

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 08/30/2021	Time of Crash 1711 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			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"/>

<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>			
Route# _____	Direction _____	Name of Roadway/Street _____		Route# <u>72</u>	Direction _____	Address # <u>MAIN ST</u>	Name of Roadway/Street _____
At _____							
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 _____
Also at intersection with _____							
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 _____
				Landmark _____			

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <b>21-226-AC</b>		
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License # <u>S31441371</u> St. <u>MA</u> DOB/Ag_ _____	Reg # <u>4PJ822</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>1</u> <u>20</u> CDL _____	Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>CRONIN, KRISTINA MARY</u>	Owner <u>CRONIN, KRISTINA MARY</u>
Address <u>6 CHERRY ST</u>	Address <u>6 CHERRY ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1374</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1374</u>
Insurance Company <u>AMICA MUTUAL INSURANCE CO</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A			Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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License # <u>S84913763</u> St. <u>MA</u> DOB/Ag_ _____	Reg # <u>58CV71</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>1</u> <u>20</u> CDL _____	Veh Year <u>2013</u> Veh Make <u>LEXUS</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>KULABAKO, STELLAH</u>	Owner <u>KULABAKO, STELLAH</u>
Address <u>11 OAKWOOD RD</u>	Address <u>11 OAKWOOD RD</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1736</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1736</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
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>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: _____
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>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>1.0</u>	<u>1</u>	



Date of Crash **08/31/2021** Time of Crash **0726** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <b>62</b> Direction <b>E</b> Address # <b>219</b> Name of Roadway/Street <b>MIDDLESEX AVE</b>
	At _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
	Also at Intersection with _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **21-227-AC**

License # <b>S63633738</b> St <b>MA</b> DOB/Age _____	Reg # <b>9LZ778</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2018</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>SOWSY, ALLISON LEE</b>	Owner <b>SOWSY, ALLISON LEE</b>
Address <b>38 VERANDA AVE</b>	Address <b>38 VERANDA AVE</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1740</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1740</b>
Insurance Company <b>CITIZENS INSURANCE COMPAN</b>	Vehicle Action Prior to Crash <b>3</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<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

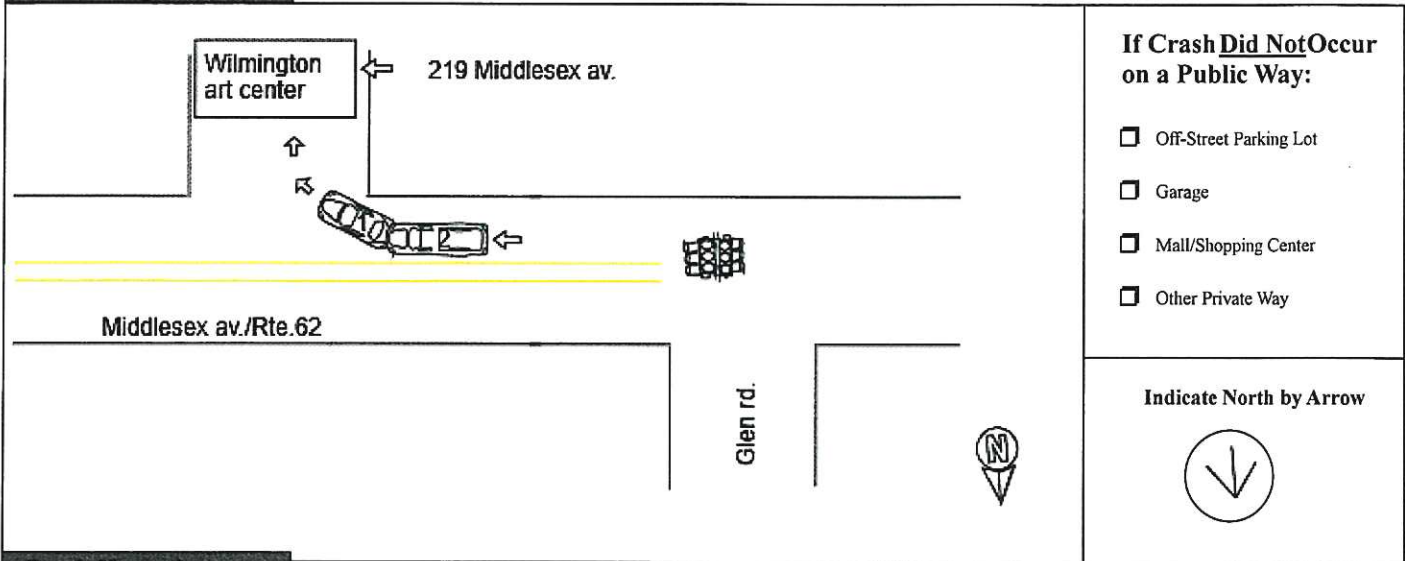
License # <b>S98135964</b> St <b>MA</b> DOB/Age _____	Reg # <b>2CRG81</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year <b>2019</b> Veh Make <b>DODGE</b> Veh Config. <b>2</b> <b>21</b>
Operator <b>CINCOTTA, JOSEPH E</b>	Owner <b>CINCOTTA, JENNIFER</b>
Address <b>770 NORTH ST</b>	Address <b>770 NORTH ST</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1233</b>
Insurance Company <b>AMICA MUTUAL INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>20</b> <b>25</b> <b>19</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>5</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<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>	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

