

Date of Crash 01/17/2022 Time of Crash 0620 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 0 Speed Limit 65 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: LOCATION NOT AT INTERSECTION: I93 NB35

Please Select One of the Following: [X] Vehicle 12 #Occupants [ ] Hit/Run [ ] Moped Crash Report ID# 22-30-AC

License # S88786840 St MA DOB/Age Reg # 3AX759 Reg Type PC Reg State MA Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 Operator BOLEZA, PATRICK E Owner BOLEZA, PATRICK E Address 3 CROWN DR APT 314 City QUINCY State MA Zip 02169 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27 Vehicle Travel Direction: [X] S E W Responding to Emergency? 2 Event Sequence 21 23 23 23 23 Most Harmful Event 21 24 Type of Test: 28 BAC Test Result: 30 Citation # (If Issued) Driver Contributing Code 7 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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. Operator: GREGORY BONICA, 2025 WASHINGTON ST CANTON, MA 02021

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 D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21 Operator Address 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 Most Harmful Event 24 Type of Test: 28 BAC Test Result: 30 Citation # (If Issued) Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Distracted by 26 Towed from scene? 33 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

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. Operator/Non-Motorist: See Above



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

Route# Direction Name of Roadway/Street At Route# Direction Address # **220 MAIN ST** 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# **22-31-AC**

License # **S45860484** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **M60455** Reg Type **CI** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2001** Veh Make **CHEVROLET** Veh Config. **2** 21

Operator **BURKE, MICHAEL THOMAS** Owner **WILMINGTON TOWN OF WATER DEPT**

Address: \_\_\_\_\_ Address **121 GLEN RD**

City, \_\_\_\_\_ State \_\_\_\_\_ Zip **WILMINGTON MA 01887-3500**

Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **2** 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: **2** 29

Viol. 1: Cl/Sec/Sub \_\_\_\_\_ Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 25 BAC Test Result: **1** 30

Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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>XXXX</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 # **SA6430046** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **2LDT77** Reg Type **PC** Reg State **MA**

Sex \_\_\_\_\_ Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2005** Veh Make **FORD** Veh Config. **1** 21

Operator \_\_\_\_\_ Owner **QUAMME, KIMBERLY ANN**

Address: \_\_\_\_\_ Address **19 GRAND ST**

City, \_\_\_\_\_ State \_\_\_\_\_ Zip **WILMINGTON MA 01887-2627**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **5** 22 Damaged Area Code: **6** 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) **263394AB** Most Harmful Event **1** 24 Type of Test: **2** 29

Viol. 1: Cl/Sec/Sub **90** **24** Viol. 2: Cl/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** 25 **4** 25 BAC Test Result: **1** 30

Viol. 3: Cl/Sec/Sub \_\_\_\_\_ Viol. 4: Cl/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/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>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Wilmington Police Department  
Images Associated with 22-31-AC





Date of Crash **01/20/2022** Time of Crash **0553** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <b>54</b> Name of Roadway/Street <b>PARK ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____ Mile Marker _____</p> <p>_____ Feet <b>N S E W</b> of _____ 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# 22-32-AC**

<p>License # <b>S36071505</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____ Operator <b>FERREIRA, ELIZABETH ANN</b> Address <b>15 HILLSIDE RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2328</b> Insurance Company <b>THE COMMERCE INSURANCE CO</b> Vehicle Travel Direction: <b>N S X 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 _____</p>	<p>Reg # <b>FF5443</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2020</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> Owner <b>FERREIRA, DAVID J</b> Address <b>15 HILLSIDE RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-2328</b> Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>2 27 3 27 4 27</b> Event Sequence <b>22 23 23 23 23</b> Test Status: <b>1 28</b> Most Harmful Event <b>22 24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>1 33</b></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
<b>Operator</b>		See Above	<del>X</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>

