

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 5

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# 12 Direction \_\_\_\_\_ Address # CUNNINGHAM 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 \_\_\_\_\_

2 10

5 11

2 1

3 99

Please Select One of the Following:  Vehicle 10 #Occupants  Hit/Run  Moped | Crash Report ID# **21-143-AC**

4 1

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_  
 Operator Driverless M.V.  
 Last First Middle  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company GEICO GENERAL INSURANCE C  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_

Reg # 87X690 Reg Type PC Reg State MA  
 Veh Year 2011 Veh Make MITSUBISHI Veh Config.  21  
 Owner GUINEY, ANDREA K  
 Last First Middle  
 Address 12 CUNNINGHAM ST  
 City WILMINGTON State MA Zip 01887-1305  
 Vehicle Action Prior to Crash  11  22 Damaged Area Code:  7  27  0  27  27  
 Event Sequence  2  23  23  23  23 Test Status:  1  28  
 Most Harmful Event  2  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

1 12

2 13

6 1

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	<del>XXXXXX</del>	<del>XXXX</del>	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input 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 # S96600184 St MA DOB/Age \_\_\_\_\_  
 Sex M Lic. Class  19  19 Lic. Restrictions  1  20 CDL Endorsement \_\_\_\_\_  
 Operator BROTHERS, PATRICK M JR  
 Last First Middle  
 Address 40 LUCILLE DR  
 City TEWKSBURY State MA Zip 01876-3189  
 Insurance Company THE COMMERCE INSURANCE CO  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_

Reg # 3AD994 Reg Type PC Reg State MA  
 Veh Year 2008 Veh Make HONDA Veh Config.  1  21  
 Owner BROTHERS, NANCY LOUISE  
 Last First Middle  
 Address 40 LUCILLE DR  
 City TEWKSBURY State MA Zip 01876-3189  
 Vehicle Action Prior to Crash  1  22 Damaged Area Code:  7  27  1  27  27  
 Event Sequence  2  23  41  23  23  23 Test Status:  1  28  
 Most Harmful Event  2  24 Type of Test:  29  
 Driver Contributing Code  21  25  20  25 BAC Test Result:  30  
 Driver Distracted by  99  26 Susp. Alcohol:  2  31 Susp. Drug:  2  32  
 Towed from scene?  1  33

1 14

9 2

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	<del>XXXXXX</del>	<del>XXXX</del>	<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	



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

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
	At			260 MAIN ST			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____ or _____			
	Also at Intersection with			Mile Marker _____ Exit Number _____			
3	Route#	Direction	Name of Intersecting Roadway/Street	Feet N S E W of _____			
				Route# _____ Intersecting Roadway/Street _____			
			Landmark _____				

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped **Crash Report ID# 21-144-AC**

License # <b>S16370311</b> St <b>MA</b> DOB/Ag	Reg # <b>463YX1</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>A</b> <b>19</b> <b>19</b> Lic. Restrictions <b>B</b> <b>20</b> CDL Endorsement	Veh Year <b>2011</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>FOSTER, SIDNEY WALTER JR</b>	Owner <b>FOSTER, CYNTHIA L</b>
Address <b>146 WASHINGTON CIR</b>	Address <b>146 WASHINGTON CIR</b>
City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3320</b>	City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3320</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>3</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
Towed from scene? <b>2</b> <b>33</b>	

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>	
<b>CYNTHIA FOSTER</b>	146 WASHINGTON CIR WOBURN, MA 01801-3320		<b>F</b>	<b>3</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # _____ St _____ DOB/Ag	Reg # <b>2HBD23</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex _____ Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions _____ CDL Endorsement	Veh Year <b>2008</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b>
Operator _____	Owner <b>ZALAKET, SABINE M</b>
Address _____	Address <b>1208 BROADWAY RD</b>
City _____ State _____ Zip _____	City <b>DRACUT</b> State <b>MA</b> Zip <b>01826-2814</b>
Insurance Company <b>PROGRESSIVE CASUALTY INSU</b>	Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>3</b> <b>27</b> <b>4</b> <b>27</b>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>4</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
Towed from scene? <b>1</b> <b>33</b>	