Oper.#1 related while she was making a right turn into 219 Middlesex av., Oper.#2 crashed into the rear of her m/v#1.

Oper.#2 Related while he was behind m/v#1 he had looked and reached down for his coffee, at that moment he realized that he had just crashed into the rear of m/v#1 (PWJ/142)

**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    08/31/2021  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 38 S 875 MAIN ST  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-228-AC**

License # OB/Ag Reg # **3HSZ31** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **I** CDL Endorsement  
 Veh Year **2019** Veh Make **GMC** Veh Config. **1**  
 Operator: Address **4 PINEVIEW RD** Owner **RAGO, KATIE E**  
 City **WILMINGTON** State **MA** Zip **01887-3814**  
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** Damaged Area Code: **4 27 27 27**  
 Vehicle Travel Direction: **N E 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**

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>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 # **S09190886** St **MA** DOB/Age Reg # **28XY48** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement  
 Veh Year **2012** Veh Make **FORD** Veh Config. **1**  
 Operator **DONAHUE, MICHAEL** Owner **DONAHUE, MAUREEN**  
 Address **14 WINTER ST** Address **14 WINTER ST**  
 City **WOBURN** State **MA** Zip **01801** City **WOBURN** State **MA** Zip **01801-1225**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction: **N E 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 **19 25 5 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**

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



Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number									
Date of Crash 08/31/2021	Time of Crash 1558 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	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# <u>ADAMS ST</u> 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 _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____			
Also at Intersection with			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____			
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 _____ Landmark _____			

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

Crash Report ID# **21-229-AC**

License # <b>S81614873</b> St <b>MA</b> DOB/Age _____	Reg # <b>6NR336</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>1</b> 20 CDL _____	Veh Year <b>2016</b> Veh Make <b>CHRYSLER</b> Veh Config. <b>1</b> 21
Operator <b>MCCARTHY, KATHLEEN MAY</b>	Owner <b>MCCARTHY, KATHLEEN MAY</b>
Address <b>490 WOBURN ST</b>	Address <b>490 WOBURN ST</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2564</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2564</b>
Insurance Company <b>SAFETY INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 <b>27</b> 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	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: _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> 25 25 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Driver Distracted by <b>99</b> 26 Towed from scene? <b>1</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	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>1</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 # _____ St _____ DOB/Age _____	Reg # <b>5TL531</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>1</b> 20 CDL _____	Veh Year <b>2013</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21
Operator _____	Owner <b>MANJOURIDES, THAO NGO</b>
Address _____	Address <b>78 HIGH ST</b>
City _____ State _____ Zip _____	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1475</b>
Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b>	Vehicle Action Prior to Crash <b>4</b> 22 Damaged Area Code: <b>1</b> 27 <b>27</b> 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b>	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: _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>4</b> 25 25 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32
	Driver Distracted by <b>99</b> 26 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	<input checked="" type="checkbox"/>	<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	Laney Clinic





