

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

**1 4** Route#            Direction            Name of Roadway/Street            Route#            Direction            Address #            Name of Roadway/Street           

At            Feet             N  S  E  W of            •            or            Mile Marker            Exit Number           

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

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-59-AC**

License # S33961996 St MA DOB/Age            Reg # 5964FD Reg Type PC Reg State MA

Sex F Lic. Class C 19 19 Lic. Restrictions N 20 CDL S Veh Year 2004 Veh Make MITSUBISHI Veh Config. 1 21

Operator SARKIS, VALERIE A Owner SARKIS, VALERIE A

Address 5 TURNPIKE RD APT 330 Address 5 TURNPIKE RD APT 330

City TOWNSEND State MA Zip 01469-1048 City TOWNSEND State MA Zip 01469-1048

Insurance Company AMICA MUTUAL INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: B 27 1 27 2 27

Vehicle Travel Direction:  N  S  W Responding to Emergency? 2 Event Sequence 40 23 21 23 23 23 Test Status: 1 28

Citation # (If Issued) 294012AB Most Harmful Event 21 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 17 Driver Contributing Code 10 25 7 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub            Viol. 4: Ch/Sec/Sub            Driver Distracted by 0 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Sent Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	8	2	Lahey HOSPITAL

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

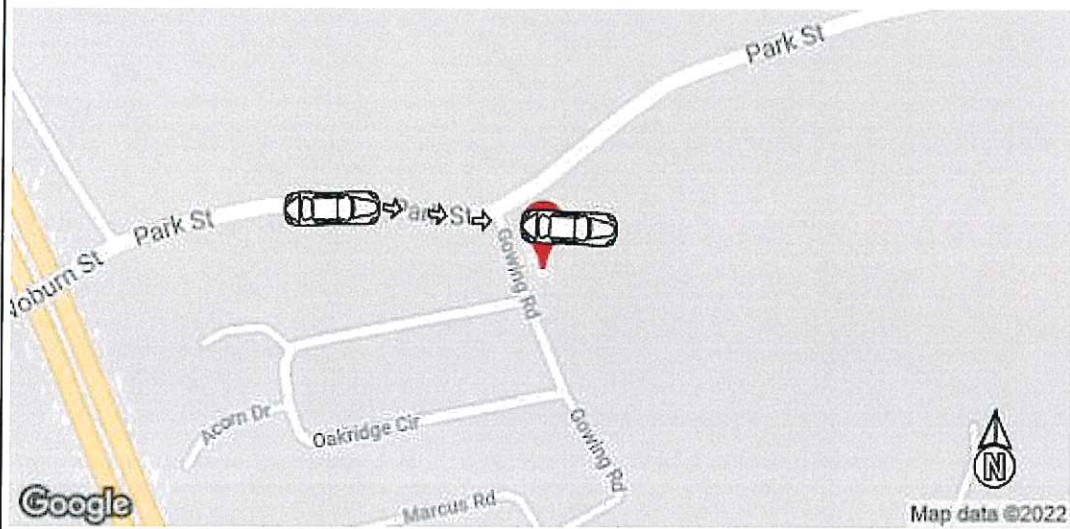
Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Sent Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	1							

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

ie: → 1    → 2    → ○    → ○

**Crash Diagram:**



**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:**

Vehicle was traveling east on Park Street when vehicle crossed over the double yellow line entering into oncoming traffic. Witness stated he observed this vehicle traveling a high rate of speed in his lane heading stright at him. Witness honked his horn and the vehicle swerved back into their lane. There was a patch of ice at the intersection of Gowing Road and Park Street. The vehicle continued stright into the woods colliding with a tree. No airbags were deployed. Operator was unable to articulate what caused the crash or actions prior to crash. Operator had a visible bloody nose and was transported to Lahey Hospital by the Wilmington Fire Department. The vehicle was towed by Cains Towing.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
CURTIS MICHAEL HALLEY	25 TOWPATH DR WILMINGTON MA 01887		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_    Material 4 digit # \_\_\_\_\_    Release code  49

