W Responding to Emergency? 2

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Damaged Area Code: 8 27 7 27 6 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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			1	99	3	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 # S98100570 St MA DOB/Age \_\_\_\_\_ Reg # 3840423 Reg Type PC Reg State NH

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

Operator NOUMI, ANTHONY J Owner NOUMI, ANTHONY J

Address 37 LYNN AVE Address 37 LYNN AVE

City HULL State MA Zip 02045-2215 City HULL State MA Zip 02045-2215

Insurance Company \_\_\_\_\_

Vehicle Travel Direction:  N  E  W Responding to Emergency? 2

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 10 25 25

Driver Distracted by 5 26

Damaged Area Code: 1 27 8 27 7 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

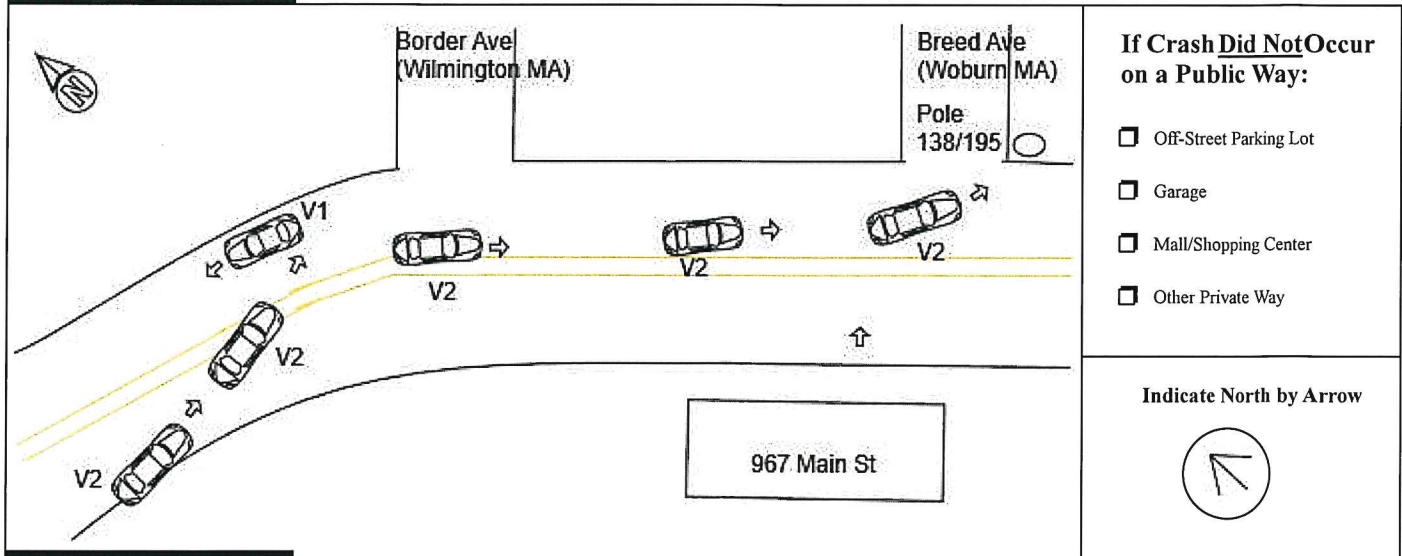
Susp. Alcohol: 1 31 Susp. Drug: 1 32

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	0	3	0	1	7	2	Lahey Clinic

**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:**

The OPR of V2 was traveling in excess of 70mph on Main St towards The City of Woburn. While negotiating the bend in the area of 967 Main St V1 crossed the double yellow lines, struck the rear of V1 shearing the rear wheel off and tossing it approx 20yds. Due to the speed in which V2 was traveling, it continued for approx 100yds and struck a utility pole in The City of Woburn. The OPR of V2 sustained injured as a result of the collision and had to be extricated from the vehicle. The OPR of V2 is suspected of operating the vehicle under the influence of an unknown substance and was impaired due to it. The OPR of V1 was not injured as a result of the collision and refused medical treatment. Both vehicles were towed from the scene by A&S towing to their facility. The OPR of V2 was involved in two p hit and run accidents which occurred approx 20min prior to this collision.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
EVERSOURSE	247 STATION DR WESTWOOD MA 02090		4	UTILITY POLE