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>	



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 06/16/2021	Time of Crash 1016 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
								Latitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>
								Longitude _____	Other: _____	<input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
<b>MIDDLESEX AVE</b>		
Route# _____ Direction _____	Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____
At _____		Name of Roadway/Street _____
<b>NORTH ST</b>		
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 _____ Mile Marker _____ Exit Number _____
Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____
Route# _____ Direction _____	Name of Intersecting Roadway/Street _____	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:	<input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-145-AC</b>
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License # <b>S58392558</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>HARRISON, JOSEPH E</b> Address <b>24 NEWCASTLE RD</b> City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-1936</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 _____	Reg # <b>1FZK66</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2001</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21 Owner <b>HARRISON, JOSEPH E</b> Address <b>24 NEWCASTLE RD</b> City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-1936</b> Vehicle Action Prior to Crash <b>4</b> <input type="checkbox"/> 22 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Driver Contributing Code <b>4</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <b>99</b> <input type="checkbox"/> 26 Damaged Area Code: <b>1</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <b>1</b> <input type="checkbox"/> 28 Type of Test: <b>1</b> <input type="checkbox"/> 29 BAC Test Result: <b>1</b> <input type="checkbox"/> 30 Susp. Alcohol: <b>99</b> <input type="checkbox"/> 31 Susp. Drug: <b>99</b> <input type="checkbox"/> 32 Towed from scene? <b>1</b> <input type="checkbox"/> 33
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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"/>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	Lahey Clinic
<b>CRYSTAL ULCHAK</b>		2 ROGERS AVE LYNN, MA 01902-3872	F	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <b>S79038046</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <b>1</b> <input type="checkbox"/> 20 CDL _____ Operator <b>WISHNEUSKY, ELAINE A</b> Address <b>135 MILL ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1828</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 _____	Reg # <b>8DG156</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2008</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <input type="checkbox"/> 21 Owner <b>WISHNEUSKY, ELAINE A</b> Address <b>135 MILL ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1828</b> Vehicle Action Prior to Crash <b>1</b> <input type="checkbox"/> 22 Event Sequence <b>1</b> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <b>1</b> <input type="checkbox"/> 24 Driver Contributing Code <b>1</b> <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <b>0</b> <input type="checkbox"/> 26 Damaged Area Code: <b>1</b> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <b>1</b> <input type="checkbox"/> 28 Type of Test: <b>1</b> <input type="checkbox"/> 29 BAC Test Result: <b>1</b> <input type="checkbox"/> 30 Susp. Alcohol: <b>2</b> <input type="checkbox"/> 31 Susp. Drug: <b>2</b> <input type="checkbox"/> 32 Towed from scene? <b>1</b> <input type="checkbox"/> 33
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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"/>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 21-145-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 3

2 1

3

4 1

5 2

6 1

2 10

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1 12

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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  
 2 **LOWELL ST**  
 Feet N S E W of . . . or . . .  
 Mile Marker Exit Number  
 Feet N S E W of Route# Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped

Crash Report ID# **21-146-AC**

License # **S75414854** St **MA** DOB/Age \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_  
 Operator **ONOS, COLLEEN J**  
 Address **6 SHERWOOD RD**  
 City **WILMINGTON** State **MA** Zip **01887-2833**  
 Insurance Company **QUINCY MUTUAL FIRE INSURA**  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_

Reg # **2CB936** Reg Type **PC** Reg State **MA**  
 Veh Year **2016** Veh Make **CHEVROLET** Veh Config. **1** 21  
 Owner **ONOS, COLLEEN J**  
 Address **6 SHERWOOD RD**  
 City **WILMINGTON** State **MA** Zip **01887-2833**  
 Vehicle Action Prior to Crash **3** 22 Damaged Area Code: 2 27 27 27  
 Event Sequence 2 23 23 23 23 Test Status: 1 28  
 Most Harmful Event **2** 24 Type of Test: 29  
 Driver Contributing Code **16** 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
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S87708028** St **MA** DOB/A \_\_\_\_\_  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_  
 Operator **BARTLETT, JOANNE L**  
 Address **61 WELLS DR**  
 City **TEWKSBURY** State **MA** Zip **01876-3637**  
 Insurance Company **UNITED SERVICES AUTOMOBIL**  
 Vehicle Travel Direction:  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 \_\_\_\_\_