Patrol Officer Michael R DiLorenzo    217    Wilmington Police Department    02/13/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 22-59-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

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-60-AC**

License # **S49534998** St **MA** DOB/Age \_\_\_\_\_ Reg # **7MR148** Reg Type **PC** Reg State **MA**

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

Operator **HUGHES, TADD B** Owner **HUGHES, TADD B**

Address **8 HARTFORD CIR** Address **8 HARTFORD CIR**

City **ANDOVER** State **MA** Zip **01810-4044** City **ANDOVER** State **MA** Zip **01810-4044**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 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
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S14228492** St **MA** DOB/Age \_\_\_\_\_ Reg # **88HS41** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **FORD** Veh Config. **1**

Operator **MARAVELIS, LUISA MARIA** Owner **MARAVELIS, LUISA MARIA**

Address **23 LEXINGTON ST** Address **23 LEXINGTON ST**

City **WILMINGTON** State **MA** Zip **01887-1339** City **WILMINGTON** State **MA** Zip **01887-1339**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **4 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 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/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>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



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

Route# Direction Name of Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street  
 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 13 #Occupants  Hit/Run  Moped **Crash Report ID# 22-61-AC**

License # **S54253701** St **MA** DOB/Age. \_\_\_\_\_ Reg # **9NX894** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **BUICKS** Veh Config. **1**  
 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** Damaged Area Code: **8**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** BAC Test Result: **1**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Towed from scene? **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S33662894** St **MA** DOB/Age \_\_\_\_\_ Reg # **4RK147** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2013** Veh Make **BMW** Veh Config. **1**  
 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** Damaged Area Code: **2**  
 Vehicle Travel Direction:  **N**  **S**  **E**  **W** Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** BAC Test Result: **1**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Towed from scene? **1**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
				<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    ♂ = Pedestrian    ⚡ = Bicycle

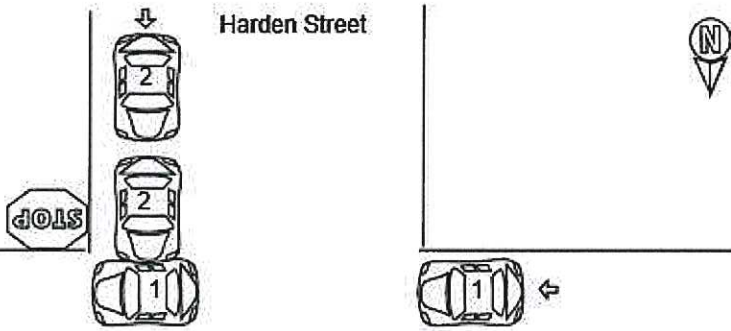
**Crash Diagram:**

ie: → [1] → [2] → ♂ → ⚡

**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



121 Glen Road

**Crash Narrative:**

MV 1 was driving on Glen Road. MV 2 was attempting to stop/turn left onto Glen Road. MV 2 stated she was unable to stop in time and struck MV 1. MV 1 and Witness 1 confirmed MV 2 was not able to stop in time and struck MV 2. No injuries. MV 1 was towed by A&S

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
WELCH JACQUELINE MARIE	10R GROVE AVE WILMINGTON MA 01887-2015		

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Kevin J Skinner

200

Wilmington Police Department

02/14/2022

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 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 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# **22-62-AC**

License # **S15735660** St **MA** DOB/Age Reg # **46659** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **A** Lic. Restrictions **1** CDL Endorsement Veh Year **2001** Veh Make **FORD** Veh Config. **1**

Operator **LIEBERMAN, STEPHEN JEFFREY** Owner **LIEBERMAN, STEPHEN JEFFREY**

Address **201 HIGH ST** Address **201 HIGH ST**

City **NORTH BILLERICA** State **MA** Zip **01862-1239** City **NORTH BILLERICA** State **MA** Zip **01862-1239**

Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**

Citation # (If Issued) Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S43614534** St **MA** DOB/Age Reg # **284KH7** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2017** Veh Make **NISSAN** Veh Config. **1**

Operator **APOSTOLOU, MARINA K** Owner **APOSTOLOU, MARINA K**

Address **342 CRESCENT ST APT 2** Address **342 CRESCENT ST APT 2**

City **WALTHAM** State **MA** Zip **02453-3876** City **WALTHAM** State **MA** Zip **02453-3876**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 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 29**

Citation # (If Issued) Most Harmful Event **1 24** BAC Test Result: **1 30**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **19 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0 26** Towed from scene? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	





Date of Crash 02/14/2022 Time of Crash 1443 24HR City/Town **Wilmington**

**Motor Vehicle Crash Police Report**

Number Vehicles 2 Number Injured 0 Speed Limit 10 State Police Local Police MBTA Police Campus Police Other

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 11 #Occupants  Hit/Run  Moped Crash Report ID# 22-63-AC

License # St DOB/Age Reg # unknown Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement 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 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			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/Age Reg # 6ZY297 Reg Type PC Reg State MA

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2016 Veh Make ACURA Veh Config. 1 21

Operator Driverless M.V. Owner LIN, HAO

Address Address 22 WESCROFT RD

City Reading State MA Zip 01867-3365

Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 11 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N 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 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 2 33

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

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



Wilmington Police Department  
Images Associated with 22-63-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  
 129 E 581 MAIN ST  
 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# **22-64-AC**

License # **451945320** St **NY** DOB/Age \_\_\_\_\_ Reg # **2NEM31** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **MONZONSOTO, EDYN** Owner **DUBON CALDERON, KARLA L**  
 Address **3222 74TH ST** Address **75 PLEASANT ST APT 1B**  
 City **EAST ELMHURST** State **NY** Zip **11370** City **WOBURN** State **MA** Zip **01801-4136**  
 Insurance Company **OCCIDENTAL FIRE AND CASUA** Vehicle Action Prior to Crash **3** Damaged Area Code: **5 27 27 27**  
 Vehicle Travel Direction:  E  W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) **296112AB** Most Harmful Event **1 24** BAC Test Result: **1 30**  
 Viol. 1: Ch/Sec/Sub **90 14B** Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **3 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>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 # **S22642515** St **MA** DOB/Age \_\_\_\_\_ Reg # **1MJZ87** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **SPLAINE, DEREK JOHNATHAN** Owner **GAMEZ, NICOLE ASHLEY**  
 Address **34A EUGENE RD** Address **34A EUGENE RD**  
 City **BURLINGTON** State **MA** Zip **01803-5122** City **BURLINGTON** State **MA** Zip **01803-5122**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 27 27**  
 Vehicle Travel Direction:  E  W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **1 30**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Towed from scene? **1 33**