**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      05/05/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash 05/05/2021 Time of Crash 1812 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	<b>57</b>	<b>CLARK ST</b>
	At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____				
2	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 _____				
	Also at Intersection with			Landmark _____				
2	Route#	Direction	Name of Intersecting Roadway/Street					

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-97-AC**

License # **S12627756** St **MA** DOB/Age \_\_\_\_\_ Reg # **2ZR279** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1** 21  
 Operator **SPINAZOLA, STEVEN M** Owner **SPINAZOLA, STEVEN M**  
 Address **57 SWAIN RD** Address **57 SWAIN RD**  
 City **WILMINGTON** State **MA** Zip **01887-2860** City **WILMINGTON** State **MA** Zip **01887-2860**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 6 27 27  
 Vehicle Travel Direction:  N  S  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 \_\_\_\_\_ 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

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		<input checked="" type="checkbox"/>	<b>1</b>	<b>99</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

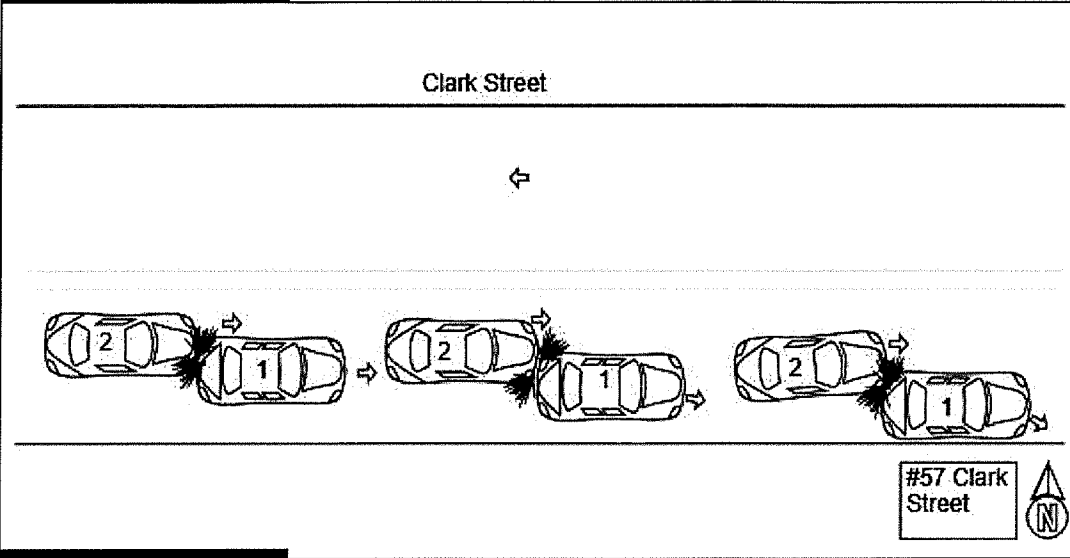
License # **S98100570** St **MA** DOB/Age \_\_\_\_\_ Reg # **3840423** Reg Type **PC** Reg State **NH**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **MAZDA** Veh Config. **1** 21  
 Operator **NOUMI, ANTHONY J** Owner **NOUMI, ANTHONY J**  
 Address **37 LYNN AVE** Address **37 LYNN AVE**  
 City **HULL** State **MA** Zip **02045-2215** City **HULL** State **MA** Zip **02045-2215**  
 Insurance Company **UNKNOWN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **3** 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) **T2446320** Most Harmful Event **1** 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub **90** **24C** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **10** 25 **5** 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **1** 31 Susp. Drug: **1** 32  
 Towed from scene? **2** 33

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		<input checked="" type="checkbox"/>	<b>1</b>	<b>0</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

