

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/22/2021	Time of Crash 0814 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	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"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>439</u> Name of Roadway/Street <u>MIDDLESEX AVE</u>			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			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 _____			
			Landmark _____			

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

Crash Report ID# **21-219-AC**

License # <u>S57295237</u> St <u>MA</u> DOB/Age _____	Reg # <u>6NN259</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>99</u> <u>20</u> CDL Endorsement _____	Veh Year <u>2007</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>PIRES, ROMEO T</u> Last First Middle	Owner <u>PIRES, ROMEO T</u> Last First Middle
Address <u>676 SOUTH ST</u>	Address <u>676 SOUTH ST</u>
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2315</u>	City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2315</u>
Insurance Company <u>NORFOLK & DEDHAM MUTUAL F</u>	Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <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>1</u> <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 _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

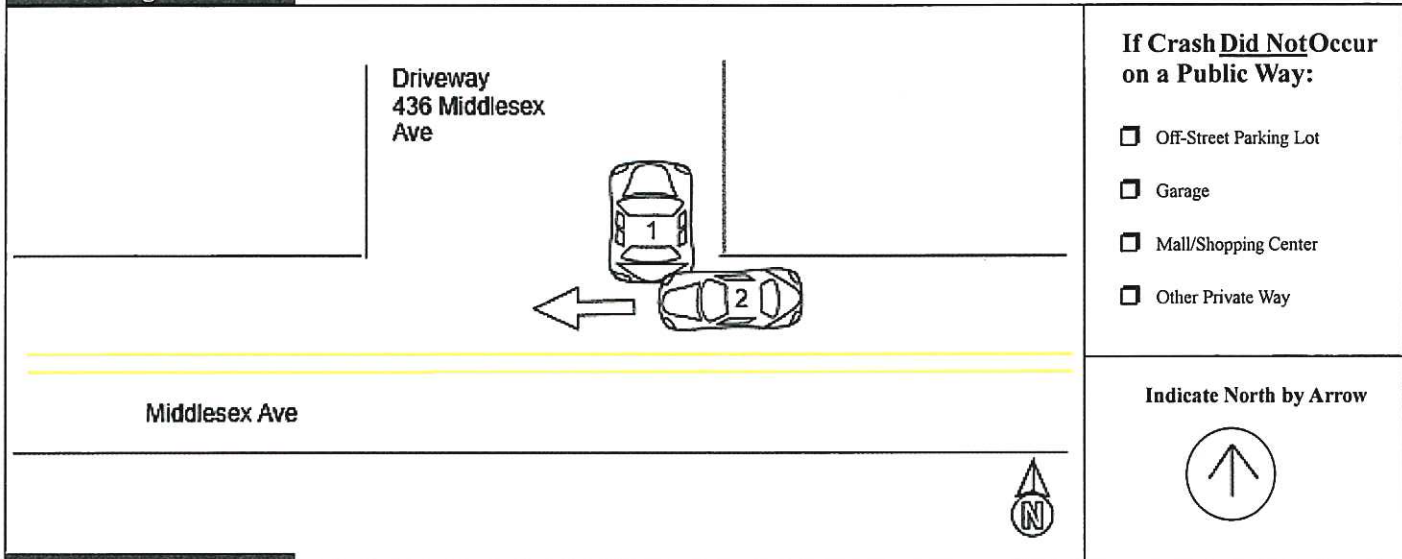
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator <u>unknown</u> Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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	<u>1</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>1</u>	

→ = 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:

MV1 parked in driveway of 436 Middlesex Ave with back end sticking out. MV2 heading towards Rt62 sideswiped MV1 and continued straight. Left scene. Opp. of MV1 was inside vehicle at time, no apparent injury. Damage to rear bumper of MV1, MV1 still driveable. Called in by witness at 437 Middlesex Ave.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BROOKS SCOTT A	437 MIDDLESEX AVE WILMINGTON MA 01887-1105		

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 Joseph A Fitzgerald 215 Wilmington Police Department 08/22/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-219-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/23/2021	Time of Crash 2138 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>35</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"/>

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____			
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ 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 _____ Route# _____ 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 _____ Landmark _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-220-AC**

License # <u>S42634556</u> St <u>MA</u> DOB/Age _____	Reg # <u>98891G</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year <u>2000</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <input type="checkbox"/> 21
Operator <u>HULTGREN, LISA ANN</u> Last First Middle	Owner <u>HULTGREN, LISA ANN</u> Last First Middle
Address <u>96 POND ST</u>	Address <u>96 POND ST</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1237</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1237</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <input type="checkbox"/> 22 Damaged Area Code: <u>1</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>21</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <u>1</u> <input type="checkbox"/> 28
Citation # (If Issued) _____	Most Harmful Event <u>21</u> <input type="checkbox"/> 24 Type of Test: <u>29</u> <input type="checkbox"/> 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____	Driver Contributing Code <u>1</u> <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <u>30</u> <input type="checkbox"/> 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____	Driver Distracted by <u>0</u> <input type="checkbox"/> 26 Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32
	Towed from scene? <u>1</u> <input type="checkbox"/> 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
<i>Operator</i>	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 # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28
Citation # (If Issued) _____	Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 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
<i>Operator/Non-Motorist</i>	See Above	XXXXXX	X	1							

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/24/2021	Time of Crash 1413 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude	Longitude	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:		
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>129</u> Direction <u>W</u> Address # <u>59</u> Name of Roadway/Street <u>LOWELL ST</u>			
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ 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 _____ Route# _____ 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 _____ Landmark _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-221-AC**