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"/>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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Wilmington Police Department  
Images Associated with 21-146-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 06/18/2021	Time of Crash 1138 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	2	10	<p>Route# _____ Direction _____ Address # <u>474</u> Name of Roadway/Street <u>MAIN ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>	2	11
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-147-AC</b>
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License # <u>S12070618</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 Endorsement _____ Operator <u>COVINO, MICHAEL ROBERT</u> Address <u>15 CHURCH ST APT 303</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2788</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input checked="" 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>2JNG20</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>CHRYSLER</u> Veh Config. <u>1</u> <u>21</u> Owner <u>COVINO, MICHAEL ROBERT</u> Address <u>15 CHURCH ST APT 303</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2788</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>5</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: _____ Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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>
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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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>	<u>99</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>S95907400</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 Endorsement _____ Operator <u>RICE, ELWIN CHARLES</u> Address <u>14 HANOVER ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2419</u> Insurance Company <u>PREFERRED MUTUAL INSURANC</u> Vehicle Travel Direction: <input checked="" 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>66573</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2012</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>RICE, ELWIN CHARLES</u> Address <u>14 HANOVER ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2419</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: _____ Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <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>
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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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<u>1</u>	<u>99</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 06/18/2021	Time of Crash 1232 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	State Police <input checked="" type="checkbox"/>
Latitude _____ Longitude _____ Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____ <input type="checkbox"/>									

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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1

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# <u>38</u>	Direction <u>S</u>	Address # <u>687</u>	Name of Roadway/Street <u>MAIN ST</u>
_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____			
_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____			
Landmark _____			

2 10

2 11

2 1

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>21-148-AC</b>
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3

License # <u>S28830095</u> St <u>MA</u> DOB/Age _____	Reg # <u>325SX4</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SALERNO, ASHLEY REGINA</u>	Owner <u>SALERNO, CESAR AUGUSTO</u>
Address <u>755 WOBURN ST</u>	Address <u>755 WOBURN ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3426</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3426</u>
Insurance Company <u>GEICO GENERAL INSURANCE C</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

1 12

1 13

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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

7 1

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # <u>S34336992</u> St <u>MA</u> DOB/Age _____	Reg # <u>158WCA</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2010</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>STATHOULOPOULOS, JOHN</u>	Owner <u>STATHOULOPOULOS, JOHN</u>
Address <u>2114 INWOOD DR</u>	Address <u>2114 INWOOD DR</u>
City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5130</u>	City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-5130</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</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>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

1 14

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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



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

<p>Route# _____ Direction _____ Name of Roadway/Street _____          At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____          Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>316</b> Name of Roadway/Street <b>LOWELL ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ • _____ or _____          Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____          Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____          Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-149-AC**

License # <b>NHL11731820</b> St <b>NH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>99</b> <b>20</b> CDL <b>H</b> Endorsement Operator <b>GRAY, NICHOLAS T</b> Address <b>524 CARTIER ST APT 1</b> City <b>MANCHESTER</b> State <b>NH</b> Zip <b>03102</b> Insurance Company <b>GEICO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> 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 _____	Reg # <b>4855986</b> Reg Type <b>PC</b> Reg State <b>NH</b> Veh Year <b>2018</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b> Owner <b>LIBERTY MANOR APARTMENTS</b> Address <b>524 CARTIER APT 1</b> City <b>MANCHESTER</b> State <b>NH</b> Zip <b>03102</b> Vehicle Action Prior to Crash <b>3</b> <b>22</b> Damaged Area Code: <b>2</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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>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