**Crash Diagram:**

ie: → 1    → 2    →    →



**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:**

MV1 was traveling eastbound on Clark Street approaching Middlesex Avenue and in the area of the railroad crossing. MV2 was also traveling straight ahead on Clark Street. The operator of MV1 stated that MV2 approached his vehicle from behind and struck the rear of his vehicle with the front of MV2. The operator of MV1 stated that MV2 rear-ended his vehicle twice. When the operator of MV1 pulled over to the right, he reported that MV2 struck him a third time on the rear left side of the his vehicle, failed to stop, exchange information, and fled the scene of the crash continuing to travel straight ahead down Clark Street. MV1 suffered minor damage to the the rear left and left side of the vehicle. There were no injuries and neither vehicle was towed from the scene. The operator of MV1 reported that MV2 was "a dark colored sedan with a New Hampshire license plate beginning with '387'." (Reference Witness Statement and Reports 21-96-AC, 21-98-AC, and 21-138-AR.)

**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 Michael A Wilson	209	Wilmington Police Department	05/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 21-97-AC





NARRATIVE FOR PATROL OFFICER MICHAEL A WILSON

Ref: 21-97-AC

Entered: 05/05/2021 @ 2342      Entry ID: 209  
Modified: 05/06/2021 @ 0012      Modified ID: 209  
Approved: 05/06/2021 @ 1709      Approval ID: 185

On Wednesday, May 5, 2021 I, Officer Wilson, was assigned to the Wilmington Public Safety Building as the uniformed Duty Desk Officer for the 4:00 PM-12:00 AM shift. At approximately 6:33 PM, Mr. Steven Spinazola walked into the station to report that he was just involved in a motor vehicle accident on Clark Street and the other driver failed to stop and fled the scene. Mr. Spinazola stated that the accident had occurred approximately fifteen minutes prior, but he had pulled over and called his father about what to do. Simultaneously, Officer Johnson (Cruiser 31/Sector 1) had just arrived at the scene of serious motor vehicle crash on Main Street/Route 38 on the Wilmington/Woburn line (Reference Arrest Report #21-138-AR).

Mr. Spinazola reported that a dark colored sedan had rear-ended him twice while traveling eastbound on Clark Street towards Middlesex Avenue. He stated that as he pulled over to the right to stop and prepare to exchange information with the other operator that the dark colored sedan rear-ended/struck his vehicle a third time on the rear left side. Mr. Spinazola stated that he was not able to see the entire license plate but reported that the first three numbers of the license plate were "387." Due to the similar description the vehicle that rear-ended Mr. Spinazola and the vehicle that was reported as an erratic operator and involved in several other motor vehicle accidents (Reference Crash Report #'s 21-96-AC and 21-98-AC and Arrest Report # 21-138-AR). I then asked Mr. Spinazola what state the license plate on the other vehicle was from and he immediately stated "New Hampshire." The vehicle Officer Johnson was off with, that had finally crashed at the Wilmington/Woburn line, was New Hampshire Registration "3840423," a black 2019 Mazda CX3 hatchback sedan. This vehicle very closely matched the description of the of the license plate and make and model provided by Mr. Spinazola. Furthermore, the based on the timeline of the other calls, crashes, and incidents in which this vehicle was involved in, I estimated the time of this accident to be approximately 6:12 PM and appears to be the first motor vehicle, Mr. Noumi, the operator of the Mazda struck and then left the scene of the accident. Officer Johnson completed MA Citation "T2446302," via mail, for Leaving the Scene of Property Damage (Reference Arrest Report #21-138-AR). I then provided Mr. Spinazola a Written Statement Form, which he completed, and provided back to me along with his contact information. I then advised Mr. Spinazola of the process for completing his accident report. Mr. Noumi was advised to return to the station in the morning to pick up the accident exchange information for both operators.

