

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

<p>1 LOWELL ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>1 WEST ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>2 _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>2 _____ Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>2 _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____</p>
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3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 21-132-AC**

<p>4 License # S35398642 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement _____ Operator SHEVCHENKO, VOLODYMYR Address 10 SEARLE ST City GEORGETOWN State MA Zip 01833-1705 Insurance Company PILGRIM INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____</p>	<p>1 Reg # LV87866 Reg Type RV Reg State MA Veh Year 2015 Veh Make DODGE Veh Config. 1 Owner ALLROAD EXPRESS INC Address 84 SUMMER ST APT 6 City STOUGHTON State MA Zip 02072-2852 Vehicle Action Prior to Crash 3 Damaged Area Code: 6 27 5 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

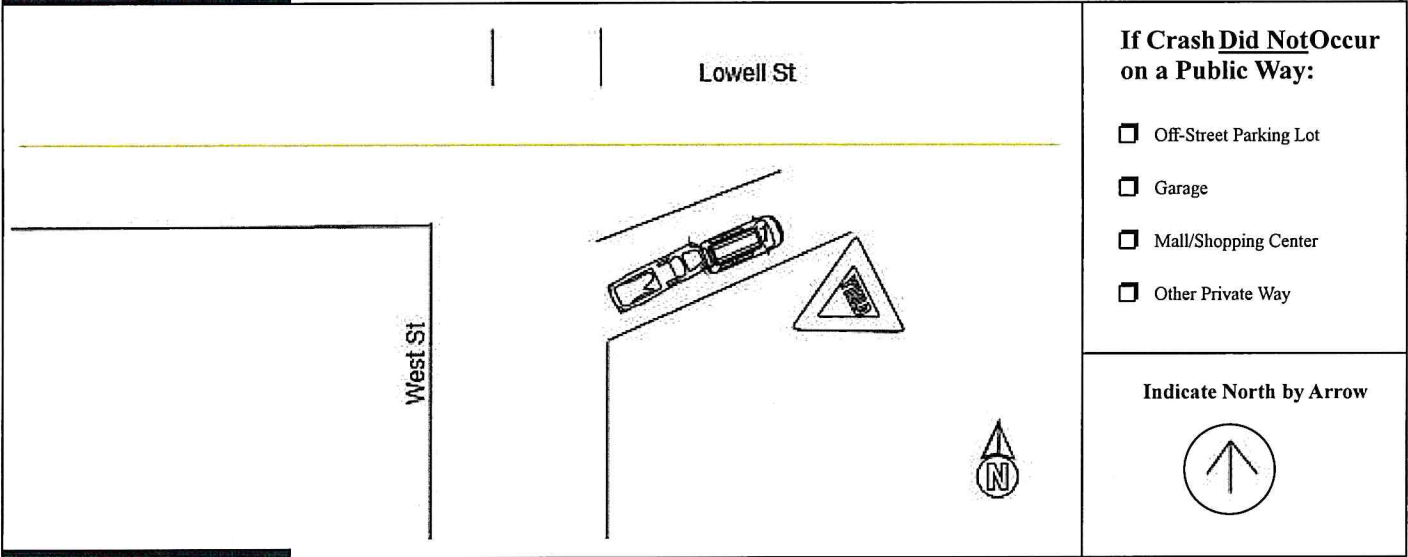
7 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>8 License # S09017042 St MA DOB/Age _____ Sex M Lic. Class A Lic. Restrictions 99 CDL Endorsement _____ Operator BARRY, SCOTT ALLEN Address 113A GROVE AVE City WILMINGTON State MA Zip 01887-3720 Insurance Company SELF INSURED Vehicle Travel Direction: <input checked="" type="checkbox"/> 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 _____</p>	<p>1 Reg # M95975 Reg Type CI Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 1 Owner WILMINGTON TOWN OF Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3500 Vehicle Action Prior to Crash 4 Damaged Area Code: 0 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 3 33</p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle
 ie: → 1 → 2 → O → B

Crash Diagram:



Crash Narrative:

Vehicle 1 was yielding onto Lowell Street, when Vehicle 2 struck vehicle 1 in the rear of the vehicle. Vehicle 1 suffered damage to the rear bumper and trunk and vehicle 2 suffered no damage. Both vehicles were operational and both operators refused Medical.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate Cargo Body Type Code GVWR/GCWR

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Michael R Cabral **207** **Wilmington Police Department** **06/03/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date