

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

3 1 Route# Direction Name of Intersecting Roadway/Street

CRESCENT ST

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

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

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

Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_

Landmark \_\_\_\_\_

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

Crash Report ID# 21-158-AC

License # S90801917 St MA DOB/Age \_\_\_\_\_ Reg # M9517A Reg Type CI Reg State MA

Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2020 Veh Make \_\_\_\_\_ Veh Config. 6 21

Operator WARING, NEIL R Owner WILMINGTON TOWN OF

Address 121 GLEN RD Address 121 GLEN RD

City WILMINGTON State MA Zip 01887-1448 City WILMINGTON State MA Zip 01887-3500

Insurance Company SELF INSURED

Vehicle Action Prior to Crash 10 22 Damaged Area Code: 6 27 27 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

Driver Distracted by 0 26 Susp. Alcohol: 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
Operator	See Above			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 # S53924408 St MA DOB/Age \_\_\_\_\_ Reg # 2JTF77 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2020 Veh Make VOLKSWAGEN Veh Config. 1 21

Operator BOURRELL, KACIE T Owner BOURRELL, DENNIS J

Address 3 WALKER ST Address 3 WALKER ST

City WILMINGTON State MA Zip 01887-3704 City WILMINGTON State MA Zip 01887-3704

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 4 27 3 27

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

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Towed from scene? 2 33

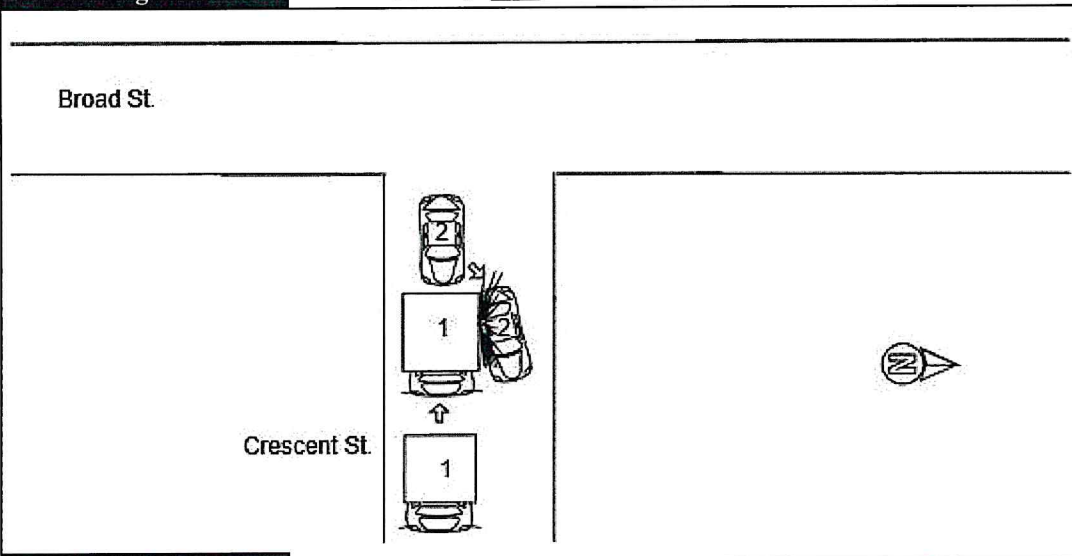
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

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

**Crash Diagram:**

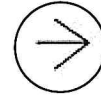
ie: →  1      →  2      → ○      → ☯



**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:**

On 06/28/21 Car 1 (Wilmington DPW street sweeper) while in reverse heading westbound on Crescent St. performing street cleaning duties crashed into car 2. The operator of car 2 stated she pulled behind car 1, she realized it was backing up and attempted to honk her horn with no effect. She then tried to pull to the left side of car 1 to avoid the crash. Damage was done to the right side and rear of car 2, minor scratches done to the left side of car 1.

ref 21-768-OF

**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

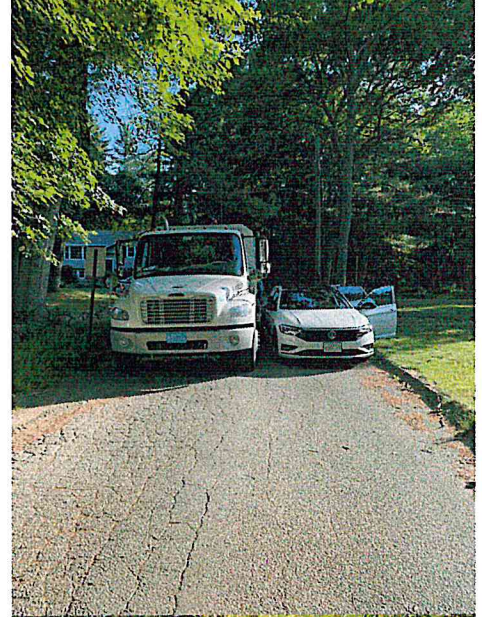
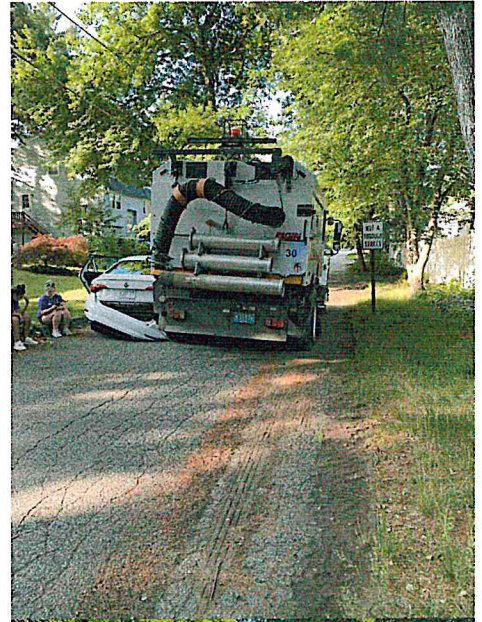
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

