

Date of Crash 04/27/2022 Time of Crash 1521 City/Town Wilmington **Motor Vehicle Crash** **Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police   
 24HR Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Campus Police   
 Other: \_\_\_\_\_

<b>AT INTERSECTION:</b>	<b>&lt;</b>	<b>LOCATION</b>	<b>&gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____		<u>332</u> <u>LOWELL ST</u>		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
At _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____		_____ Feet _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		_____ Feet _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		_____ Feet _____ Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **22-136-AC**

License # SA4070327 St MA DOB/Age \_\_\_\_\_ Reg # 1BWF82 Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2015 Veh Make TOYOTA Veh Config. 1 21  
 Operator MANJANOVA, NIGAR Owner MANJANOVA, NIGAR  
 Last First Middle Last First Middle  
 Address 7 BARNES ST APT B Address 7 BARNES ST APT B  
 City WALTHAM State MA Zip 02453-7001 City WALTHAM State MA Zip 02453-7001  
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 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: 1 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 1 25 25 BAC Test Result: 1 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
 Towed from scene? 1 33

Please fill out for operator and all occupants involved		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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
				<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # S45519378 St MA DOB/Age \_\_\_\_\_ Reg # P86545 Reg Type CO Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2011 Veh Make BMW Veh Config. 1 21  
 Operator ARYA, TENZIN TSEYANG Owner ARYA, TENZIN T  
 Last First Middle Last First Middle  
 Address 13 HARRISON ST Address 5 WRIGHT ST  
 City SOMERVILLE State MA Zip 02143-3605 City LEXINGTON State MA Zip 02420-1118  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 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: 1 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? 1 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	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



Date of Crash: 04/28/2022 Time of Crash: 0917 24HR City/Town: **Wilmington** **Motor Vehicle Crash** Number Vehicles: 2 Number Injured: 0 Speed Limit: 30 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ State Police  Local Police  MBTA Police  Campus Police  Other

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p style="text-align: center;"><b>WOBURN ST</b></p> <p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-137-AC**

<p>License # <b>S60187277</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>A</b> Lic. Restrictions <b>1</b> CDL _____</p> <p>Operator <b>DUGGAN, MICHAEL LEE</b></p> <p>Address <b>2529 ACUSHNET AVE</b></p> <p>City <b>NEW BEDFORD</b> State <b>MA</b> Zip <b>02745-3005</b></p> <p>Insurance Company <b>ACADIA INSURANCE COMPANY</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>1149B</b> Reg Type <b>TL</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>VOLVO</b> Veh Config. <b>9</b></p> <p>Owner <b>RICHS TRANSPORTATION SERVICES INC</b></p> <p>Address <b>305 MYLES STANDISH B</b></p> <p>City <b>TAUNTON</b> State <b>MA</b> Zip <b>02780-7327</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>97</b></p> <p>Most Harmful Event <b>97</b></p> <p>Driver Contributing Code <b>1</b></p> <p>Driver Distracted by <b>0</b></p>
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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

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____</p> <p>Operator <b>Driverless M.V.</b></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>R78395</b> Reg Type <b>CO</b> Reg State <b>MA</b></p> <p>Veh Year <b>2018</b> Veh Make _____ Veh Config. <b>21</b></p> <p>Owner <b>D AND R PAVING LLC</b></p> <p>Address <b>732 NEWBURYPORT TPKE</b></p> <p>City <b>MELROSE</b> State <b>MA</b> Zip <b>02176</b></p> <p>Vehicle Action Prior to Crash <b>11</b></p> <p>Event Sequence <b>97</b></p> <p>Most Harmful Event <b>97</b></p> <p>Driver Contributing Code <b>1</b></p> <p>Driver Distracted by <b>0</b></p>
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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>							



Wilmington Police Department

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NARRATIVE FOR PATROL OFFICER KEVIN J SKINNER

Ref: 22-137-AC

Entered: 04/28/2022 @ 1124	Entry ID: 200
Modified: 04/28/2022 @ 1127	Modified ID: 200
Approved: 04/30/2022 @ 1302	Approval ID: 180

Additional Witnesses.

