

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# 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# **21-243-AC**

License # **S60080517** St **MA** DOB/Age _____ Reg # **787GX5** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2019** Veh Make **SUBARU** Veh Config. **1** 21

Operator **BATES, STEWART M** Owner **JOHN NAGLE CO**

Address **10 BUCKINGHAM RD** Address **306 NORTHERN AVE**

City **NORTH ANDOVER** State **MA** Zip **01845** City **BOSTON** State **MA** Zip **02210-2316**

Insurance Company **ARBELLA PROTECTION INSURA** 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 **5** 23 23 23 23 Test Status: **1** 28

Citation # (If Issued) _____ Most Harmful Event **5** 24 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 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	XXXX	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 **19** **19** Lic. Restrictions **20** CDL _____ 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Hamden Tavern

Woburn St

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:

Motor vehicle crash involving a deer. The motor vehicle was traveling down Woburn Street when the operator of the vehicle struck the deer. The vehicle had damage to the front of the vehicle and was towed from the scene. No injuries were reported.

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

Sergeant Nicholas E Noftle 204 **Wilmington Police Department** 09/21/2021

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
 1 1 _____ At _____ **840 WOBURN ST**
 _____ At _____
 Route# Direction Name of Intersecting Roadway/Street _____ Mile Marker _____ Exit Number
 _____ Also at Intersection with _____
 Route# Direction Name of Intersecting Roadway/Street _____ 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# **21-245-AC**

License # **S48260801** St **MA** DOB/A₁ _____ Reg # **7ZKL90** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2011** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **BREA, JAPHET** Owner **BREA, JAPHET**
 Address **500 LOWELL ST** Address **500 LOWELL ST**
 City **LAWRENCE** State **MA** Zip **01841-4511** City **LAWRENCE** State **MA** Zip **01841-4511**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 7 27 27 27
 Vehicle Travel Direction: S 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 **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 Sent 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	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____
 Sex _____ Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year _____ Veh Make _____ Veh Config. **21**
 Operator **unknown** 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 Sent 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	XXXX	1							

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street
 Feet N S E W of . . . or Exit Number
 Mile Marker
 Route# Intersecting Roadway/Street
 Feet N S E W of
 Feet N S E W of **BUTTER'S ROW BRIDGE**
 Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **21-246-AC**

License # **S30858726** St **MA** DOB/Ag. Reg # **V21333** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2014** Veh Make Veh Config. **6** 21
 Operator **MARTINEZ, YUNIOR** Owner **ZAMBRANO, LUIS A**
 Address **26 ROYAL CREST DR APT 4** Address **25 TOWER HILL ST**
 City **NORTH ANDOVER** State **MA** Zip **01845-6502** City **LAWRENCE** State **MA** Zip **01841-4834**
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **10** 22 Damaged Area Code: 5 27 27 27
 Vehicle Travel Direction: **N S X 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 **18** 25 **19** 25 BAC Test Result: 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **7** 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
Operator		See Above	X	X	1	1	4	0	0	10	1
YOHAN POLANCO RAMIREZ	36 BOXFORD ST LAWRENCE, MA 01843-2366		M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S97620505** St **MA** DOB/Ag. Reg # **363DA6** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2019** Veh Make **CADILLAC** Veh Config. **1** 21
 Operator **POTE, MARIE HAZEL** Owner **POTE, MARIE HAZEL**
 Address **2 WING RD** Address **2 WING RD**
 City **WILMINGTON** State **MA** Zip **01887-2531** City **WILMINGTON** State **MA** Zip **01887-2531**
 Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **0** 27 27
 Vehicle Travel Direction: **N S X 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/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	X	X	1	1	4	0	0	10	1

Date of Crash 09/22/2021 Time of Crash 1720 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other:

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

<p>SHAWSHEEN AVE Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>HOPKINS ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Mile Marker _____ Exit Number _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Landmark _____</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 21-247-AC**

<p>License # S72144490 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator KATONGOLE, BETTY N</p> <p>Address 221 NAUSHA RD BLDG APT 221</p> <p>City BILLERICA State MA Zip 01862-0000</p> <p>Insurance Company PROGRESSIVE CASUALTY INSU</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7YM449 Reg Type PC Reg State MA</p> <p>Veh Year 2017 Veh Make NISSAN Veh Config. 1</p> <p>Owner KATONGOLE, BETTY N</p> <p>Address 221 NAUSHA RD BLDG APT 221</p> <p>City BILLERICA State MA Zip 01862-0000</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 3 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 3 27 1 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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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	XXXXXX	XXXX	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