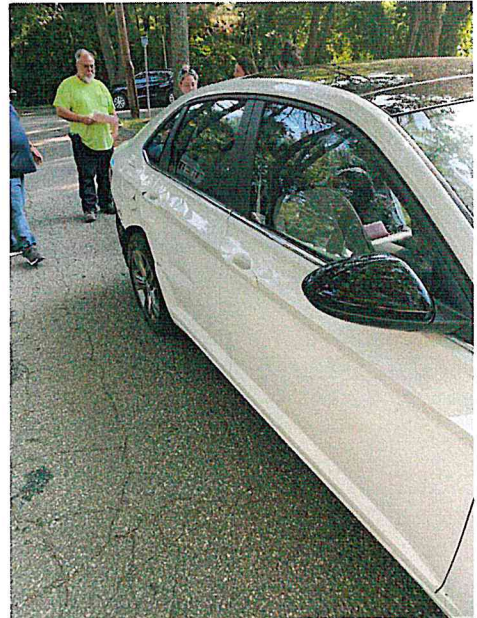
Placard  47      Material 1 digit #  48      Material Name \_\_\_\_\_      Material 4 digit # \_\_\_\_\_      Release code  49

Patrol Officer Dillon Halliday      205      Wilmington Police Department      06/28/2021  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 21-158-AC



Wilmington Police Department  
Images Associated with 21-158-AC





Wilmington Police Department  
Incident Report

Incident #: 21-768-OF  
Call #: 21-13764

Date/Time Reported: 06/28/2021 0736  
Report Date/Time: 06/28/2021 0913  
Status: No Crime Involved

Reporting Officer: Patrol Officer Dillon Halliday  
Approving Officer: Sergeant Kevin Cavanaugh

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_



# INVOLVED SEX RACE AGE SSN PHONE

1 WARING, NEIL R

Military Active Duty:  
DOB:  
LICENSE NUMBER:  
LOCAL ID:

PLACE OF BIRTH:  
ETHNICITY:

2 BOURRELL, KACIE T

Military Active Duty:  
DOB:  
LICENSE NUMBER:

PLACE OF BIRTH:  
ETHNICITY:

# EVENTS (S)

LOCATION TYPE: Highway/Road/Alley/Street Zone: Sector 2  
CRESCENT ST  
WILMINGTON MA 01887

1 MOTOR VEHICLE CRASH

# PERSON (S) PERSON TYPE SEX RACE AGE SSN PHONE

1 TOWN OF WILMINGTON BUSINESS

Wilmington Police Department  
Incident Report

Page: 2  
07/09/2021

Incident #: 21-768-OF  
Call #: 21-13764

#	VEHICLE(S)	YEAR	MAKE	STYLE	COLOR1	COLOR2	REG	VALUE
1	M2	2020			WHI		MA M9517A	\$0.00
	STATUS: Destroyed/Damaged/Vandalized						DATE: 06/28/2021	
	OWNER: TOWN OF WILMINGTON							
	VIN: 1FVACXFC9LHKZ0870							

NARRATIVE FOR PATROL OFFICER DILLON HALLIDAY

Ref: 21-768-OF

Entered: 06/28/2021 @ 0930	Entry ID: 205
Modified: 06/28/2021 @ 0943	Modified ID: 205
Approved: 06/29/2021 @ 0743	Approval ID: 195

On 06/28/21 at approximately 0736hrs while working my assigned 12-8 shift in cruiser 31 sector 1 I responded to Crescent St at Broad St. for a report of a minor two car MV crash involving a DPW street sweeper.

Upon arrival I observed MA reg. '2JTF77' on a white Volkswagen Jetta with Kacie Bourrell operating. I also observed a MA Official reg. 'M9517A' on a M2 Freightliner street sweeper with Wilmington DPW worker Neil Waring operating. The sweeper was positioned next to the Volkswagen and crashed with the rear ends touching.

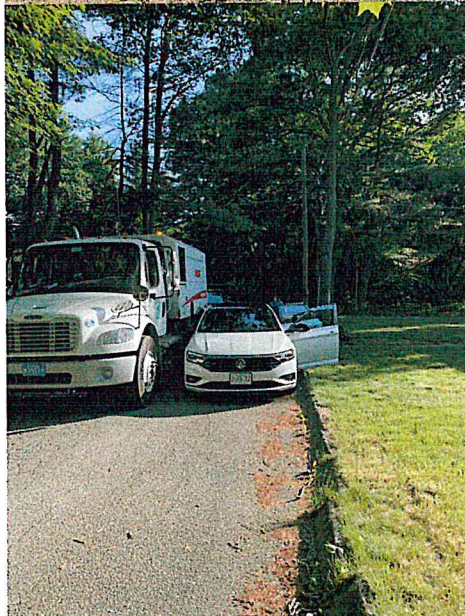
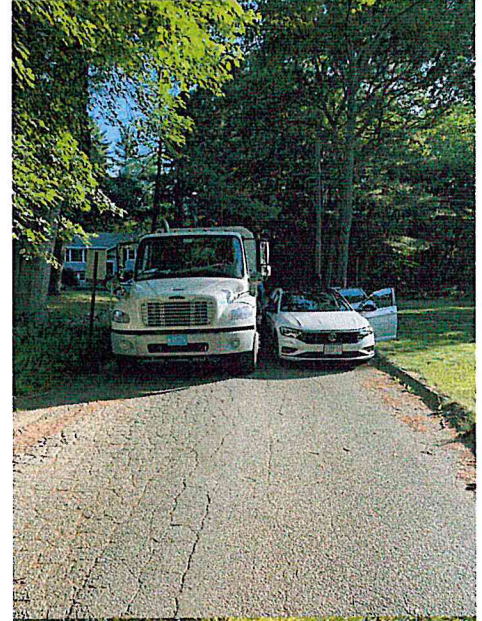
I spoke with Neil and he stated he was street sweeping Crescent St. (narrow street) on the right side. He then went in reverse to set up another run. He needed to clear the tree branches over hanging the street to avoid them hitting his mirrors and went a little further into the street. He stated he did not see the Jetta behind him while reversing.