Stanslow Oakes. Date of Birth -

John Psehoyas. Date of Birth -

Date of Crash **04/28/2022** Time of Crash **1838** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# <b>707</b> Direction _____ Address # <b>WOBURN ST</b> Name of Roadway/Street _____
	At _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
	Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped **Crash Report ID# 22-138-AC**

License # <b>S70245897</b> St <b>MA</b> DOB/Age _____	Reg # <b>FH874</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____	Veh Year <b>2019</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>SCHINDLER, TIMOTHY MICHAEL</b>	Owner <b>SCHINDLER, TIMOTHY MICHAEL</b>
Address <b>170 VERNON ST</b>	Address <b>170 VERNON ST</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4336</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4336</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>7</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> <b>30</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>1</b> <b>33</b>

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 # <b>S88426128</b> St <b>MA</b> DOB/Age _____	Reg # <b>971XK2</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____	Veh Year <b>2018</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>MURRAY, SARAH ANNE</b>	Owner <b>MURRAY, SARAH ANNE</b>
Address <b>6 KIMBALL CT APT G13</b>	Address <b>6 KIMBALL CT APT G13</b>
City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-6954</b>	City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-6954</b>
Insurance Company <b>GEICO GENERAL INSURANCE C</b>	Vehicle Action Prior to Crash <b>4</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>1</b> <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> <b>30</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>2</b> <b>33</b>

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 22-138-AC





Wilmington Police Department  
Images Associated with 22-138-AC



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 04/29/2022	Time of Crash 1639 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>280</u> Name of Roadway/Street <u>LOWELL ST</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-139-AC**

License # <u>S15648868</u> St <u>MA</u> DOB/Age _____	Reg # <u>18MF39</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2021</u> Veh Make <u>CADILLAC</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>DONAHUE, MICHAEL KEVIN</u>	Owner <u>DONAHUE, MICHAEL KEVIN</u>
Address <u>11 STAGE RD</u>	Address <u>11 STAGE RD</u>
City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3927</u>	City <u>CHELMSFORD</u> State <u>MA</u> Zip <u>01824-3927</u>
Insurance Company <u>ALLSTATE INSURANCE COMPAN</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>8</u> <u>27</u> <u>2</u> <u>27</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>	Event Sequence <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>1</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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>_____</del>	<del>_____</del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

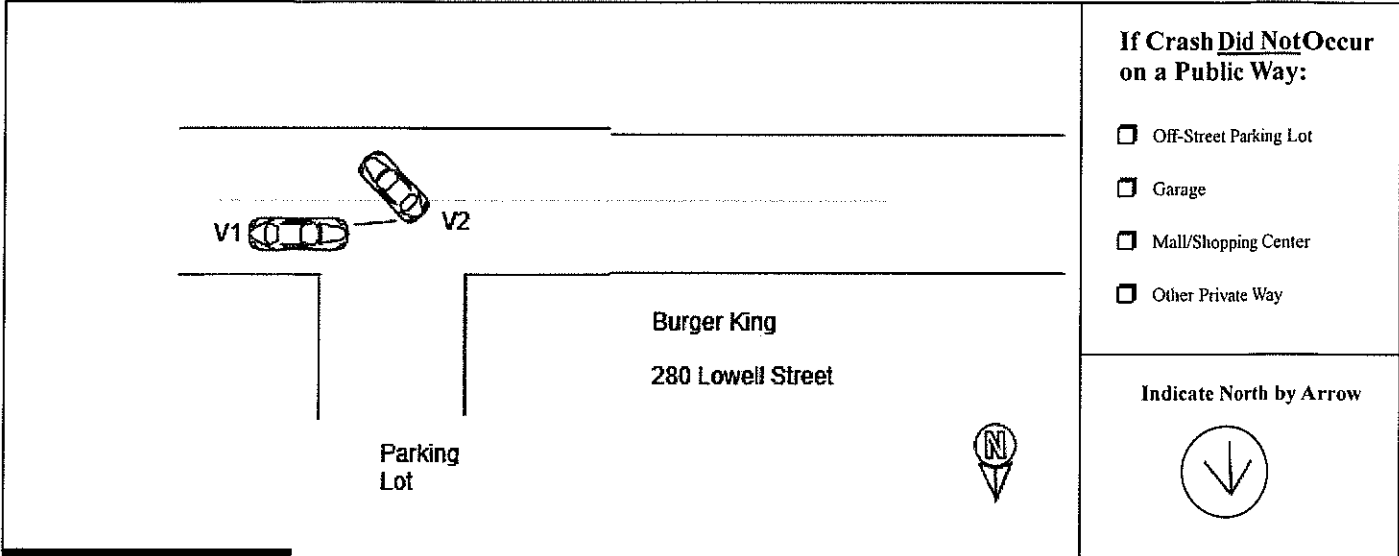
License # <u>S39164553</u> St <u>MA</u> DOB/Age _____	eg # <u>7SC639</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____	Veh Year <u>2003</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MURPHY, KERRY LYNN</u>	Owner <u>MURPHY, JAMES JOSEPH</u>
Address <u>585 WOBURN ST</u>	Address <u>585 WOBURN ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2923</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2923</u>
Insurance Company <u>SAFETY INSURANCE COMPANY</u>	Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>7</u> <u>27</u> <u>97</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>1</u> <u>23</u> <u>1</u> <u>23</u> Test Status: <u>1</u> <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Driver Distracted by <u>0</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>

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>_____</del>	<del>_____</del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

