

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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **21-324-AC**

License # **S10636302** St **MA** DOB/Ag _____ Reg # **1MBR96** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2007** Veh Make **TOYOTA** Veh Config. **1**

Operator **MCCULLOCK, MICHAEL E** Owner **MCCULLOCK, MICHAEL E**

Address **17 HICKORY HILL RD** Address **17 HICKORY HILL RD**

City **WAKEFIELD** State **MA** Zip **01880-3646** City **WAKEFIELD** State **MA** Zip **01880-3646**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **9** Damaged Area Code: **2** **27** **3** **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 **9** **25** **8** **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		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	

7 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S39987153** St **MA** DOB/Ag _____ Reg # **793J** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **FORD** Veh Config. **2**

Operator **DELLO-RUSSO, DAVID H** Owner **B J MCLAUGHLIN AND SONS INC**

Address **41 FIORENZA DR** Address **60 PLEASANT ST**

City **WILMINGTON** State **MA** Zip **01887-4421** City **WOBURN** State **MA** Zip **01801-4132**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **4** Damaged Area Code: **1** **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**

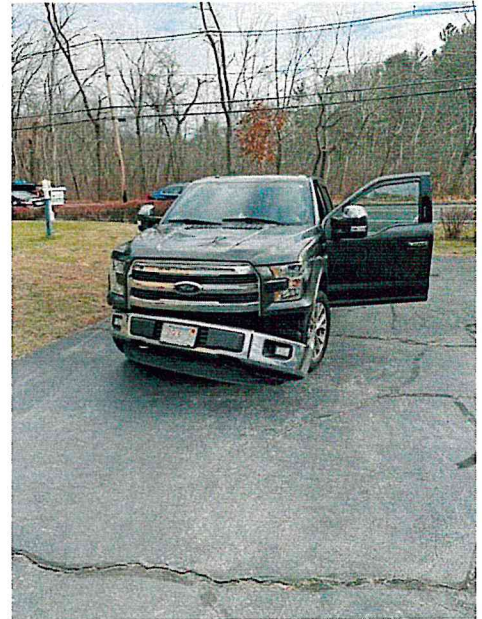
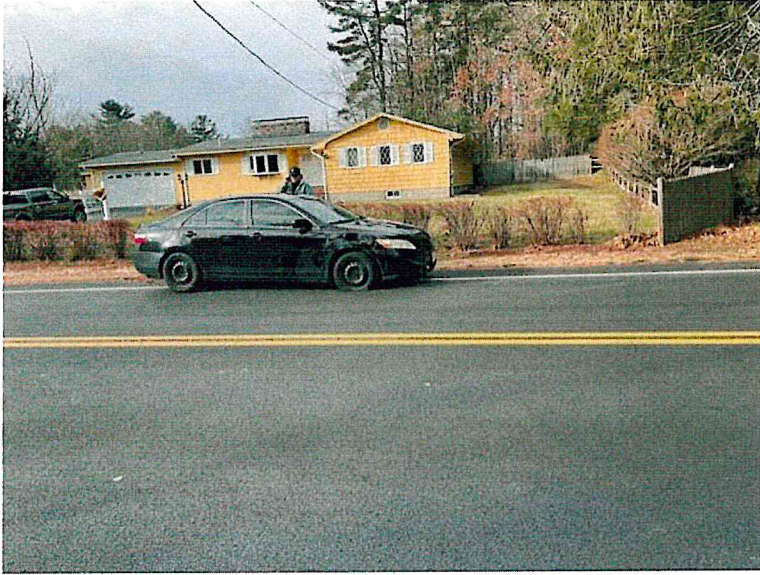
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **97** **25** **25** BAC Test Result: **30**

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-324-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____

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

Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

Feet N S E W of _____ Landmark _____

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

Crash Report ID# 21-325-AC

License # S05128264 St MA DOB/Ag. _____ Reg # 4KA320 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21

Operator BANDIES, CHRISTINE A Owner BANDIES, MICHAEL C

Address 119 GLEN RD Address 119 GLEN RD

City WILMINGTON State MA Zip 01887-3537 City WILMINGTON State MA Zip 01887-3537

Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 10 22 Damaged Area Code: 4 27 3 27 27