I then spoke to Kacie. She stated she turned onto the street and behind the sweeper. She then realized the sweeper was moving in reverse. She attempted to honk her horn with no effect as the sweeper was running and was loud. She then tried to turn out of the way of the sweeper to the left side. the sweeper crashed into the right side of the Jetta and struck the rear door, fender and took the rear bumper off. No parties were injured. Pictures of the scene have been attached to the image tab. A copy of 21-158-AC crash report in attachments. information exchanges were filled out and explained.

Respectfully submitted,

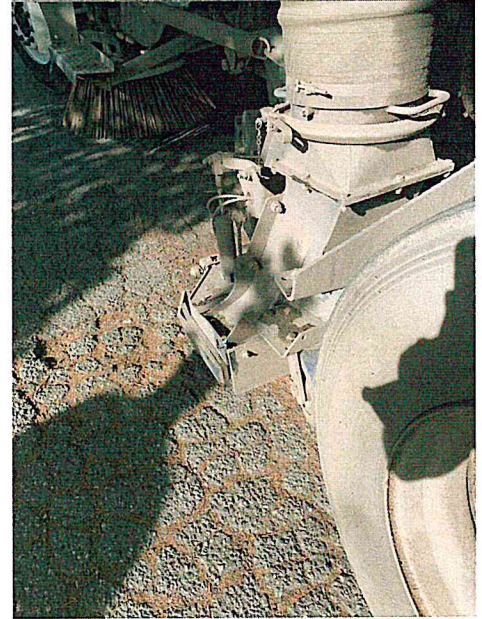
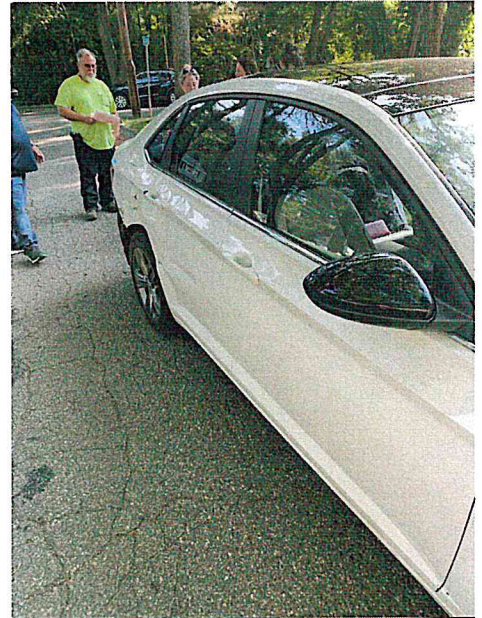
Ofc. Dillon Halliday #205

Wilmington Police Department  
Images Associated with 21-768-OF





Wilmington Police Department  
Images Associated with 21-768-OF



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 06/28/2021	Time of Crash 1154 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 0	Speed Limit <b>30</b>	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>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>43 GLEN RD</b>	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped Crash Report ID# **21-159-AC**

License # <b>S22947842</b> St <b>MA</b> DOB/Age _____	Reg # <b>S39907</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 _____	Veh Year <b>2015</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2</b>
Operator <b>DIONNE, LAWRENCE PETER</b>	Owner <b>DISASTER ASSOCIATES INC</b>
Address <b>66 BRAND AVE</b>	Address <b>228 MAIN ST</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b>	City <b>STONEHAM</b> State <b>MA</b> Zip <b>02180-1251</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>5 27 27 27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>KENNETH SMITH</b>	60 SALEM ST WOBURN, MA 01801	08/22/1952	M	3	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 # <b>S53006607</b> St <b>MA</b> DOB/Age _____	Reg # <b>925DA1</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2001</b> Veh Make <b>TOYOTA</b> Veh Config. <b>2</b>
Operator <b>ALONZO, MICHELLE M</b>	Owner <b>ALONZO, MIGUEL</b>
Address <b>17 CLARKE ST APT 1</b>	Address <b>29 TOWER HILL ST</b>
City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-2118</b>	City <b>LAWRENCE</b> State <b>MA</b> Zip <b>01841-4835</b>
Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>1 27 27 27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
Citation # (If Issued) <b>T1683959</b>	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub <b>90 10</b> Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99 25 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>31</b> Susp. Drug: <b>32</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>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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 Name of Roadway/Street Address # **43 GLEN RD**  
 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 3 **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-159-AC**