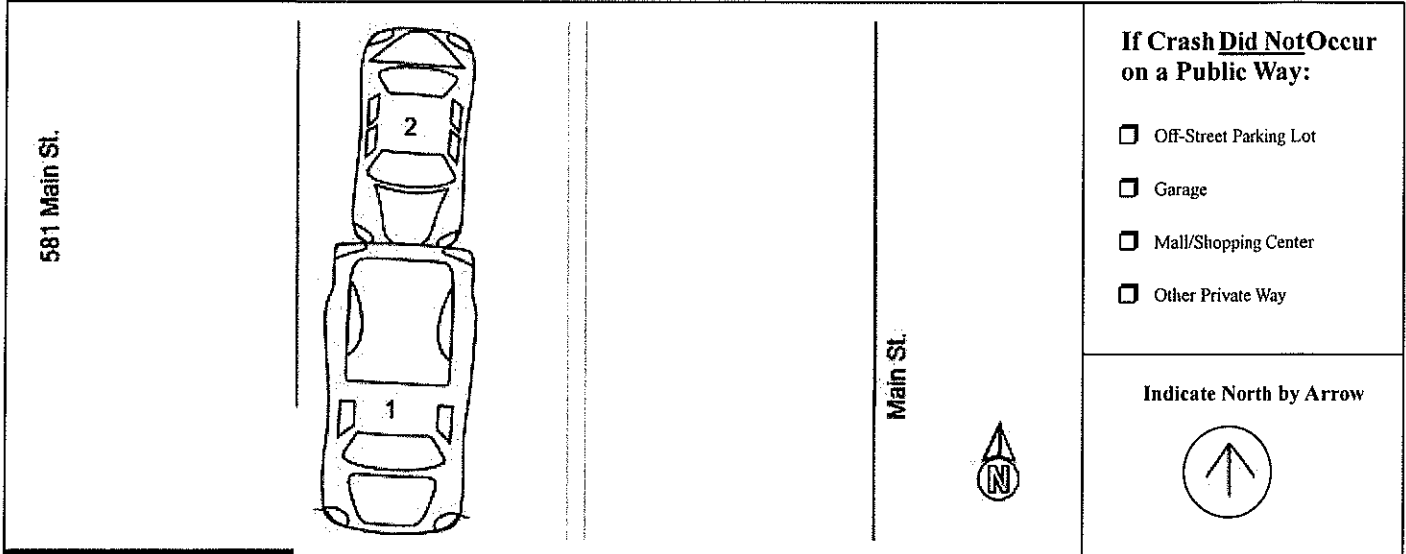
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

→ = Direction    [1] = Vehicle 1    [2] = Vehicle 2    ○ = Pedestrian    ⚡ = Bicycle

**Crash Diagram:**

ie: → [1] → [2] → ○ ○ ○    → ⚡



**Crash Narrative:**

MV 1 WAS TRAVELLING SOUTHBOUND ON MAIN ST. MV 2 WAS FOLLOWING MV 1. MV 1 STOPPED TO TAKE A RIGHT TURN INTO THE DRIVEWAY OF 581 MAIN ST. (TRITON CAR WASH). AT THIS TIME MV 2 SLID INTO THE BACK OF MV 1. WHEN I ARRIVED ON SCENE, THE OPERATOR OF MV 1 STATED THAT HE DID NOT HAVE HIS TURNING SIGNAL ACTIVATED AND THE OPERATOR OF MV 2 STATED HE DID NOT SEE THE TRUCKS SIGNAL EITHER. WHILE ON SCENE I DID NOTICE THE ROADWAY WAS WET DUE TO THE WATER COMING OFF OF VEHICLES LEAVING THE CAR WASH.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use [42] \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_  
 Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]  
 Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length [46]

**Hazmat Information:**

Placard [47] Material 1 digit # [48] Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code [49]

Patrol Officer Brian Tavares 206 Wilmington Police Department 02/15/2022  
 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 # Name of Roadway/Street  
 38 S 222 MAIN ST  
 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 **PLAZA INTERSECTION (S)** Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-65-AC**

License # **476680421** St **NY** DOB/Age Reg # **2794459** Reg Type **AP** Reg State **IN**  
 Sex **M** Lic. Class **A** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2019** Veh Make **International** Veh Config. **10** 21  
 Operator **LAMOUR, ALLAND** Owner **RYDER TRUCK RENTAL INC**  
 Address **778 REMSEN AVE APT 2** Address **11690 NW 105TH ST**  
 City **BROOKLYN** State **NY** Zip **11236** City **MIAMI** State **FL** Zip **33178**  
 Insurance Company **PEOPLES INS. AGENCY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **1** 28  
 Citation # (If Issued) Most Harmful Event **1** 24 Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **1** 25 25 BAC Test Result: **30**  
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32  
 Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<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 # **S94629130** St **MA** DOB/Age Reg # **3BT594** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement Veh Year **2016** Veh Make **Jeep** Veh Config. **1** 21  
 Operator **TO, LE TOMMY** Owner **TO, LE TOMMY**  
 Address **60 INDIAN RD** Address **60 INDIAN RD**  
 City **WALTHAM** State **MA** Zip **02451-3239** City **WALTHAM** State **MA** Zip **02451-3239**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** 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 **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 **5** 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