Respectfully Submitted,

Patrolman Michael A. Wilson #209

**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  
 3 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street  
 967 MAIN ST  
 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 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-98-AC**

License # **S98100570** St. **MA** DOB/Age \_\_\_\_\_ Reg # **3840423** Reg Type **PC** Reg State **NH**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2019** Veh Make **MAZDA** Veh Config. **1** 21  
 Operator **NOUMI, ANTHONY J** Owner **NOUMI, ANTHONY J**  
 Address **37 LYNN AVE** Address **37 LYNN AVE**  
 City **HULL** State **MA** Zip **02045-2215** City **HULL** State **MA** Zip **02045-2215**  
 Insurance Company **UNKNOWN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2** Event Sequence **35** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) **T2446303** Most Harmful Event **35** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub **90** **24C** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **10** 25 25 BAC Test Result: **1** 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **1** 31 Susp. Drug: **1** 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>99</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 # \_\_\_\_\_ 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 \_\_\_\_\_ 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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							



Date of Crash 05/06/2021	Time of Crash 0637 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input 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 # <u>316</u> Name of Roadway/Street <u>LOWELL 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 _____ 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:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-99-AC**

License # <u>S50434540</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>ELLSWORTH, MICHAEL J</u> Address <u>5 CARTER ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5709</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>7HR143</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ELLSWORTH, MICHAEL J</u> Address <u>5 CARTER ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5709</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

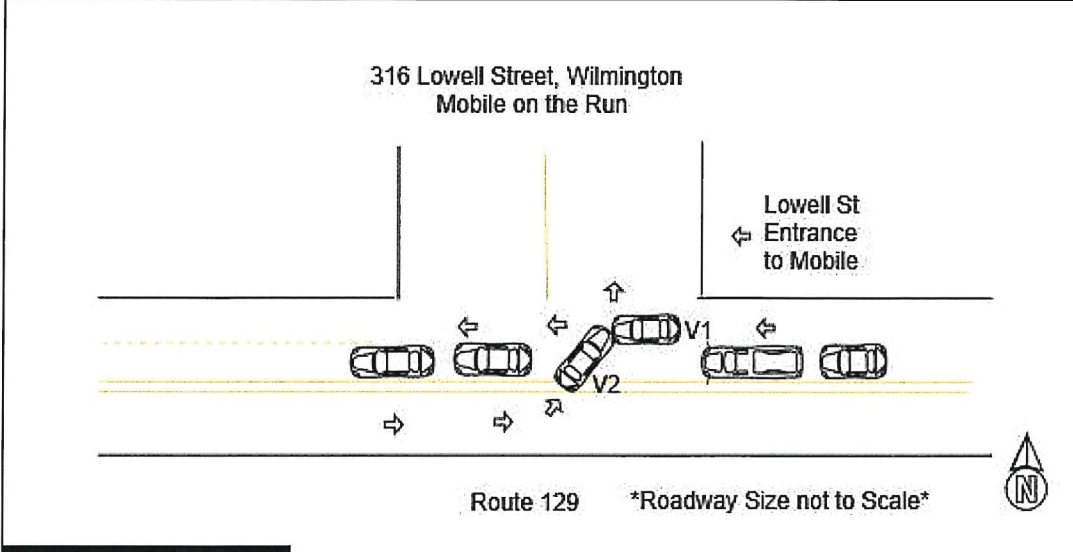
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # <u>S57536597</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>VALDARIO, CATHERINE E</u> Address <u>119 WILDWOOD ST</u> City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>18L560</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCDONALD, LISA MARIE</u> Address <u>119 WILDWOOD ST</u> City <u>WINCHESTER</u> State <u>MA</u> Zip <u>01890-2323</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>18</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

→ = 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:**

V1 was traveling straight on Lowell Street, westbound, approaching the light at Lowell @ West. V2 was traveling eastbound towards the I93 ramps and then took a left hand turn into the parking lot of Mobile on the Lowell St side. Op1 stated he was traveling straight and then the vehicles crashed. Op2 stated the lane of traffic closest to her was "stopped then she was waved on to go ahead and take the turn." Op2 stated she proceeded to take her turn with caution but she could not see well due to that first lane of traffic. Op2 stated "it looked like there were no cars coming down so I proceeded to take the turn and that's when we hit." No injuries were observed or reported in Op1 or Op2. V1 had very minor damage to the front bumper vicinity. V2 had mild/moderate damage to the front and right side bumper area. After the crash occurred both vehicles pulled into the Mobile parking lot where V2 was involved in a second crash with hood damage. See 21-100-AC for reference.