**AT INTERSECTION:** **LOCATION** **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 1 1 390 MAIN ST  
 Feet NSEW of or Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Mile Marker Exit Number  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Feet NSEW of Route# Intersecting Roadway/Street  
 Feet NSEW of  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **21-230-AC**

License # **S24859987** St **MA** DOB/Age \_\_\_\_\_ Reg # **27GD46** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement \_\_\_\_\_ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **BELBIN, BARBARA J** Owner **BELBIN, BARBARA J**  
 Address **12 WILTON DR** Address **12 WILTON DR**  
 City **WILMINGTON** State **MA** Zip **01887-2216** City **WILMINGTON** State **MA** Zip **01887-2216**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **3** 27 27 27  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **2** 23 23 23 23 Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 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 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			<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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **79DM74** Reg Type **PC** Reg State **MA**  
 Sex \_\_\_\_\_ Lic. Class **19** 19 Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** 21  
 Operator **Driverless M.V.** Owner **CARDINALE, DEBRA MARIE**  
 Address \_\_\_\_\_ Address **28 MONTBATTEN RD**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **BILLERICA** State **MA** Zip **01821-3241**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** 22 Damaged Area Code: **8** 27 27 27  
 Vehicle Travel Direction:  S  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/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			<b>1</b>							



Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 09/02/2021 Time of Crash 1117 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 1 Speed Limit 10 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 Address # I93 NB 31 RAMP Name of Roadway/Street

2 10

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

Feet N S E W of Mile Marker Exit Number

2 11

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Route# LOWELL ST Intersecting Roadway/Street

Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped

Crash Report ID# 21-231-AC

2

License # S13925246 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL

Reg # 477M Reg Type PC Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 21

1 12

Operator SERFES, ARTHUR J Last First Middle

Owner SERFES, ARTHUR J Last First Middle

4

Address 32 DEARBORN ST

Address 32 DEARBORN ST

City MEDFORD State MA Zip 02155-4315

City MEDFORD State MA Zip 02155-4315

Insurance Company SAFETY INSURANCE COMPANY

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

5

Vehicle Travel Direction: [X] S 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

1 13

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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

6

Table with columns: 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. Includes Operator CAROL SERFES.

7

Please Select One of the Following: [X] Vehicle 25 #Occupants [ ] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [ ] Hit/Run [ ] Moped

8

License # DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL

Reg # 8NEV70 Reg Type PC Reg State MA Veh Year 2015 Veh Make AUDI Veh Config. 1 21

1 14

Operator RICE, STEPHANIE MARIE Last First Middle

Owner RICE, STEPHANIE MARIE Last First Middle

Address 492 SHAWSHEEN AVE

Address 492 SHAWSHEEN AVE

City WILMINGTON State MA Zip 01887-1639

Insurance Company USAA CASUALTY INSURANCE C

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 27 27

9

Vehicle Travel Direction: [X] S 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 19 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: 1 32

Table with columns: 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. Includes Operator/Non-Motorist.

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

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

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

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

Please Select One of the Following:  Vehicle 25 #Occupants  Hit/Run  Moped Crash Report ID# **21-231-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **8NEV70** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make **AUDI** Veh Config.  21

Operator \_\_\_\_\_ Owner **RICE, STEPHANIE MARIE**

Address \_\_\_\_\_ Address **492 SHAWSHOEN AVE**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City **WILMINGTON** State **MA** Zip **01887-1639**

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?  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	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							
				<b>4</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 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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code  25  25 BAC Test Result:  30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by  26 Susp. Alcohol:  31 Susp. Drug:  32

Towed from scene?  33

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

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



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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # **298 MAIN ST** Name of Roadway/Street

2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ Mile Marker \_\_\_\_\_ Exit Number

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

2 Landmark \_\_\_\_\_

3 Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **21-232-AC**

4 License # **S69273766** St **MA** DOB/Age \_\_\_\_\_ Reg # **7ZF663** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2015** Veh Make **VOLKSWAGEN** Veh Config. **1**

