

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 10 Route# Direction Address # Name of Roadway/Street

581 MAIN ST

Feet N S E W of . . . or . . . Mile Marker Exit Number

3 11 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# **21-86-AC**

1 License # **S74643398** St **MA** DOB/Age

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement

Operator **TIVNAN, SEAN THOMAS** Last First Middle

Address **20 ALLEN PARK DR**

City **WILMINGTON** State **MA** Zip **01887-2939**

Insurance Company **THE COMMERCE INSURANCE CO**

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

12 Reg # **861MS6** Reg Type **PC** Reg State **MA**

Veh Year **2013** Veh Make **FORD** Veh Config. **1** 21

Owner **TIVNAN, PAUL F** Last First Middle

Address **20 ALLEN PARK DR**

City **WILMINGTON** State **MA** Zip **01887-2939**

Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **8** 27 27 27

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Most Harmful Event **1** 24 Type of Test: **29**

Driver Contributing Code **19** 25 25 BAC Test Result: **1** 30

Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **2** 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	XXXXXX	X	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 # **S15431705** St **MA** DOB/Age

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement

Operator **MANNING, MARK ANDREW** Last First Middle

Address **13 PINES RD**

City **BILLERICA** State **MA** Zip **01821-5178**

Insurance Company **USAA CASUALTY INSURANCE C**

Vehicle Travel Direction: **N X 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

14 Reg # **3DS669** Reg Type **PC** Reg State **MA**

Veh Year **2021** Veh Make **GMC** Veh Config. **1** 21

Owner **MANNING, JESSICA LYNNE** Last First Middle

Address **13 PINES RD**

City **BILLERICA** State **MA** Zip **01821-5178**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 27

Event Sequence **1** 23 23 23 23 Test Status: **1** 28

Most Harmful Event **1** 24 Type of Test: **29**

Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30

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	XXXXXX	X	1	1	4	0	0	10	1	
JESSICA MANNING	13 PINES RD BILLERICA, MA 01821-5178		F	3	1	4	0	0	10	1	
			F	1	4	4	0	0	10	1	

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER KEVIN J SKINNER

Ref: 21-86-AC

Entered: 06/08/2021 @ 1031 Entry ID: 200
Modified: 06/08/2021 @ 1119 Modified ID: 200

An error was made in the diagram portion of the motor vehicle crash report. I initially documented damage to the front right side to motor vehicle 2. The correct damage occurred on the rear right side of motor vehicle 2.

Respectfully submitted,

Officer Kevin Skinner
Patrolman #200
Wilmington Police Department