Vehicle Travel Direction: N X 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: 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
Operator		See Above	X	1	99	4	0	0	10	1	
				4	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Ag. _____ Reg # 16KA34 Reg Type PC Reg State MA

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2010 Veh Make HONDA Veh Config. 1 21

Operator Driverless M.V. Owner DICKERMAN, DAVID WAYNE

Address _____ Address 111 PARTING WAYS RD

City _____ State _____ Zip _____ City KINGSTON State MA Zip 02364-2010

Insurance Company FARMERS PROPERTY & CASUAL Vehicle Action Prior to Crash 11 22 Damaged Area Code: 7 27 27 27

Vehicle Travel Direction: N S X 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

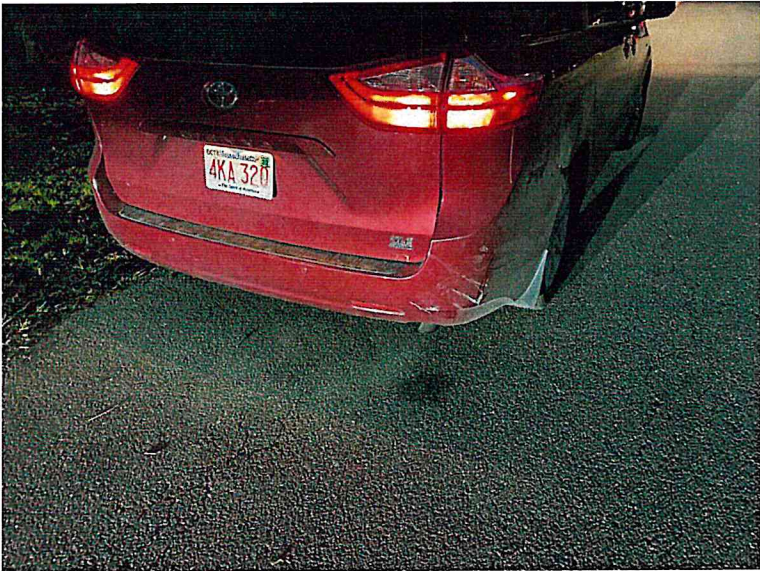
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30

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	1	0	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-325-AC



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

1 **4** Route# **62** Direction **MIDDLESEX AVE** Name of Roadway/Street
 At
 Route# Direction **GLEN RD** Name of Intersecting Roadway/Street
 Also at Intersection with
 2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of 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# **21-326-AC**

License # **S96481332** St **MA** DOB/Ag
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **TKACHUK, EMMA M**
 Last First Middle
 Address **124 POND ST**
 City **WILMINGTON** State **MA** Zip **01887-3768**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued)
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # **2ZFY50** Reg Type **PC** Reg State **MA**
 Veh Year **2008** Veh Make **HYUNDAI** Veh Config. **1** 21
 Owner **TKACHUK, MICHAEL**
 Last First Middle
 Address **124 POND ST**
 City **WILMINGTON** State **MA** Zip **01887-3768**
 Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **5** 27 **27**
 Event Sequence **1** 23 23 23 23 Test Status: **28**
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Driver Distracted by **0** 26 Susp. Alcohol: **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 **2** 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S59009177** St **MA** DOB/Ag
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement
 Operator **MORAN, BRYAN S**
 Last First Middle
 Address **110 LOWELL RD APT 211**
 City **NORTH READING** State **MA** Zip **01864**
 Insurance Company **SAFETY INSURANCE COMPANY**
 Vehicle Travel Direction: N E W Responding to Emergency? **2**
 Citation # (If Issued) **207750AB**
 Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **25**
 Viol. 3: Ch/Sec/Sub **90** **24** Viol. 4: Ch/Sec/Sub **90** **18**

Reg # **4ZT223** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **CHEVROLET** Veh Config. **1** 21
 Owner **MURPHY, MICHAEL J**
 Last First Middle
 Address **30 HINCKLEY RD**
 City **TEWKSBURY** State **MA** Zip **01876-2931**
 Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **8** 27 **1** 27 **2** 27
 Event Sequence **1** 23 23 23 23 Test Status: **28**
 Most Harmful Event **1** 24 Type of Test: **29**
 Driver Contributing Code **10** 25 **5** 25 BAC Test Result: **30**
 Driver Distracted by **99** 26 Susp. Alcohol: **1** 31 Susp. Drug: **1** 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	99	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/28/2021	Time of Crash 2032 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit <u>30</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 _____ At _____	Route# <u>800</u> Direction _____ Address # <u>RESEARCH DR</u> Name of Roadway/Street _____	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
	Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **21-327-AC**