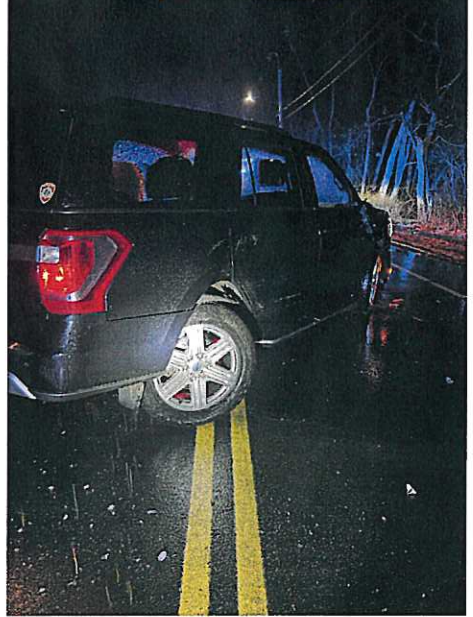
Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____ 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 _____</p>	<p>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> Damaged Area Code: <b>27 27 27</b> Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b></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
<b>Operator/Non-Motorist</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>						



Wilmington Police Department  
Images Associated with 22-32-AC





Attachments for 22-32-AC

**Description**

**Type**

MV INVENTORY

PDF

Attachment#: 28F73DDD70304D5CB3105B6125BA5AFC

Date of Crash 01/20/2022 Time of Crash 0823 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:**

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # <b>9</b> Name of Roadway/Street <b>CHRISTINE DR</b>	2
	_____ Feet <b>N S E W</b> of _____ or _____	_____ Mile Marker _____ Exit Number _____	7
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____	
_____ Also at Intersection with _____	Route# _____ Intersecting Roadway/Street _____		
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____	
3		_____ Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-33-AC**

3	License # <b>S65879888</b> St <b>MA</b> DOB/Age _____ Reg # <b>W32228</b> Reg Type <b>CO</b> Reg State <b>MA</b>	1
	Sex <b>M</b> Lic. Class <b>B</b> Lic. Restrictions <b>1</b> CDL _____ Veh Year <b>2021</b> Veh Make <b>Mack Truck</b> Veh Config. <b>7</b>	
4	Operator <b>POIRIER, EDGAR CLAUDE SR</b> Owner <b>BMO HARRIS BANK NA (CASELLA WASTE)</b>	12
	Address <b>13 JENNIFER LN</b> Address <b>770 N WATER ST</b>	
5	City <b>PEABODY</b> State <b>MA</b> Zip <b>01960-4273</b> City <b>MILWAUKEE</b> State <b>WI</b> Zip <b>53202-0002</b>	13
	Insurance Company <b>OLD REPUBLIC INSURANCE CO</b> Vehicle Action Prior to Crash <b>10</b> Damaged Area Code: <b>4 27 27 27</b>	
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> Responding to Emergency? <b>2</b> Event Sequence <b>2 23 23 23 23</b> Test Status: <b>1 28</b>	2
	Citation # (If Issued) _____ Most Harmful Event <b>2 24</b> Type of Test: <b>29</b>	
7	Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>30</b>	14
	Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>	
8	Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>2 33</b>	15
	Viol. 4: Ch/Sec/Sub _____	

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<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>	