License # **S32801018** St **MA** DOB/Age \_\_\_\_\_ Reg # **985ZS6** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **NISSAN** Veh Config. **1 21**  
 Operator **TILTON, PATRICIA ANN** Owner **TILTON, PATRICIA ANN**  
 Address **3 PARK AVE** Address **3 PARK AVE**  
 City **WILMINGTON** State **MA** Zip **01887-3737** City **WILMINGTON** State **MA** Zip **01887-3737**  
 Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **0 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **52 23 23 23 23** Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **51 24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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"/>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle 4 \_\_\_\_\_ #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 \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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		<input checked="" type="checkbox"/>	<b>1</b>							



**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 \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ Address # \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

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# 21-161-AC**

License # **S73087130** St **MA** DOB/Age \_\_\_\_\_ Reg # **7WJ474** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year **2005** Veh Make **TOYOTA** Veh Config. **1 21**

Operator **JOHNSTON, CHRISTINE M** Owner **JOHNSTON, CHRISTINE M**

Address **15 THURSTON AVE** Address **15 THURSTON AVE**

City **WILMINGTON** State **MA** Zip **01887-2431** City **WILMINGTON** State **MA** Zip **01887-2431**

Insurance Company **UNITED SERVICES AUTOMOBIL** Vehicle Action Prior to Crash  1  22 Damaged Area Code:  7  27  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:  31 Susp. Drug:  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"/> 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	

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

License # **C65065446305986** St **NJ** DOB/Age \_\_\_\_\_ Reg # **X44NKF** Reg Type **PC** Reg State **NJ**

Sex **M** Lic. Class  19  19 Lic. Restrictions  20 CDL \_\_\_\_\_ Veh Year **2021** Veh Make **CHEVROLET** Veh Config. **2 21**

Operator **COOPER, MICHAEL C** Owner **COOPER, MICHAEL C**

Address **276 LYNDHURST AVE** Address **276 LYNDHURST AVE**

City **LYNDHURST** State **NJ** Zip **07071-1812** City **LYNDHURST** State **NJ** Zip **07071-1812**

Insurance Company **GEICO INSURANCE** Vehicle Action Prior to Crash  1  22 Damaged Area Code:  1  27  27  27

Vehicle Travel Direction:  N  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  4  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		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	
<b>KRISTEN BRADLEY</b>	120 ROWLEY ST AGAWAM, MA 01001-1629		F	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 10	<input type="checkbox"/> 1	



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 06/29/2021	Time of Crash 0749 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 3	Number Injured 0	Speed Limit <b>40</b>	Latitude _____	Longitude _____	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>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	<b>247 LOWELL ST</b>	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
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 _____ or _____ Exit Number _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ 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 _____ Mile Marker _____ or _____ Exit Number _____	Route# _____ Intersecting Roadway/Street _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Crash Report ID# **21-162-AC**

License # <b>SA4980590</b> St <b>MA</b> DOB/Age _____	Reg # <b>1XKG99</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____	Veh Year <b>2019</b> Veh Make <b>MERCEDES-BENZ</b> Veh Config. <b>1</b> 21
Operator <b>TSEWANG, NAMGYAL</b>	Owner <b>TRASAR, GONPO</b>
Address <b>10 GRANTON PARK</b>	Address <b>10 GRANTON PARK</b>
City <b>ARLINGTON</b> State <b>MA</b> Zip <b>02474-3613</b>	City <b>ARLINGTON</b> State <b>MA</b> Zip <b>02474-3613</b>
Insurance Company <b>STATE FARM MUTUAL AUTOMOB</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: 5 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>1</b> 28
Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Towed from scene? <b>2</b> 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	<del>XXXXXX</del>	<del>X</del>	<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>S20014354</b> St <b>MA</b> DOB/Age _____	Reg # <b>7SG189</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____	Veh Year <b>2018</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> 21
Operator <b>STEWART, CALVIN CURTIS</b>	Owner <b>STEWART, CALVIN CURTIS</b>
Address <b>2 LOWELL ST</b>	Address <b>2 LOWELL ST</b>
City <b>NORTH BILLERICA</b> State <b>MA</b> Zip <b>01862-1004</b>	City <b>NORTH BILLERICA</b> State <b>MA</b> Zip <b>01862-1004</b>
Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: 5 27 1 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> 23 23 23 23 Test Status: <b>1</b> 28
Citation # (If Issued) _____	Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> 25 25 BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Towed from scene? <b>1</b> 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	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**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  
 2  
 Route# Direction Address # Name of Roadway/Street  
 247 **LOWELL ST**  
 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 \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 3 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-162-AC**

4 1 License # **S44214965** St **MA** DOB/Age \_\_\_\_\_ Reg # **5DC411** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class  19  19 Lic. Restrictions  B  20 CDL \_\_\_\_\_ Veh Year **2018** Veh Make **DODGE** Veh Config.  1  21  
 Operator **SURRAN, VENESSA ANN** Owner **SURRAN, VENESSA ANN**  
 Last First Middle Last First Middle  
 Address **13 CREST AVE** Address **13 CREST AVE**  
 City **N WILMINGTON** State **MA** Zip **01887-3029** City **N WILMINGTON** State **MA** Zip **01887-3029**  
 Insurance Company **INTEGON NATIONAL INSURANC** Vehicle Action Prior to Crash  1  22 Damaged Area Code:  1  27  27  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) \_\_\_\_\_ 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

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





7 1 Please Select One of the Following:  Vehicle 4 #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 \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config.  21  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Last First Middle Last First Middle  
 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

