

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# 22-57-AC

License # S14528267 St MA DOB/Age Reg # 8AY371 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator SURPRENANT, JENNI L Owner SURPRENANT, JENNI L

Address 18 JONES AVE Address 18 JONES AVE

City WILMINGTON State MA Zip 01887-3503 City WILMINGTON State MA Zip 01887-3503

Insurance Company CITIZENS INSURANCE COMPAN

Vehicle Travel Direction: S 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

Vehicle Action Prior to Crash 11 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26

Damaged Area Code: 7 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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	10	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 # S93880137 St MA DOB/Age Reg # 1FDH66 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator BOWAB, AMY SHEA Owner BOWAB, LYNNANNE

Address 18 HEMLOCK RD Address 18 HEMLOCK RD

City ANDOVER State MA Zip 01810-4603 City ANDOVER State MA Zip 01810-0000

Insurance Company ALLSTATE INSURANCE COMPAN

Vehicle Travel Direction: S 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

Vehicle Action Prior to Crash 4 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 9 25 25

Driver Distracted by 0 26

Damaged Area Code: 2 27 27 27

Test Status: 1 28

Type of Test: 29

BAC Test Result: 1 30

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

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/11/2022	Time of Crash 1102 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40	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 _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	425 MIDDLESEX AVE EXT 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 _____
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **22-58-AC**

License # S52031274 St MA DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator PITZEN, JORDAN LYN Address 425 MIDDLESEX AVE EXT City WILMINGTON State MA Zip 01887-1105 Insurance Company UNITED SERVICES AUTOMOBIL Vehicle Travel Direction: N S 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 # 4YE674 Reg Type PC Reg State MA Veh Year 2020 Veh Make Infinity Veh Config. 2 Owner PITZEN, ANDREW MARK Address 425 MIDDLESEX AVE EXT City WILMINGTON State MA Zip 01887-1105 Vehicle Action Prior to Crash 3 Damaged Area Code: 2 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 30 Driver Distracted by 0 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
				6	4	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 # S89892607 St MA DOB/Age 10/13/1979 Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator DOUCETTE, JESSICA ANN Address 33 RACE ST City HAVERHILL State MA Zip 01830-6632 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Travel Direction: N S 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 # 2VMT69 Reg Type PC Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 2 Owner DOUCETTE, JESSICA ANN Address 33 RACE ST City HAVERHILL State MA Zip 01830-6632 Vehicle Action Prior to Crash 1 Damaged Area Code: 8 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 28 Most Harmful Event 1 Type of Test: 29 Driver Contributing Code 4 25 25 BAC Test Result: 30 Driver Distracted by 0 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 2 33
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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	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

2 10
Route# Direction Address # Name of Roadway/Street
121 GLEN RD
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
3 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 13 #Occupants Hit/Run Moped | Crash Report ID# 22-61-AC

4 2
License # S54253701 St MA DOB/Age _____ Reg # 9NX894 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2014 Veh Make BUICKS Veh Config. 1 21
Operator PARSONS, ERICA LYNN Owner PARSONS, ERICA LYNN
Address 137 GLEN RD Address 137 GLEN RD
City WILMINGTON State MA Zip 01887-3535 City WILMINGTON State MA Zip 01887-3535
Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 4 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: 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 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? 2 33

6 1

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	1	1	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

7 1 Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1
License # S33662894 St MA DOB/Age _____ Reg # 4RK147 Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2013 Veh Make BMW Veh Config. 1 21
Operator KARANI, RUPAL Owner KARANI, RUPAL
Address 61 ASHWOOD AVE Address 61 ASHWOOD AVE
City WILMINGTON State MA Zip 01887-4403 City WILMINGTON State MA Zip 01887-4403
Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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: 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

9 2

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	1	4	0	0	10	1	
				3	1	4	0	0	10	1	

