

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

1 1 Route# Direction Name of Roadway/Street At
 2 2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 3 3 Route# Direction Name of Intersecting Roadway/Street

603 MAIN ST
 Feet N S E W of _____ Mile Marker _____ Exit Number _____
 Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
 Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-218-AC**

License # **SA4150007** St **MA** DOB/Age _____ Reg # **2FWA19** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2008** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **KAKAYI, MARGARET** Owner **KAKAYI, MARGARET**
 Address **1057 SOUTH ST** Address **1057 SOUTH ST**
 City **TEWKSBURY** State **MA** Zip **01876-2323** City **TEWKSBURY** State **MA** Zip **01876-2323**
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **8** 27 **27**
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 **20** 23 **35** 23 **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **35** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

License # **S23776415** St **MA** DOB/Age _____ Reg # **77X380** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 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 **4** 22 Damaged Area Code: **1** 27 **27** **27**
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **1** 29
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 **25** BAC Test Result: **1** 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? **1** 33
 Viol. 4: Ch/Sec/Sub _____

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-218-AC