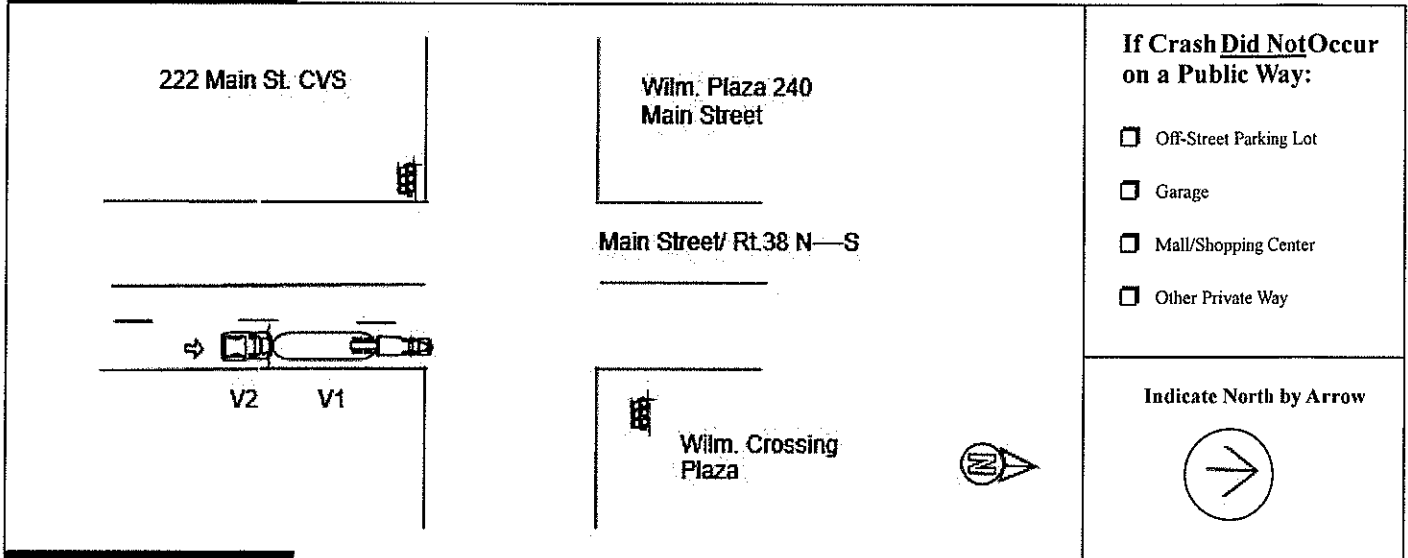
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**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:**

Both vehicles found stopped near 281 Main Street. After speaking to both operators (slight language barrier), it is believed V1 (TT unit) and V2 were traveling Rt.38S and were stopped in traffic at the intersection near Wilmington Plaza when collision occurred. V2 opr "To" claimed TT unit backed up in traffic and hit front of V2. V1 opr. "Lamour" stated that the truck rolled back slightly when putting into gear to drive straight. He then put truck in reverse to show back up lights and alarm. V2 driver and pass. admitted not hearing loud alarm. They also admitted not seeing truck mirrors. These factors support V2 was too close to Trailer bumper & made contact when truck rolled slightly back. V1 opr claimed to have camera footage but could not review. At time of report V1 opr did not contact station(w/ help on son)to show footage. No injuries observed/reported. No damage to truck. V2 slight damage to bumper.