License # <u>S69233985</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>NICHOLS, MICHAEL SCOTT</u> Last First Middle Address <u>14 WALKER RD APT 6</u> City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-1967</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1MNZ28</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>Land Rover</u> Veh Config. <u>1</u> <u>21</u> Owner <u>NICHOLS, MICHAEL SCOTT</u> Last First Middle Address <u>14 WALKER RD APT 6</u> City <u>N ANDOVER</u> State <u>MA</u> Zip <u>01845-1967</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>1</u> <u>27</u> <u>27</u> Event Sequence <u>24</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>24</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>21</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>99</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>
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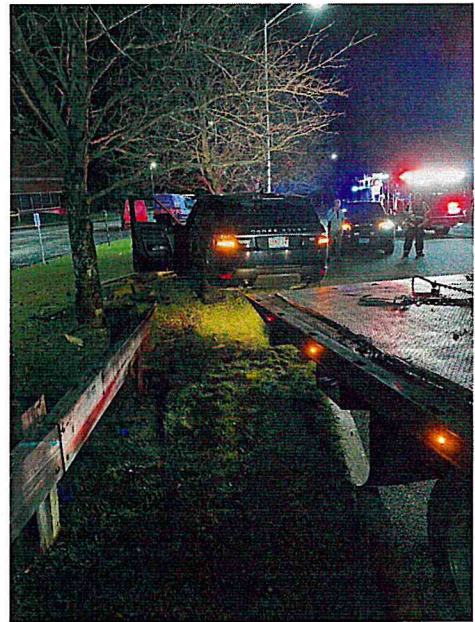
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	10	1	

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

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator _____ Last First Middle Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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. <u>21</u> Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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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							

Wilmington Police Department
Images Associated with 21-327-AC



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

<p>1 1 Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 2 1 Route# Direction Name of Intersecting Roadway/Street</p>	<p>2 10 Route# Direction Address # Name of Roadway/Street 281 WOBURN ST Feet N S E W of _____ or _____ Mile Marker Exit Number 5 11 Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark</p>
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Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 21-328-AC**

<p>3 License # S64239896 St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 20 CDL Endorsement _____ Operator BAEZ-CRUZ, JHORNET Address 19 MAGNOLIA ST City LAWRENCE State MA Zip 01841-4044 Insurance Company FIREMENS INSURANCE COMPAN 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 _____</p>	<p>1 12 Reg # V87517 Reg Type CO Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 6 Owner NARDONE ELECTRICAL CORPORATION Address 160 OLYMPIA AVE City WOBURN State MA Zip 01801-2058 Vehicle Action Prior to Crash 1 Damaged Area Code: 7 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 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33</p>
--	--

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	M	1	1	4	0	0	10	1	

7 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>8 1 License # S82052386 St MA DOB/Age _____ Sex M Lic. Class B Lic. Restrictions 20 CDL Endorsement _____ Operator LEE, STEVEN ROBERT Address 44 HELVETIA ST City TEWKSBURY State MA Zip 01876-2776 Insurance Company SELF INSURED 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? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>1 14 Reg # M84046 Reg Type MC Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 6 Owner WILMINGTON TOWN OF TOWN HALL Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3500 Vehicle Action Prior to Crash 1 Damaged Area Code: 7 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 1 25 25 BAC Test Result: 30 Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32 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	M	1	1	4	0	0	10	1	
PAUL TRIDENTI	1 CLIFTON RD METHUEN, MA 01844-1608		M	3	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-328-AC



Wilmington Police Department
Images Associated with 21-328-AC



AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 **129 E LOWELL ST**
Route# Direction Name of Roadway/Street

At

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

Also at Intersection with

2 1 _____
Route# Direction Name of Intersecting Roadway/Street

2 10 _____
Route# Direction Address # Name of Roadway/Street

_____ Feet **N S E W** of _____ or _____
Mile Marker Exit Number

1 11 _____
_____ Feet **N S E W** of _____
Route# Intersecting Roadway/Street

_____ Feet **N S E W** of _____
Landmark

3 Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped | Crash Report ID# **21-329-AC**