**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

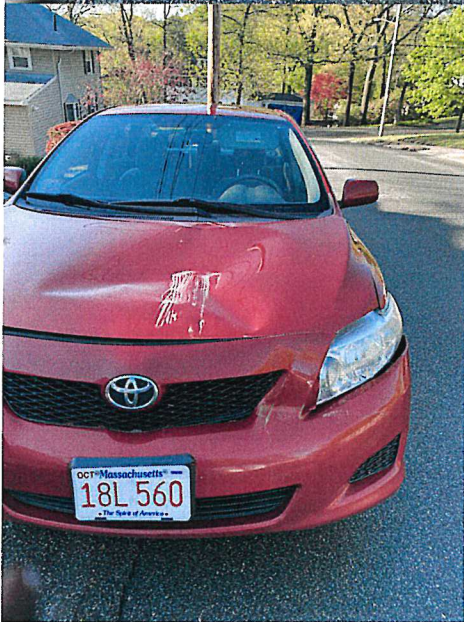
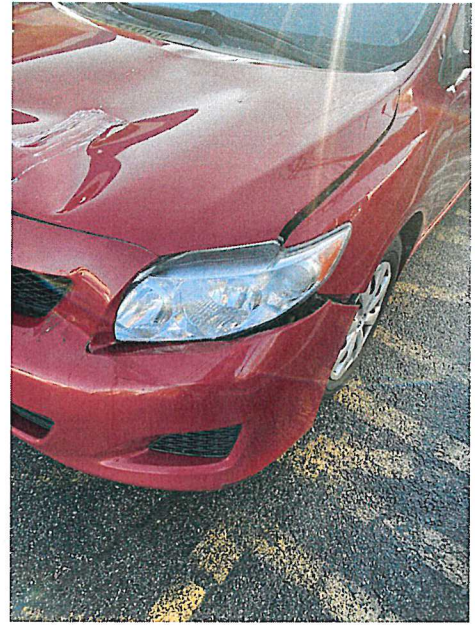
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 46

**Hazmat Information:**

Placard 47     Material 1 digit # 48     Material Name \_\_\_\_\_     Material 4 digit # \_\_\_\_\_     Release code 49

<u>Patrol Officer Kathryn C Goodwin</u>	<u>216</u>	<u>Wilmington Police Department</u>	<u>05/06/2021</u>
Police Officer Name (Please Print)	Signature	ID/Badge #	Department     Precinct/Barracks     Date

Wilmington Police Department  
Images Associated with 21-99-AC



Date of Crash 05/06/2021 Time of Crash 0637 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police  Local Police  MBTA Police  Campus Police  Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>316</b> <b>LOWELL ST</b> Name of Roadway/Street _____	2	10
	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 _____ or _____ Mile Marker _____ Exit Number _____	8	11
2	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:  Vehicle 1 Occupants  Hit/Run  Moped **Crash Report ID# 21-100-AC**

License # <b>S61888703</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>A</b> 19 19 Lic. Restrictions <b>K</b> 20 CDL _____ Endorsement _____ Operator <b>RICHARDO, JANCARLOS</b> Last First Middle Address <b>18 KENWOOD ST APT 1</b> City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-2408</b> Insurance Company <b>ACE AMERICAN INSURANCE CO</b>	Reg # <b>R95659</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>International</b> Veh Config. <b>10</b> 21 Owner <b>NEW BERN TRANSPORT CORP</b> Last First Middle Address <b>1111 WESTCHESTER AVE WHITE PLA</b> City <b>NY</b> State <b>NY</b> Zip <b>10604-0000</b> Vehicle Action Prior to Crash <b>10</b> 22 Damaged Area Code: 99 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Most Harmful Event <b>2</b> 24 Type of Test: 29 Driver Contributing Code <b>18</b> 25 25 BAC Test Result: 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 _____	

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			<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