**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 # 2794459 (From Vehicle Section)

Carrier Name Gold Coast Logistics Group Bus Use  42

Address 2130 2130 POINT BLVD City ELGIN St IL Zip 60123

US DOT #: 2190975 State Number \_\_\_\_\_ Issuing State IA MC/MX/ICC #: 748469

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  3 45

Trailer Reg #: 498816 Reg Type TL Reg State IL Reg Year 2019 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 02/15/2022  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date



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

**1** 4  
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           

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    #Occupants     Hit/Run  Moped  
Crash Report ID# **22-66-AC**

License # **S12344562** St **MA** DOB/Age            Reg # **249MS2** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D**  19  19 Lic. Restrictions **1**  20 CDL Endorsement             
Veh Year **2013** Veh Make **CHRYSLER** Veh Config. **1**  21  
Operator **MERCER, KAELEEN** Owner **MERCER, WILLIAM E JR**  
Address **2 CONNOLLY RD** Address **2 CONNOLLY RD**  
City **BILLERICA** State **MA** Zip **01821-5036** City **BILLERICA** State **MA** Zip **01821-5036**  
Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1**  22 Damaged Area Code:  2  27  3  27  27  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency?    Event Sequence  31  23  23  23  23 Test Status:  1  28  
Citation # (If Issued) **T2447121** Most Harmful Event  31  24 Type of Test:  29  
Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Cl/Sec/Sub **90 18** Driver Contributing Code  20  25  25 BAC Test Result:  30  
Viol. 3: Ch/Sec/Sub            Viol. 4: Cl/Sec/Sub            Driver Distracted by  4  26 Susp. Alcohol:  1  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
<b>Operator</b>	See Above	<del>          </del>	<del>          </del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

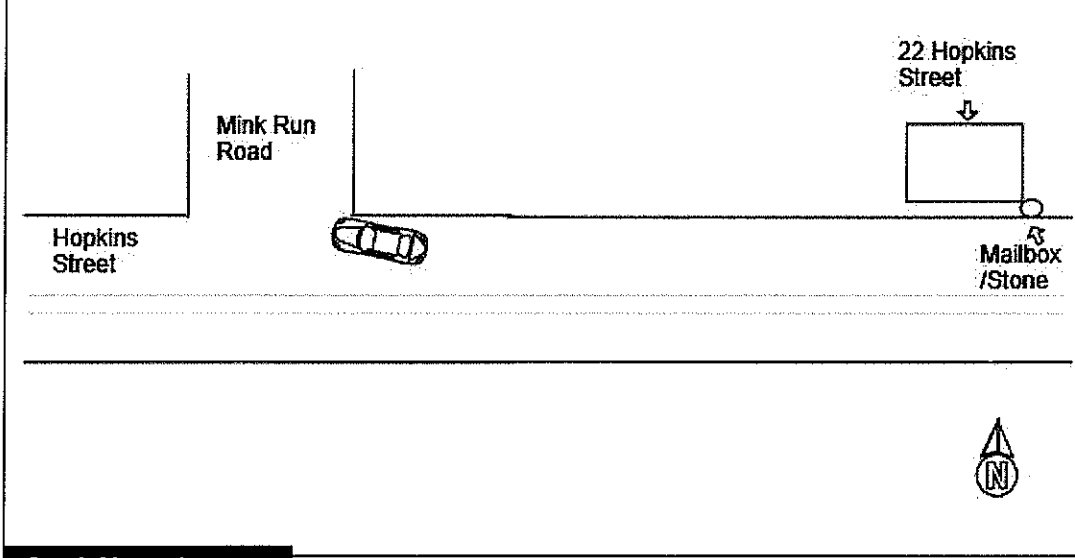
License #            St            DOB/Age            Reg #            Reg Type            Reg State             
Sex            Lic. Class  19  19 Lic. Restrictions  20 CDL Endorsement             
Veh Year            Veh Make            Veh Config.  21  
Operator            Owner             
Address            Address             
City            State            Zip            City            State            Zip             
Insurance Company            Vehicle Action Prior to Crash  22 Damaged Area Code:  27  27  27  
Vehicle Travel Direction:  N  S  E  W Responding to Emergency?            Event Sequence  23  23  23  23 Test Status:  28  
Citation # (If Issued)            Most Harmful Event  24 Type of Test:  29  
Viol. 1: Ch/Sec/Sub            Viol. 2: Cl/Sec/Sub            Driver Contributing Code  25  25 BAC Test Result:  30  
Viol. 3: Ch/Sec/Sub            Viol. 4: Cl/Sec/Sub            Driver Distracted by  26 Susp. Alcohol:  31 Susp. Drug:  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
<b>Operator/Non-Motorist</b>	See Above	<del>          </del>	<del>          </del>	<b>1</b>							