<p>License # S54572490 St MA DOB/Age _____</p> <p>Sex F Lic. Class D Lic. Restrictions B CDL _____</p> <p>Operator CARRICK, KARA E</p> <p>Address 3 MOORE ST</p> <p>City WILMINGTON State MA Zip 01887-3735</p> <p>Insurance Company GEICO GENERAL INSURANCE C</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 2GYN16 Reg Type PC Reg State MA</p> <p>Veh Year 2018 Veh Make NISSAN Veh Config. 1</p> <p>Owner CARRICK, KARA E</p> <p>Address 3 MOORE ST</p> <p>City WILMINGTON State MA Zip 01887-3735</p> <p>Vehicle Action Prior to Crash 3</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0</p> <p>Damaged Area Code: 7 27 8 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-247-AC



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# Intersecting Roadway/Street

Feet N S E W of **WOODLAND ROAD** Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-248-AC**

License # **S47815032** St **MA** DOB/Age _____ Reg # **42TG82** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL _____ Veh Year **2014** Veh Make **FORD** Veh Config. **1** 21

Operator **LEWIS, MAUREEN E** Owner **LEWIS, CHRISTOPHER LEONARD**

Address **28 GLENWOOD RD** Address **28 GLENWOOD RD**

City **LYNN** State **MA** Zip **01904-1836** City **LYNN** State **MA** Zip **01904-1836**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 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

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 # **UNLICENSED** St **MA** DOB/Age _____ Reg # **419G10** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **19** 19 Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **DE MORAIS, JOSIANE** Owner **DE MORAIS, RICARDO MAIKON**

Address **10 BENNER AVE APT 2** Address **10 BENNER AVE APT 2**

City **MALDEN** State **MA** Zip **02148-7171** City **MALDEN** State **MA** Zip **02148-7171**

Insurance Company **FOREMOST INSURANCE COMPAN** 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) **T1151254** Most Harmful Event **1** 24 Type of Test: **29**

Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 **19** 25 BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **3** 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	
TAMIRES DE SOUZA	10 BENNER ST MALDEN, MA 02148		F	3	1	4	0	0	10	1	

Date of Crash **09/23/2021** Time of Crash **1739** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **5** Number Injured **2** Speed Limit **45** State Police Local Police MBTA Police Campus Police Other

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 # 200 Name of Roadway/Street BALLARDVALE ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E 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# 21-249-AC**

<p>License # S95090238 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator PEGUERO TEJEDA, MANUEL REYNALDO</p> <p>Address 40 MCLELLAN ST APT 20</p> <p>City DORCHESTER State MA Zip 02121-4034</p> <p>Insurance Company GEICO GENERAL INSURANCE C</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7EL322 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make LEXUS Veh Config. 1</p> <p>Owner PEGUERO TEJEDA, MANUEL REYNALDO</p> <p>Address 40 MCLELLAN ST APT 20</p> <p>City DORCHESTER State MA Zip 02121-4034</p> <p>Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 5 27 27</p> <p>Event Sequence 1 23 1 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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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	XXXXXX	X	1	99	4	0	0	8	2	Lahey Clinic

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # S45595515 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL _____</p> <p>Operator HINES-COOMBS, XAVIER ALEXANDER</p> <p>Address 84 WESTMINSTER ST</p> <p>City SPRINGFIELD State MA Zip 01109-3923</p> <p>Insurance Company UNKNOWN</p> <p>Vehicle Travel Direction: N X E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 9488YN Reg Type PC Reg State ME</p> <p>Veh Year 2021 Veh Make NISSAN Veh Config. 1</p> <p>Owner P V HOLDING CORPORATION</p> <p>Address 6 SYLVAN WAY</p> <p>City PARSIPPANY State NJ Zip 07054</p> <p>Vehicle Action Prior to Crash 2 Damaged Area Code: 1 27 5 27 27</p> <p>Event Sequence 1 23 1 23 23 23 Test Status: 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
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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
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	8	2	Lahey Clinic

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
 Feet **N S E W** of _____ 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# **21-249-AC**