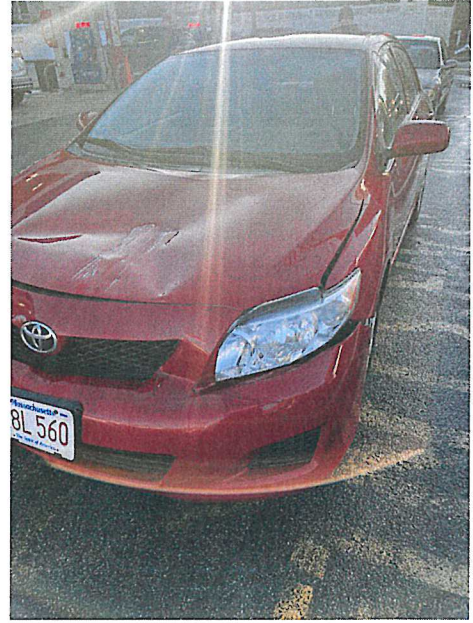
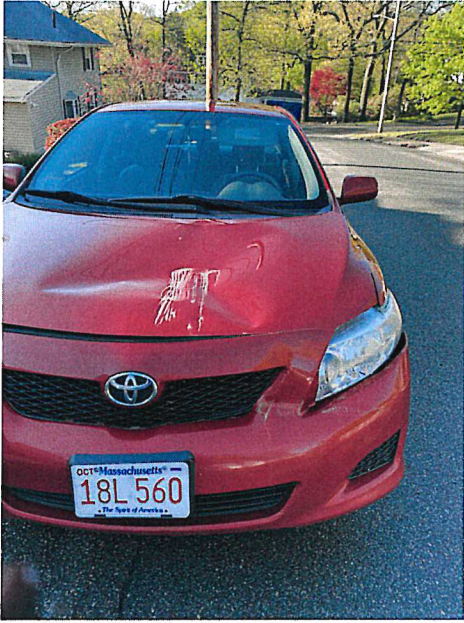
License # <b>S57536597</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions _____ CDL _____ Endorsement _____ Operator <b>VALDARIO, CATHERINE E</b> Last First Middle Address <b>119 WILDWOOD ST</b> City <b>WINCHESTER</b> State <b>MA</b> Zip <b>01890</b> Insurance Company <b>Arbella Mutual Insurance</b>	Reg # <b>18L560</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21 Owner <b>MCDONALD, LISA MARIE</b> Last First Middle Address <b>119 WILDWOOD ST</b> City <b>WINCHESTER</b> State <b>MA</b> Zip <b>01890-2323</b> Vehicle Action Prior to Crash <b>11</b> 22 Damaged Area Code: 97 27 27 27 Event Sequence 2 23 23 23 23 Test Status: 1 28 Most Harmful Event <b>2</b> 24 Type of Test: 29 Driver Contributing Code <b>1</b> 25 25 BAC Test Result: 30 Driver Distracted by <b>0</b> 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 _____	

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			<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 21-100-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 # Name of 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 1 #Occupants  Hit/Run  Moped **Crash Report ID# 21-101-AC**

License # **S38146211** St **MA** DOB/Age \_\_\_\_\_ Reg # **3LR818** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **CALEX, DORIS** Owner **LOPEZ, ANDRES LOPEZ**  
 Address **934 WESTFORD ST** Address **35 HAMPSHIRE ST**  
 City **LOWELL** State **MA** Zip **01851-2829** City **LOWELL** State **MA** Zip **01850-2021**  
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 27 27  
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **40** 23 23 23 23 Test Status: **3** 28  
 Citation # (If Issued) **993113AA** Most Harmful Event **30** 24 Type of Test: **2** 29  
 Viol. 1: Ch/Sec/Sub **90** 24 Viol. 2: Ch/Sec/Sub **90** 24 Driver Contributing Code **14** 25 **10** 25 BAC Test Result: **5** 30  
 Viol. 3: Ch/Sec/Sub **89** 4A Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **1** 31 Susp. Drug: **2** 32  
 Towed from scene? **1** 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			<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</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 # \_\_\_\_\_ 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		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>							



Wilmington Police Department  
Images Associated with 21-101-AC