4 3 License # _____ St _____ DOB/Age _____ Reg # **V87961** Reg Type **CO** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Veh Year **2000** Veh Make **CHEVROLET** Veh Config. **2 21**

Operator **unknown** Owner **MCKENNA, SEAN P**

Address _____ Address **5 HUNT RD**

City _____ State _____ Zip _____ City **WILMINGTON** State **MA** Zip **01887-3615**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **S E W** Responding to Emergency? **99** Event Sequence **20 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **28 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **20 25 3 25** BAC Test Result: **30**

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

Towed from scene? **1 33**

6 1 Please fill out for operator and all occupants involved

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

7 4 Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1 License # _____ 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**

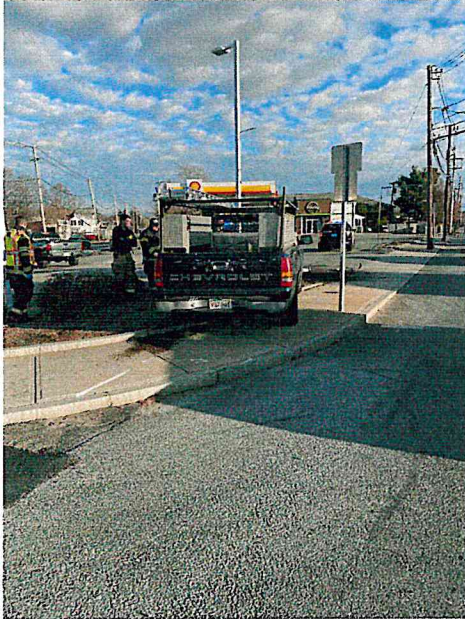
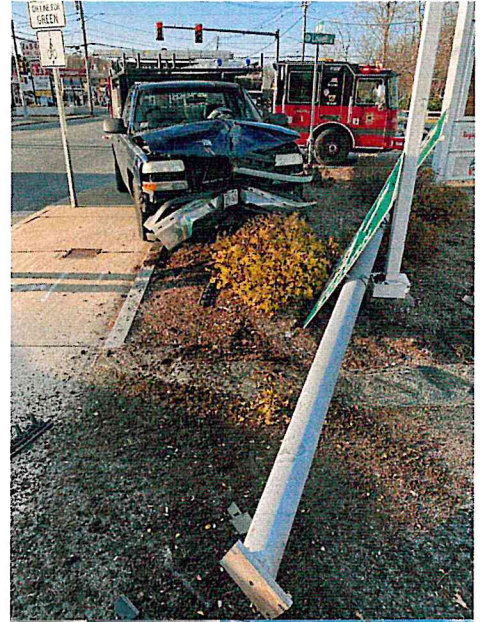
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

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

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

Wilmington Police Department
Images Associated with 21-329-AC



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 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# 21-330-AC

License # S43306310 St MA DOB/Age Reg # 329RJ1 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement Veh Year 2014 Veh Make SUBARU Veh Config. 1 21

Operator HOWARD, RUTH I Owner HOWARD, RUTH I

Address 19 ARBORWOOD DR Address 19 ARBORWOOD DR

City BURLINGTON State MA Zip 01803-3816 City BURLINGTON State MA Zip 01803-3816

Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 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: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	1	0	0	8	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 # S72104105 St MA DOB/Age Reg # 2VHR74 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2021 Veh Make HONDA Veh Config. 1 21

Operator VALIN, JENNIFER SINDY Owner VALIN, JENNIFER SINDY

Address 203 HAVERHILL ST APT #1C Address 203 HAVERHILL ST APT #1C

City LAWRENCE State MA Zip 01840-0000 City LAWRENCE State MA Zip 01840-0000

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 2 27 3 27 27

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

Citation # (If Issued) Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 6 25 25 BAC Test Result: 30