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

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

**Indicate North by Arrow**

(North Arrow)

**Crash Narrative:**

Vehicle was traveling west on Hopkins Street when it approached the area of 22. The operator stated that she briefly looked away from the road at her phone and this is when the vehicle veered to the right side of the road, striking a mailbox and stone in front of 22 Hopkins Streets. The vehicle continued down the road until stopped as it became disabled to due a flat tire. No airbags were deployed. Vehicle was towed from the scene by Forest Towing.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
GILLIS MURDOCK L	22 HOPKINS ST WILMINGTON MA 01887-		97	MAILBOX W/WOODEN POST

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Interstate  43 Cargo Body Type Code  44 GVWR/GCWR  45

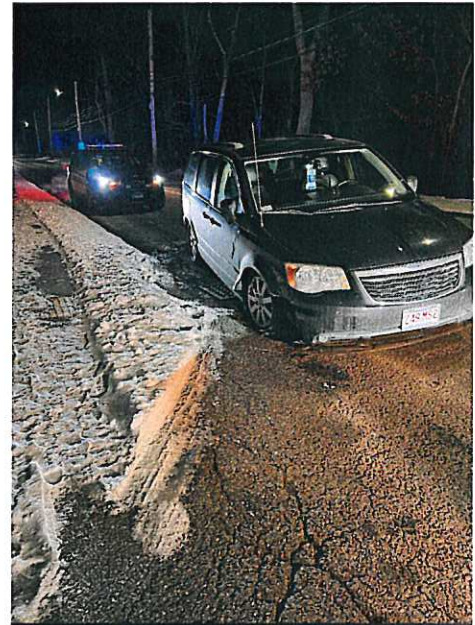
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47 Material 1 digit #  48 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrol Officer Michael R DiLorenzo      217      Wilmington Police Department      02/16/2022  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 22-66-AC



Date of Crash **02/17/2022** Time of Crash **1632** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <b>220</b> Direction _____ Address # <b>MAIN ST</b> Name of Roadway/Street _____	2 10
	At _____	_____ Feet <b>N S E W</b> of _____ or _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Mile Marker _____ Exit Number _____	3 11
	Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____	
1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Landmark _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-67-AC**

License # **S54202922** St **MA** DOB/Age \_\_\_\_\_ Reg # **4SS597** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2020** Veh Make **TOYOTA** Veh Config. **1**

Operator **HUSE, JEANNE MARIE** Owner **HUSE, JEANNE MARIE**

Address **79 APACHE WAY** Address **79 APACHE WAY**

City **TEWKSBURY** State **MA** Zip **01876-4615** City **TEWKSBURY** State **MA** Zip **01876-4615**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 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: **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**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **SA5500475** St **MA** DOB/Age \_\_\_\_\_ Reg # **7HL795** Reg Type **PC** Reg State **MA**

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

Operator \_\_\_\_\_ Owner **KHALIL, FOUAD KHALIL**

Address \_\_\_\_\_ Address **76A GLEN RD**

City \_\_\_\_\_ State **MA** Zip **01887-1877** City **WILMINGTON** State **MA** Zip **01887-1877**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4** Damaged Area Code: **3 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 **4 25 25** BAC Test Result: **1 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/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