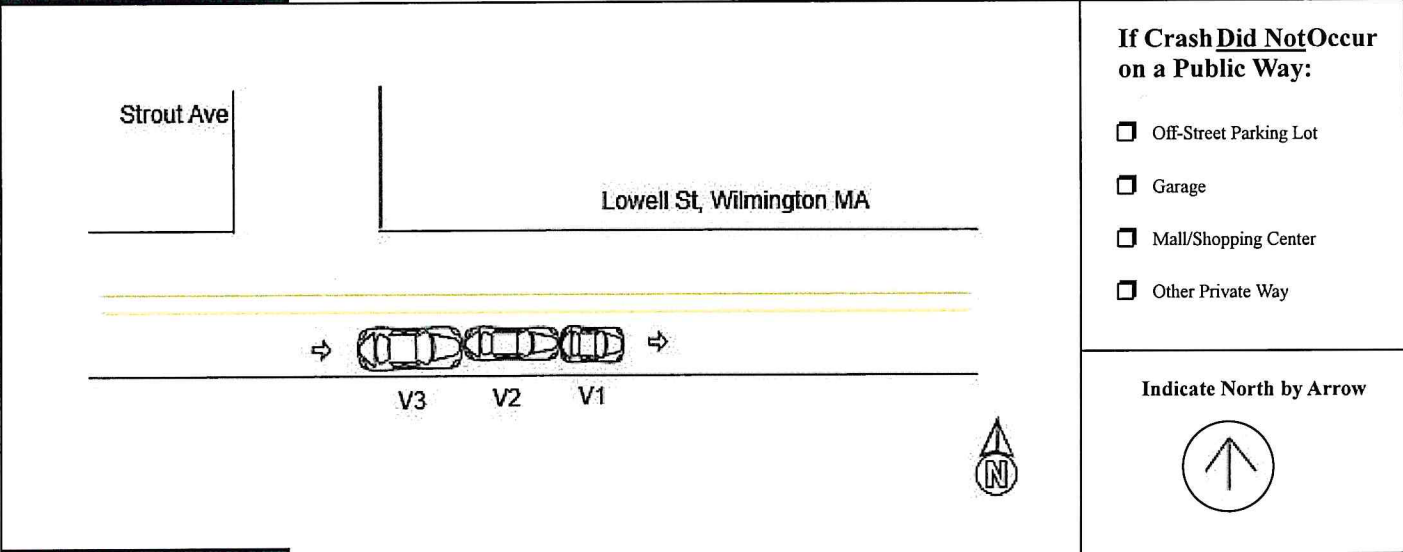
9 2 Please fill out for operator/non-motorist and all occupants involved

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>	<b>1</b>							



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

**Crash Diagram:**



**Crash Narrative:**

V1, V2, and V3 were traveling east on Rt. 129, Lowell Street, in Wilmington towards the I93 ramps. V1 stopped in traffic, V2 crashed into V1, and V3 crashed into V2 in a line. V1 had very limited damage to the rear, only a licence plate indentation from V2. V2 had damage to the front and rear, this vehicle was towed by A&S. V3 had damage to the front. Op1 stated she stopped in traffic and was hit from behind. Op2 stated he stopped when V1 stopped then V3 hit him, which pushed him into V1. Op3 stated she hit V2. No injuries observed on reported in Op1,2,or 3.

**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

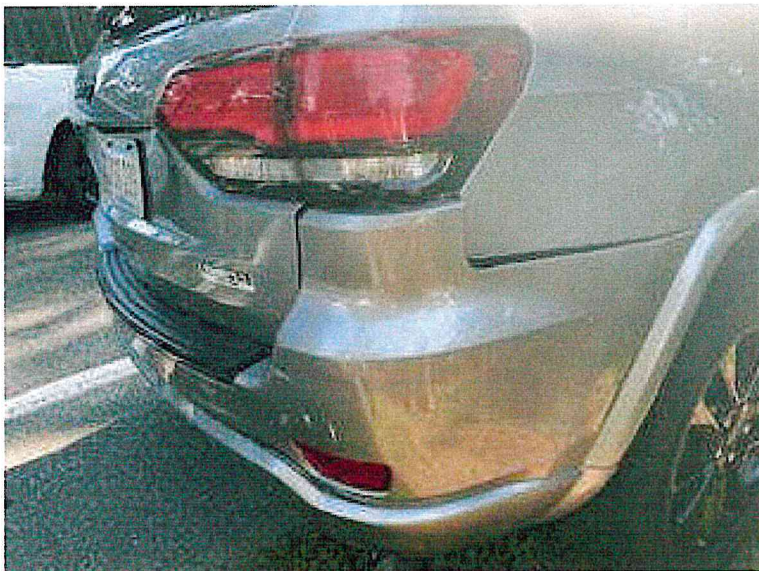
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

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

Patrol Officer Kathryn C Goodwin                      216                      Wilmington Police Department                      06/29/2021  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date

Wilmington Police Department  
Images Associated with 21-162-AC



Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 06/29/2021  
 Time of Crash: 1309  
 City/Town: **Wilmington**  
 24HR

## Motor Vehicle Crash Police Report

Number Vehicles: 2  
 Number Injured: 0  
 Speed Limit: 30  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 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 \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 2  
 1 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

2  
 10  
 4  
 11  
 Route# **4** Direction \_\_\_\_\_ Address # **BOUTWELL ST** Name of Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ or \_\_\_\_\_ Exit Number \_\_\_\_\_  
 \_\_\_\_\_ 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# **21-163-AC**

4  
 1  
 License # **S31208541** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class  19  D  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **JAVIER ACEVEDO, MAXIMO**  
 Last First Middle  
 Address **161 FARNHAM ST APT 2NDFL**  
 City **LAWRENCE** State **MA** Zip **01843**  
 Insurance Company **OLD REPUBLIC INSURANCE CO**  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_