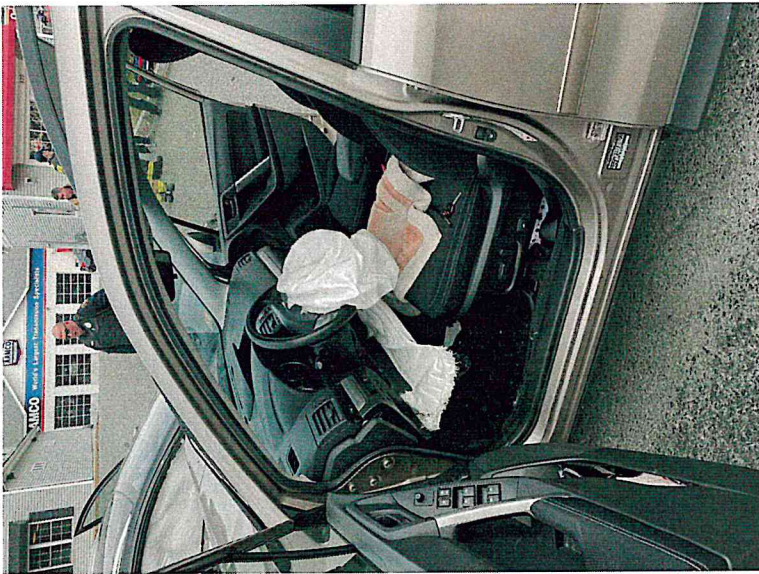
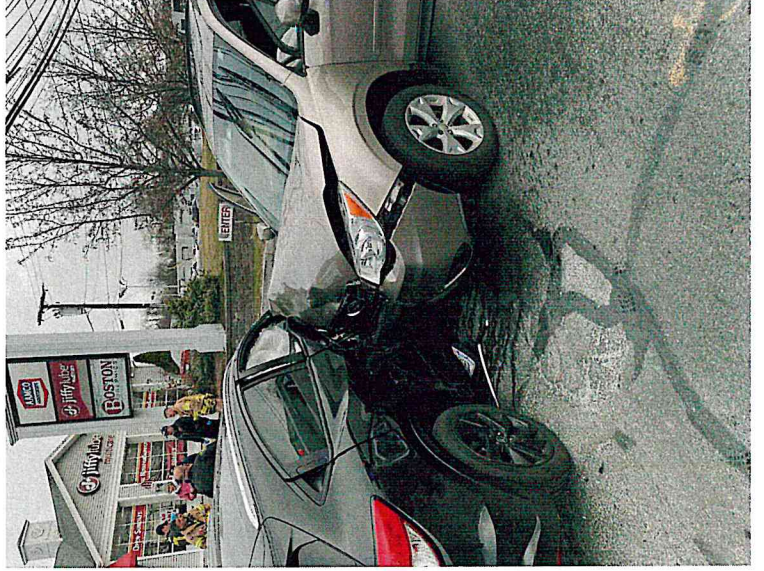
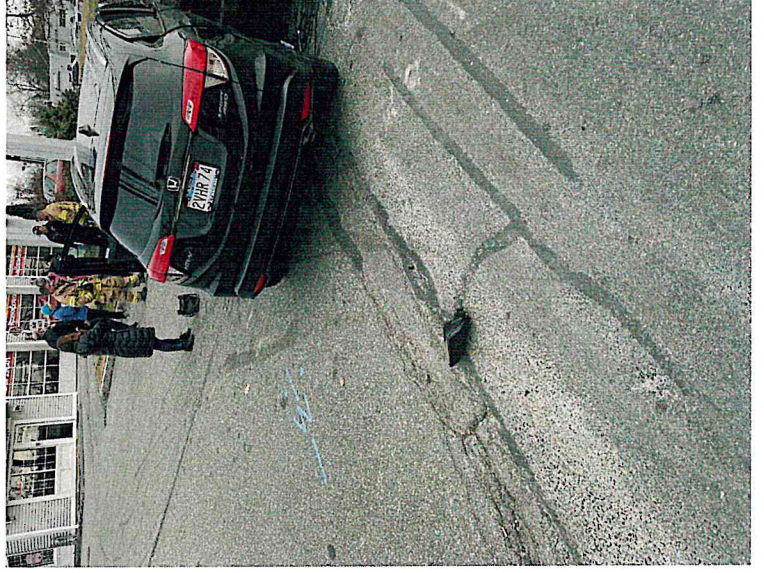
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator/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	2	0	0	10	1	

Wilmington Police Department
Images Associated with 21-330-AC



Wilmington Police Department
Images Associated with 21-330-AC