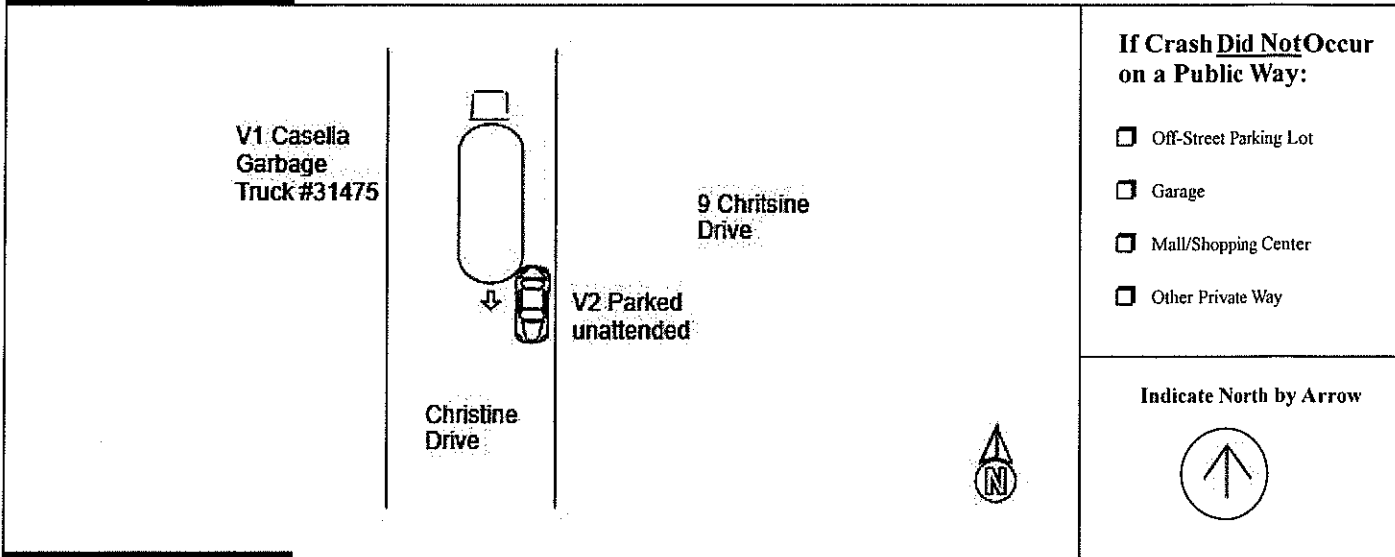
7	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>20</b> #Occupants <input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	1
	License # _____ St _____ DOB/Age _____ Reg # <b>2KYE87</b> Reg Type <b>PC</b> Reg State <b>MA</b>	
8	Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Veh Year <b>2014</b> Veh Make <b>FORD</b> Veh Config. <b>1</b>	14
	Operator <b>Driverless M.V.</b> Owner <b>OSHEA, WILLIAM JR</b>	
9	Address _____ Address <b>11 CHRISTINE DR</b>	15
	City _____ State _____ Zip _____ City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1864</b>	
10	Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b> Vehicle Action Prior to Crash <b>11</b> Damaged Area Code: <b>4 27 27 27</b>	16
	Vehicle Travel Direction: <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b> Responding to Emergency? _____ Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>	
11	Citation # (If Issued) _____ Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>	17
	Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>30</b>	
12	Viol. 2: Ch/Sec/Sub _____ Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>	18
	Viol. 3: Ch/Sec/Sub _____ Towed from scene? <b>2 33</b>	
13	Viol. 4: Ch/Sec/Sub _____	19

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>							

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○



**Crash Narrative:**

V1 Casella Garbage Truck #31475 was backing down Christine drive, and hit V2 which was parked unattended. No injuries observed or reported. V1 minor scuff damage to rear metal bumper assembly. V1 damaged on right rear quarter and hatch back. V2 owner present on scene.

**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 # **W32228** (From Vehicle Section)

Carrier Name **Casella Waste Management Mass.** Bus Use  42

Address **295 FORREST ST** City **PEABODY** St **MA** Zip **01960**

US DOT #: **894965** State Number \_\_\_\_\_ Issuing State **MA** MC/MX/ICC #: \_\_\_\_\_

Interstate  43 Cargo Body Type Code  11 44 GVWR/GCWR  3 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 **Richard DiPerri** 173 **Wilmington Police Department** 01/20/2022  
 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 Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **9** **APPLETREE LN**  
 Name of Roadway/Street  
 Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Exit Number  
 Mile Marker  
 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# **22-34-AC**

License # **S28770641** St **MA** DOB/Age **1** Reg # **463JN7** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **HYUNDAI** Veh Config. **1**  
 Operator **RITUCCI, STEPHEN MICHAEL** Owner **RITUCCI, STEPHEN MICHAEL**  
 Address **20 TOWPATH DR** Address **20 TOWPATH DR**  
 City **WILMINGTON** State **MA** Zip **01887-3918** City **WILMINGTON** State **MA** Zip **01887-3918**  
 Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **10 23 23 23 23** Test Status: **3 28**  
 Citation # (If Issued) **267686AB** Most Harmful Event **10 24** Type of Test: **97 29**  
 Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 97 25** BAC Test Result: **1 30**  
 Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **1 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
<b>Operator</b>	See Above			<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:  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		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>							



Wilmington Police Department  
Images Associated with 22-34-AC