1  
 12  
 Reg # **V66526** Reg Type **CO** Reg State **MA**  
 Veh Year **2020** Veh Make **FORD** Veh Config. **97** <sup>21</sup>  
 Owner **AMAZON LOGISTICS INC**  
 Last First Middle  
 Address **410 TERRY N AVE**  
 City **SEATTLE** State **WA** Zip **98109-5210**  
 Vehicle Action Prior to Crash  1  2  11  22  
 Damaged Area Code:  6  27  7  27  27  
 Event Sequence  2  23  23  23  23  
 Test Status:  1  28  
 Type of Test:  29  
 Most Harmful Event  2  24  
 BAC Test Result:  1  30  
 Driver Contributing Code  1  25  25  
 Susp. Alcohol:  2  31 Susp. Drug:  2  32  
 Driver Distracted by  0  26  
 Towed from scene?  2  33

5  
 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>	1	99	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 # **S94779886** St **MA** DOB/Age \_\_\_\_\_  
 Sex **M** Lic. Class  99  19  19 Lic. Restrictions  1  20 CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
 Operator **GIANNAKAS, EURIPIDIS S**  
 Last First Middle  
 Address **11 BOUTWELL ST**  
 City **WILMINGTON** State **MA** Zip **01887-2602**  
 Insurance Company **ZURICH AMERICAN INSURANCE**  
 Vehicle Travel Direction:  N  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 \_\_\_\_\_

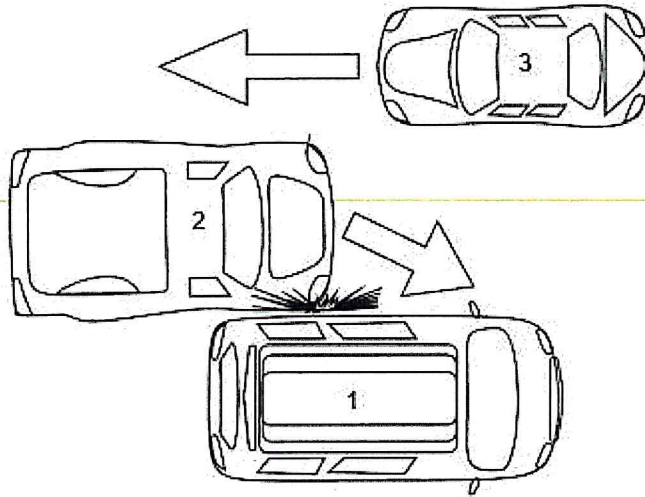
1  
 14  
 Reg # **S88185** Reg Type **CO** Reg State **MA**  
 Veh Year **2017** Veh Make **FORD** Veh Config. **97** <sup>21</sup>  
 Owner **ULTRA SERVICES INC**  
 Last First Middle  
 Address **8 COOK ST**  
 City **BILLERICA** State **MA** Zip **01821-6064**  
 Vehicle Action Prior to Crash  1  22  
 Damaged Area Code:  7  27  27  27  
 Event Sequence  2  23  23  23  23  
 Test Status:  1  28  
 Type of Test:  29  
 Most Harmful Event  2  24  
 BAC Test Result:  1  30  
 Driver Contributing Code  99  25  25  
 Susp. Alcohol:  2  31 Susp. Drug:  2  32  
 Driver Distracted by  99  26  
 Towed from scene?  2  33

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>	1	99	4	0	0	10	1	

**Crash Diagram:**

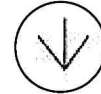
ie: → 1   → 2   → ♂   → 🚲



**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:**

Vehicle # 1 was parked making a delivery. Vehicle # 2 attempted to go around vehicle #1 but had to swerve to the right to avoid colliding with Vehicle #3 who never stopped and was unidentified. Vehicle # 2 side mirror struck vehicle #1 causing damage.

**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 Anthony Fiore

164

Wilmington Police Department

06/29/2021

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

2 10  
Route# Direction Address # Name of Roadway/Street  
448 SHAWSHOEN AVE  
Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
2 11  
Feet N S E W of \_\_\_\_\_  
Route# Intersecting Roadway/Street  
Feet N S E W of \_\_\_\_\_  
Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped | Crash Report ID# 21-164-AC

4 1  
License # S67011468 St MA DOB/Age \_\_\_\_\_ Reg # S98638 Reg Type CO Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2015 Veh Make NISSAN Veh Config. 1 21  
Operator GAUTREAU, ROBERT L JR Owner WEST SPRINGFIELD AUTO PARTS INC  
Address 21 STURGIS ST APT 2 Address 945 MAIN ST  
City WOBURN State MA Zip 01801-5399 City W SPRINGFIELD State MA Zip 01089-3941  
Insurance Company ACE AMERICAN INSURANCE CO  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 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  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

5  
Vehicle Travel Direction: N X E W Responding to Emergency? 2  
Citation # (If Issued) \_\_\_\_\_

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	X	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 # S25693486 St MA DOB/Age \_\_\_\_\_ Reg # 2MPX37 Reg Type PC Reg State MA  
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21  
Operator SHIRSHAC, HENRY S Owner SHIRSHAC, HENRY S  
Address 76 PINE TRL Address 76 PINE TRL  
City GROTON State MA Zip 01450-1926 City GROTON State MA Zip 01450-1926  
Insurance Company THE COMMERCE INSURANCE CO  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 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 5 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? 2 33  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

9 2  
Vehicle Travel Direction: N X E W Responding to Emergency? 2  
Citation # (If Issued) \_\_\_\_\_

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	X	X	1	1	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 21-164-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