Operator **NICHOLAS, DANIELLE V** Owner **NICHOLAS, DANIELLE V**

Address **12 WEDGEWOOD AVE** Address **12 WEDGEWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-3747** City **WILMINGTON** State **MA** Zip **01887-3747**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **0 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 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**

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

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

8 License # **S71465216** St **MA** DOB/Age \_\_\_\_\_ Reg # **812SE5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2009** Veh Make **SUBARU** Veh Config. **1**

Operator **FIORE, ANTHONY** Owner **FIORE, ANTHONY**

Address **1 THIRD AVE** Address **1 THIRD AVE**

City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**

Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2** Damaged Area Code: **1 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 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**

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

Police Use Only		<b>Commonwealth of Massachusetts</b>				RMV Document Number									
Date of Crash 09/03/2021	Time of Crash 0755 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>3</b>	Number Injured <b>0</b>	Speed Limit <b>35</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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<div style="border-bottom: 1px solid black; padding: 2px;">         Route# _____ Direction _____ Name of Roadway/Street _____          At _____       </div> <div style="border-bottom: 1px solid black; padding: 2px;">         Route# _____ Direction _____ Name of Intersecting Roadway/Street _____          Also at Intersection with _____       </div> <div style="border-bottom: 1px solid black; padding: 2px;">         Route# _____ Direction _____ Name of Intersecting Roadway/Street _____       </div>	<div style="border-bottom: 1px solid black; padding: 2px;">         Route# _____ Direction _____ Address # <b>298</b> Name of Roadway/Street <b>MAIN ST</b> </div> <div style="border-bottom: 1px solid black; padding: 2px;">         _____ Feet <b>N S E W</b> of _____ or _____          Mile Marker _____ Exit Number _____       </div> <div style="border-bottom: 1px solid black; padding: 2px;">         _____ Feet <b>N S E W</b> of _____          Route# _____ Intersecting Roadway/Street _____       </div> <div style="border-bottom: 1px solid black; padding: 2px;">         _____ Feet <b>N S E W</b> of _____          Landmark _____       </div>
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>31</b> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-232-AC</b>
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License # <b>S67332806</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL Endorsement _____ Operator <b>MCCUE, SHAMUS W</b> Address <b>79 GARFIELD AVE</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-5730</b> Insurance Company <b>NGM INSURANCE COMPANY</b> Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>PJP4</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>1999</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>2</b> Owner <b>P J PAPPAS CO INC</b> Address <b>23 ROSE FARM LN</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-2855</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>2 23 23 23 23</b> Most Harmful Event <b>2 24</b> Driver Contributing Code <b>99 25 25</b> Driver Distracted by <b>99 26</b> Damaged Area Code: <b>1 27 27 27</b> Test Status: <b>1 28 29 30</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>2 33</b>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:	<input type="checkbox"/> Vehicle <b>4</b> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <b>15</b>	Action <b>16</b>	Location <b>17</b>	Condition <b>18</b>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Event Sequence <b>23 23 23 23</b> Most Harmful Event <b>24</b> Driver Contributing Code <b>25 25</b> Driver Distracted by <b>26</b> Damaged Area Code: <b>27 27 27</b> Test Status: <b>28 29 30</b> BAC Test Result: <b>30</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>							





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 09/03/2021	Time of Crash 1210 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____		

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
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Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <u>159</u> Name of Roadway/Street <u>CHURCH ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ 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 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>21-233-AC</b>
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License # <u>S63674972</u> St. <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> / <u>19</u> Lic. Restrictions <u>97</u> <u>20</u> CDL _____ Operator <u>ERICKSON, MELISSA ANNE</u> Address <u>27 MILL RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3347</u> Insurance Company <u>LIBERTY MUTUAL PERSONAL I</u>	Reg # <u>1766EV</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ERICKSON, MELISSA ANNE</u> Address <u>27 MILL RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3347</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	99	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St. _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> / <u>19</u> Lic. Restrictions <u>99</u> <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Reg # <u>1234DE</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u> Owner <u>BROUSSARD, EMILY LUND</u> Address <u>30 HATHAWAY RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1524</u> 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> 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> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	99	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 21-233-AC