License # **S22468456** St **MA** DOB/Age. _____ Reg # **792SJB** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2012** Veh Make **HYUNDAI** Veh Config. **1** 21
 Operator **DUNFEY, JAMES F** Owner **DUNFEY, JAMES F**
 Address **2 BRADFORD RD** Address **2 BRADFORD RD**
 City **WILMINGTON** State **MA** Zip **01887-1661** City **WILMINGTON** State **MA** Zip **01887-1661**
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **5** 27 **4** 27
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 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: **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
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **L96724098304994** St **NJ** DOB/Age. _____ Reg # **G62NYB** Reg Type **PC** Reg State **NJ**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2007** Veh Make **Jeep** Veh Config. **1** 21
 Operator **LYONS, JONAH T** Owner **LYONS, JONAH T**
 Address **116 IVY LN** Address **116 IVY LN**
 City **BRIDGEWATER** State **NJ** Zip **08807** City **BRIDGEWATER** State **NJ** Zip **08807**
 Insurance Company **UNKNOWN** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **1** 27 **5** 27 **27** 27
 Vehicle Travel Direction: **N** **E** **W** Responding to Emergency? **2** Event Sequence **1** 23 **1** 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: **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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

Date of Crash 09/23/2021 Time of Crash 1739 24HR City/Town **Wilmington** Number Vehicles 5 Number Injured 2 Speed Limit 45 State Police Local Police MBTA Police Campus Police Other

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 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 51 #Occupants Hit/Run Moped Crash Report ID# 21-249-AC

License # T66464107602 St NJ DOB/Age. Reg # TUV29T Reg Type TR Reg State NJ

Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL N Endorsement Veh Year 2019 Veh Make Other-not listed Veh Config. 10 21

Operator TORRES, JOSEPH A Owner PIPCO TRANSPORTATION INC

Address 809 LOWER MILL RD Address PO BOX 515

City PITTSBORO State NJ Zip 08318 City ROSENHAYN State NJ Zip 08532

Insurance Company SMITH BROTHERS INSURANCE Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 1 27 2 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 20 25 19 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 99 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
Operator	See Above			1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 6 #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 Lic. Restrictions 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
Operator/Non-Motorist	See Above			1							

Wilmington Police Department
Images Associated with 21-249-AC



Wilmington Police Department
Images Associated with 21-249-AC



Wilmington Police Department
Images Associated with 21-249-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/24/2021	Time of Crash 1216 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:								
Route# _____ Direction _____ Name of Roadway/Street _____			Route# <u>38</u> Direction <u>S</u> Address # <u>342</u> Name of Roadway/Street <u>MAIN 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 _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____												
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 _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____												
						AL PRIME GAS									
						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# 21-250-AC												
License # <u>S95339048</u> St <u>MA</u> DOB/Age _____			Reg # <u>1JYY56</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>2019</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u>												
Operator <u>YERGEAU, MICHELLE CATHRINE</u>			Owner <u>YERGEAU, MICHELLE CATHRINE</u>												
Address <u>11 PEQUOT ST</u>			Address <u>11 PEQUOT ST</u>												
City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2922</u>			City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2922</u>												
Insurance Company <u>GREAT NORTHERN INSURANCE</u>			Vehicle Action Prior to Crash <u>2</u> <u>22</u>			Damaged Area Code: <u>7</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>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 _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>			BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>0</u> <u>26</u>			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</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		XXXX	X	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>1.0</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 <input type="checkbox"/> Action <input type="checkbox"/> Location <input type="checkbox"/> Condition <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # <u>S09615945</u> St <u>MA</u> DOB/Age _____			Reg # <u>93G120</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>2002</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>21</u>												
Operator <u>MARK, JACQUELINE</u>			Owner <u>MARK, PETER DAVID</u>												
Address <u>235 ANDOVER RD</u>			Address <u>235 ANDOVER RD</u>												
City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1923</u>			City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-1923</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 type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>			Test Status: <u>1</u> <u>28</u>									
Citation # (If Issued) <u>T1151255</u>			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub <u>90</u> <u>24</u> Viol. 2: Ch/Sec/Sub <u>90</u> <u>24</u>			Driver Contributing Code <u>9</u> <u>25</u> <u>25</u>			BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>			Susp. Alcohol: <u>99</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</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		XXXX	X	<u>1</u>	<u>99</u>	<u>99</u>	<u>0</u>	<u>0</u>	<u>1.0</u>	<u>1</u>			