3 1 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

135 SHAWSHOEN AVE

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# 21-165-AC

License # SA0570167 St MA DOB/Age

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

Operator RUGGIERO, JOSEPH JOHN II

Address 149 HAVERHILL ST

City ANDOVER State MA Zip 01810-1538

Insurance Company USAA GENERAL INDEMNITY CO

Vehicle Travel Direction: N 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

Reg # 1RHC41 Reg Type PC Reg State MA

Veh Year 2015 Veh Make CHEVROLET Veh Config. 1 21

Owner RUGGIERO, KELLEE CLAIRE

Address 149 HAVERHILL ST

City ANDOVER State MA Zip 01810-1538

Vehicle Action Prior to Crash 3 22 Damaged Area Code: 3 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? 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	99	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 # S56523093 St MA DOB/Age

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

Operator DUFFY, THOMAS M JR

Address 128 NICHOLS ST

City WILMINGTON State MA Zip 01887-1628

Insurance Company LIBERTY MUTUAL PERSONAL I

Vehicle Travel Direction: N 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

Reg # 4SL640 Reg Type PC Reg State MA

Veh Year 2010 Veh Make SUBARU Veh Config. 1 21

Owner DUFFY, DEBRA PANZERI

Address 128 NICHOLS ST

City WILMINGTON State MA Zip 01887-1628

Vehicle Action Prior to Crash 1 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 4 25 BAC Test Result: 1 30

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

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

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	99	99	0	0	10	1	





**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  
 205 MAIN ST  
 Feet N S E W of Mile Marker or 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# **21-166-AC**

License \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # **CS174** Reg Type **PC** Reg State **MA**  
 Se: Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement  
 Veh Year **2018** Veh Make **KIA** Veh Config. **2** 21  
 Operator \_\_\_\_\_ Owner **JONES, MATTHEW BRIAN**  
 Address \_\_\_\_\_ Address **23 ADAMS ST**  
 City \_\_\_\_\_ State **MA** Zip **01887-2452**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 27  
 Vehicle Travel Direction: **N X 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 \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ 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			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

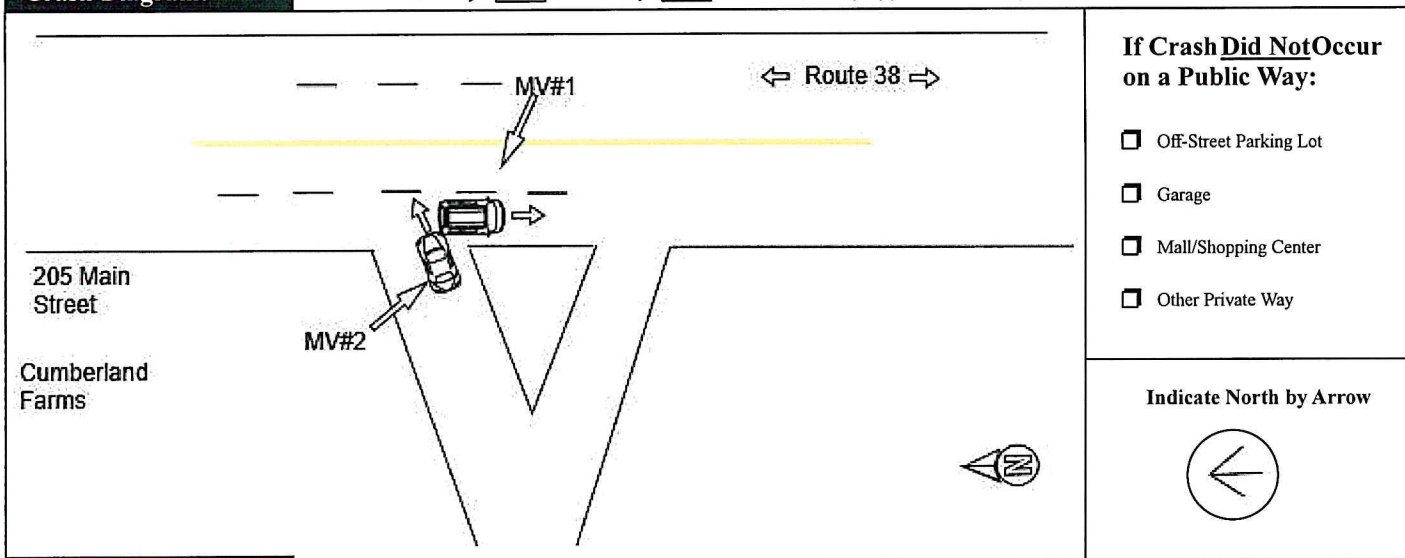
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S20357360** St **MA** DOB/Ag \_\_\_\_\_ Reg # **STRROD** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement  
 Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **STROB, JOHN T** Owner **STROB, JOHN T**  
 Address **12 BRAND AVE** Address **12 BRAND AVE**  
 City **WILMINGTON** State **MA** Zip **01887-2640**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 27 27  
 Vehicle Travel Direction: **N S X 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 \_\_\_\_\_ Driver Contributing Code **19** 25 **97** 25 BAC Test Result: **30**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2** 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>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**

ie: → [1]    → [2]    → 👤    → 🚲



**Crash Narrative:**

Oper. Of MV#1 was traveling south on Route 38 just passing 205 Main Street Cumberland Farms. As MV#1 was passing Bridge Lane oper. of MV#2 was exiting Bridge Lane turning left onto Main Street and struck the passenger side rear of MV#1.