License # <u>S40434718</u> St <u>MA</u> DOB/Age _____	Reg # <u>3345KM</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>2017</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>TRANT, LOUISE F</u> Last First Middle	Owner <u>TRANT, LOUISE F</u> Last First Middle
Address <u>34 GLEN ST</u>	Address <u>34 GLEN ST</u>
City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-3210</u>	City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145-3210</u>
Insurance Company <u>UNITED SERVICES AUTOMOBIL</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>30</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>31</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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
Operator	See Above	XXXX	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 # <u>S51843758</u> St <u>MA</u> DOB/Age _____	Reg # <u>3DBW11</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>2001</u> Veh Make <u>DODGE</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>SHEEHAN, JAMES A JR</u> Last First Middle	Owner <u>SHEEHAN, JAMES A JR</u> Last First Middle
Address <u>127 COOK ST</u>	Address <u>127 COOK ST</u>
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u>	City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-0000</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" 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>30</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>11</u> <u>25</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>7</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only		RMV Document Number			
Date of Crash 08/24/2021	Time of Crash 1734 24HR	City/Town Wilmington	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> 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"/>	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<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>	<p>Route# _____ Direction _____ Address # <u>94</u> Name of Roadway/Street <u>SHAWSHEEN AVE</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 style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</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;">Landmark _____</p>
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **21-222-AC**

License # <u>SA4730290</u> St <u>MA</u> DOB/Ag _____	Reg # <u>9PL116</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL Endorsement _____	Veh Year <u>2005</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u>
Operator _____ Last _____ First _____ Middle _____	Owner <u>GRONEMEYER, ERIC MURRELL</u> Last _____ First _____ Middle _____
Address _____	Address <u>14 SHAWSHEEN AVE</u>
City _____ State _____ Zip _____ <u>9</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2629</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</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"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>40</u> <u>23</u> <u>22</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>22</u> <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>12</u> <u>25</u> <u>7</u> <u>25</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>99</u> <u>26</u> Towed from scene? <u>1</u> <u>33</u>

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	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
			<u>M</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

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	<u>1</u>							

Police Use Only: Date of Crash 08/26/2021, Time of Crash 0803, City/Town **Wilmington**, Number Vehicles 2, Number Injured 0, Speed Limit 35, State Police , Local Police , MBTA Police , Campus Police , Other:

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

581 MAIN 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 _____

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

Crash Report ID# **21-224-AC**

License # **S23466292** St **MA** DOB/Age _____ Reg # **8FW998** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1**

Operator **PULSFORD, BARRY G** Owner **PULSFORD, BARRY G**

Address **22 GREEN ST APT #A** Address **22 GREEN ST APT #A**

City **WOBURN** State **MA** Zip **01801-4351** City **WOBURN** State **MA** Zip **01801-4351**

Insurance Company **USAA CASUALTY INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **18 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? **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	XXXXXX	X	1	1	4	3	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 # **S96384423** St **MA** DOB/Age _____ Reg # **3BCF49** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2000** Veh Make **TOYOTA** Veh Config. **1**

Operator **OLEARY, CAILEIGH C** Owner **DOUCETTE, MARK E**

Address **1 CHATHAM RD** Address **1 CHATHAM RD**

City **BILLERICA** State **MA** Zip **01821-3207** City **BILLERICA** State **MA** Zip **01821-3207**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**

Vehicle Travel Direction: **N S E X** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **30**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**

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

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/27/2021	Time of Crash 0805 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u>	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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Route#</td> <td style="width: 15%;">Direction</td> <td style="width: 73%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">At</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of intersecting Roadway/Street</td> </tr> <tr> <td colspan="3" style="text-align: center;">Also at Intersection with</td> </tr> <tr> <td>Route#</td> <td>Direction</td> <td>Name of Intersecting Roadway/Street</td> </tr> </table>	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Route#</td> <td style="width: 15%;">Direction</td> <td style="width: 15%;">Address #</td> <td style="width: 60%;">Name of Roadway/Street</td> </tr> <tr> <td colspan="4" style="text-align: center;">581 MAIN ST</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Mile Marker</td> <td style="text-align: center;">Exit Number</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Route#</td> <td style="text-align: center;">Intersecting Roadway/Street</td> </tr> <tr> <td colspan="4">Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</td> </tr> <tr> <td colspan="4" style="text-align: center;">Landmark</td> </tr> </table>	Route#	Direction	Address #	Name of Roadway/Street	581 MAIN ST				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	Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Landmark			
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 1 Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-225-AC
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License # S16534577 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator MARTIN, WILLIAM DAVID Address 3 PICHOWICZ RD City BILLERICA State MA Zip 01821-2118 Insurance Company SAFETY INSURANCE COMPANY Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 41LR87 Reg Type PC Reg State MA Veh Year 2018 Veh Make NISSAN Veh Config. 2 21 Owner MARTIN, WILLIAM DAVID Address 3 PICHOWICZ RD City BILLERICA State MA Zip 01821-2118 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 3 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 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
Operator	See Above										

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 Occupants	<input type="checkbox"/> Non-Motorist A	Type 15	Action 16	Location 17	Condition 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # S45723593 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator MEANEY, MEAGHAN E Address 9 LONG WOOD DR APT 3 City ANDOVER State MA Zip 01810-1521 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) T2446783 Viol. 1: Ch/Sec/Sub 90 23 Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 2HEK14 Reg Type PC Reg State MA Veh Year 2020 Veh Make Jeep Veh Config. 2 21 Owner MEANEY, MEAGHAN E Address 9 LONG WOOD DR APT 3 City ANDOVER State MA Zip 01810-1521 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 99 25 25 BAC Test Result: 30 Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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