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 21-250-AC

Entered: 09/27/2021 @ 0900 Entry ID: 173
Modified: 09/27/2021 @ 0943 Modified ID: 173

V1 (Yeargeau) was traveling south on Main St/ Rt.129 in the right portion of the split travel lane, when it was side-swiped on the driver's side by V2 (subsequently identified as Jaqueline Mark). V2 (Mark) was also heading south in left lane. Damage along side of V1. No injuries reported. According to V1 opr, immediately following collision V2 did not pull over (as required by law). V2 then took first left onto Middlesex Ave from Main St, and continued on w/o stopping. V1 opr. took image of vehicle confirming license plate, and then followed behind while calling E911. V1 followed V2 down Middlesex Ave back on to 62, and then on to Federal St before losing sight of V2. V1 opr. Yeargeau stated V2 operator was female. Opr. Yeargeau described V2 operation as intentionally avoiding by speeding, going around cars in traffic, and not stopping for any stop signs or red lights along the way. V2 is registered to V2's father Peter Mark. When R/O was contacted mother/father confirmed daughter was driving car. Jacqueline Mark did not contact police at any time during or after incident until parents contacted her by cell phone and she was instructed to call police. Jacqueline Mark called the station at approximately 16:15 hours where it was verified that she was driving the vehicle, was involved in crash. In addition it was verified she had a cell phone, and did not stop or call police until directed to do so by her parents (following police request to do so). V2 operator reported damage to her vehicle but did not come into station or send pictures as requested. Charges pending. See WPD Report 21-304-AR.

Respectfully Submitted;

Rich DiPerri-173

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/25/2021	Time of Crash 0009 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 2	Speed Limit 25	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:
MIDDLESEX AVE		
Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
At _____		
CLARK ST		
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 _____		
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 12 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-251-AC
-------------------------------------	--	----------------------------------	--------------------------------	-----------------------------------

License # S59191281 St MA DOB/Age _____	Reg # 7GM314 Reg Type PC Reg State MA
Sex M Lic. Class D <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions 1 <input type="checkbox"/> 20 CDL _____	Veh Year 2002 Veh Make CHEVROLET Veh Config. 1 <input type="checkbox"/> 21
Operator CUSHING, DARRIN LAWRENCE CARR	Owner CUSHING, DARRIN LAWRENCE CARR
Address 45 BUTTERSROW	Address 45 BUTTERSROW
City WILMINGTON State MA Zip 01887-3340	City WILMINGTON State MA Zip 01887-3340
Insurance Company PLYMOUTH ROCK ASSURANCE C	Vehicle Action Prior to Crash 1 <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) 145394AB	Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 24	Most Harmful Event 22 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub 90 23 Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 10 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by 0 <input type="checkbox"/> 26
	Susp. Alcohol: 1 <input type="checkbox"/> 31 Susp. Drug: 1 <input type="checkbox"/> 32
	Towed from scene? 1 <input type="checkbox"/> 33

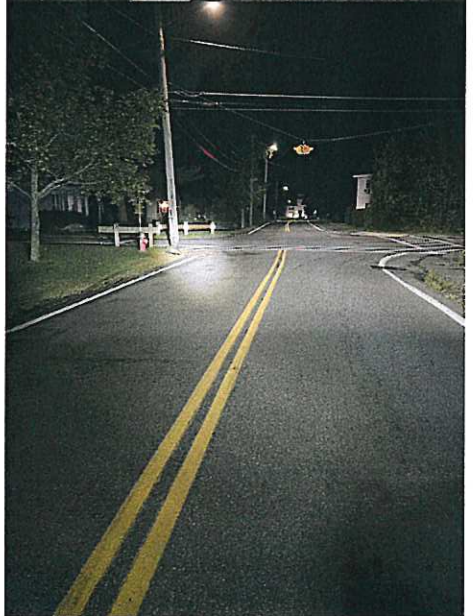
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	0	4	0	0	8	1	
KRISTINA YORK	12 LEE ST WILMINGTON, MA 01887-1863		F	3	0	4	0	0	8	1	

Please Select One of the Following:	<input 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
-------------------------------------	--	---	--	----------------------------------	--------------------------------

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 _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25
	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		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	<input checked="" type="checkbox"/>	1							

Wilmington Police Department
Images Associated with 21-251-AC



Wilmington Police Department
Images Associated with 21-251-AC