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**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**    **07/01/2021**  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 38 S MAIN ST  
Route# Direction Name of Roadway/Street

At  
CROSS ST  
Route# Direction Name of Intersecting Roadway/Street

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

2 2

Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

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

2 11

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

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

Landmark

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

Crash Report ID# 21-167-AC

License # S29585184 St MA DOB/Age \_\_\_\_\_ Reg # 299TC7 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2005 Veh Make PONTIAC Veh Config. 1 21

Operator MELITO, JAMES D Owner MELITO, JAMES D  
Last First Middle Last First Middle

Address 19 CLAIRE ST Address 19 CLAIRE ST

City TEWKSBURY State MA Zip 01876-3911 City TEWKSBURY State MA Zip 01876-3911

Insurance Company PLYMOUTH ROCK ASSURANCE C

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

Vehicle Travel Direction: N X 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 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
Operator	See Above		X	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 # S37889808 St MA DOB/Age \_\_\_\_\_ Reg # 828XJ6 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year 2011 Veh Make HONDA Veh Config. 1 21

Operator LAWSON, ELIZABETH NAOMI Owner LAWSON, ELIZABETH NAOMI  
Last First Middle Last First Middle

Address 137 WINSOR AVE Address 137 WINSOR AVE

City WATERTOWN State MA Zip 02472-1482 City WATERTOWN State MA Zip 02472-1482

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27

Vehicle Travel Direction: N X 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 99 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

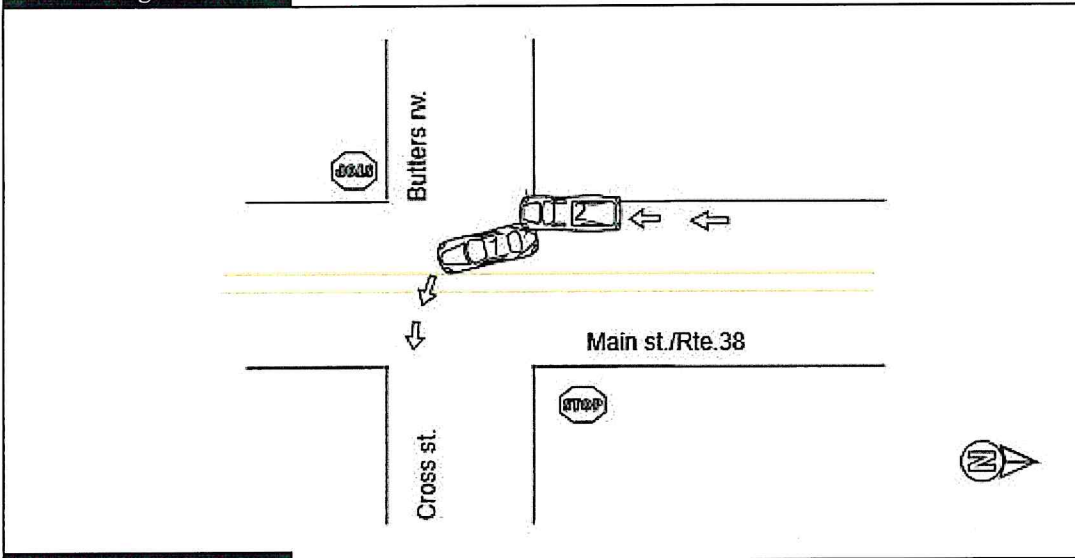
Please fill out for operator/non-motorist and all occupants involved

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
Operator/Non-Motorist	See Above		X	1	1	4	0	0	10	1	

→ = 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.#1 related he was traveling south on main st./rte.38 and while he had stopped to make a left turn onto cross st., m/v#2 came from behind and struck his right rear bumper.

Oper.#2 related she was traveling south on main st./rte.38, while doing so, when she realized that m/v#1 had stopped at the intersection to make a left turn, it was too late and swerved to the right and struck m/v#1 on the right rear bumper.

**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 Paul W Jepson

142

Wilmington Police Department

07/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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

1 **4** Route#            Direction            Name of Roadway/Street CONCORD ST  
 At  
 Route#            Direction            Name of Intersecting Roadway/Street I93 NB EXIT 33  
 Also at Intersection with  
 Route#            Direction            Name of Intersecting Roadway/Street           

2 **3** Route#            Direction            Name of Roadway/Street             
 Address #            Name of Roadway/Street             
 Feet                                                 of            or            Exit Number             
 Mile Marker             
 Feet                                           of Route#            Intersecting Roadway/Street             
 Landmark           

3 Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **21-168-AC**

4 License # **S28098673** St **MA** DOB/Age            Reg # **1LGB62** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL            Veh Year **2006** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **LEBRON, GERALDO JR** Owner **LEBRON, GERALDO JR**  
 Address **122 CROSS ST APT 2** Address **122 CROSS ST APT 2**  
 City **SOMERVILLE** State **MA** Zip **02145-4118** City **SOMERVILLE** State **MA** Zip **02145-4118**  
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 2 27 27 27  
 Vehicle Travel Direction:     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 **99** 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

6 2 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>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

7 3 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 # **F7030444** St **CA** DOB/Age            Reg # **7TXR528** Reg Type **PC** Reg State **CA**  
 Sex **M** Lic. Class **C** 19 19 Lic. Restrictions **1** 20 CDL            Veh Year **2016** Veh Make **KIA** Veh Config. **1** 21  
 Operator **SHEA, JULIAN** Owner **SHEA, JULIAN**  
 Address **6619 LELND WAY APT 417** Address **6619 LELND WAY APT 417**  
 City **HOLLYWOOD** State **CA** Zip **90028** City **HOLLYWOOD** State **CA** Zip **90028**  
 Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 7 27 27 27  
 Vehicle Travel Direction:     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 **99** 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

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>          </del>	<del>          </del>	<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 21-168-AC