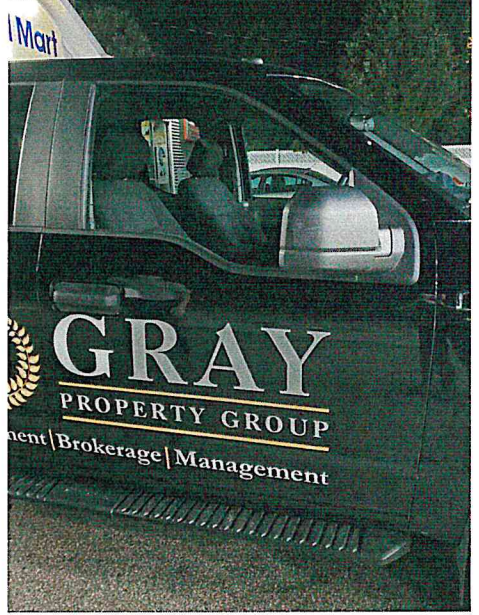
License # <b>S73899021</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>99</b> <b>20</b> CDL _____ Endorsement Operator <b>REYES, JEREMIAS</b> Address <b>169 CREST AVE APT 2</b> City <b>REVERE</b> State <b>MA</b> Zip <b>02151-4116</b> Insurance Company <b>ACE AMERICAN INSURANCE CO</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) <b>044089AB</b> Viol. 1: Ch/Sec/Sub <b>89</b> <b>2</b> Viol. 2: Ch/Sec/Sub <b>90</b> <b>24C</b> Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>T32295</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>2018</b> Veh Make <b>ISUZU</b> Veh Config. <b>2</b> <b>21</b> Owner <b>RYDER TRUCK RENTAL LT</b> Address <b>329 JEFFERSON RD</b> City <b>ROCHESTER</b> State <b>NY</b> Zip <b>14623-0000</b> Vehicle Action Prior to Crash <b>9</b> <b>22</b> Damaged Area Code: <b>7</b> <b>27</b> <b>27</b> <b>27</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>9</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>
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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>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 21-149-AC



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 06/19/2021	Time of Crash 1925 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>1</b>	Number Injured <b>1</b>	Speed Limit <b>40</b>	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>				<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <b>800</b> Direction _____ Address # <b>SALEM ST</b> Name of Roadway/Street _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet <b>N S E W</b> of _____ • _____ or _____ Mile Marker _____ Exit Number _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____											
												Landmark _____			

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped

Crash Report ID# **21-150-AC**

License # <b>S65926883</b> St <b>MA</b> DOB/Age _____	Reg # <b>596RX4</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____	Veh Year <b>2009</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>
Operator <b>PELLETIER, JUSTIN D</b>	Owner <b>SOUZA, ARLENE MARIE</b>
Address <b>34 LINWOOD AVE</b>	Address <b>34 LINWOOD AVE</b>
City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-2049</b>	City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-2049</b>
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>1 27 2 27 8 27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>21 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) <b>T2446682</b>	Most Harmful Event <b>21 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub <b>89 4A</b> Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 9 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
Towed from scene? <b>1 33</b>	

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"/>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</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 <b>19 19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____	Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
Towed from scene? <b>33</b>	

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"/>	<b>1</b>							



Wilmington Police Department  
Images Associated with 21-150-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Roadway/Street

2 1 Route# Direction Name of Roadway/Street

2 1 Route# Direction Name of Roadway/Street

2 1 Route# Direction Name of Roadway/Street

2 10 Route# Direction Address # Name of Roadway/Street

1 11 Feet N S E W of Mile Marker Exit Number

1 11 Feet N S E W of Route# Intersecting Roadway/Street

1 11 Feet N S E W of Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# **21-151-AC**

License # **S23776415** St **MA** DOB/Agc \_\_\_\_\_ Reg # **77X380** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D 19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2004** Veh Make **CHEVROLET** Veh Config. **2 21**

Operator **CONNORS, MITCHELL JOHN** Owner **GAGNON, TAMMY M**

Address **2 DADANT DR** Address **2 DADANT DR**

City **WILMINGTON** State **MA** Zip **01887-2149** City **WILMINGTON** State **MA** Zip **01887-2149**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **99 27 27 27**

Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **22 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **21 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? **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>XXXX</del>	<b>1</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	Winchester Hospital

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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							