→ = 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:**

Sir, on April 29, I, Off Macgilvray, was assigned to s2 in marked unit 32 during the 4-12 tour. At said time I dispatched to a MVC near Burger King on Lowell Street. On location I spoke to both operators. Operator of V1 stated while travelling straight V2 pulled out of the parking lot causing the crash. Operator of V2 stated V1 was travelling too fast. She stated she believed she had enough room when she pulled out of the lot but the rate of speed of V1 caused the crash. The damage on V2 was at the rear tire drivers side. No injuries reported on scene. Niether vehicle Towed from 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 # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use [ 42 ]

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

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MCMX/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 Paul Macgilvray                      221                      Wilmington Police Department                      04/29/2022  
 Police Officer Name (Please Print)                      Signature                      ID/Badge #                      Department                      Precinct/Barracks                      Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 04/29/2022 Time of Crash 1719 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

At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction 327 SALEM ST 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

2

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 22-140-AC

4

License # S58416143 St MA DOB/Ag Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MUNOZ, LUZ MARLENY Last First Middle

Address 35 VILLAGE GREEN DR City NORTH ANDOVER State MA Zip 01845-5034

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: X 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 # 1DS534 Reg Type PC Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

Owner TABARES, DAYAN VANESSA Last First Middle

Address 35 VILLAGE GREEN DR City NORTH ANDOVER State MA Zip 01845-5034

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 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 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

6

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 row: See Above, 1, 1, 4, 0, 0, 10, 1.

7

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

License # SA5940061 St MA DOB/Ag Sex Lic. Class D 19 19 Lic. Restrictions B CDL Endorsement

Operator SUTHERLAND, LISA M Last First Middle

Address 4 EDWARDS ST City TEWKSBURY State MA Zip 01876-0000

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: X 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 # 2VTT27 Reg Type PC Reg State MA Veh Year 1999 Veh Make BUICKS Veh Config. 1 21

Owner SUTHERLAND, LISA M Last First Middle

Address 4 EDWARDS ST City TEWKSBURY State MA Zip 01876-0000

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 27

Event Sequence 1 23 23 23 23 Test Status: 28

Most Harmful Event 1 24 Type of Test: 29

Driver Contributing Code 19 25 5 25 BAC Test Result: 30

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

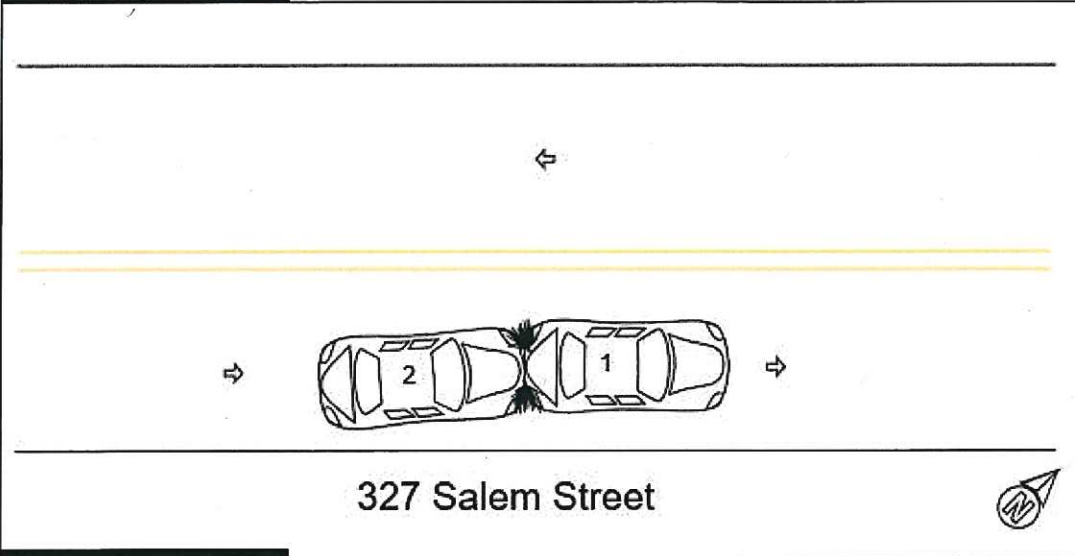
8

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 row: See Above, 1, 1, 4, 0, 0, 10, 1. Another row: 3, 1, 4, 0, 0, 10, 1.

9

→ = Direction      1 = Vehicle 1      2 = Vehicle 2      O = Pedestrian      ☇ = Bicycle  
 ie: → 1 → 2 → O → ☇

**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:**

MV1 was traveling northbound on Salem Street towards Ballardvale Street. MV2 was also traveling northbound in the area of 327 Salem Street. MV1 was traveling straight ahead and slowed down in traffic. MV2 was traveling straight ahead and collided with the rear of MV1. MV1 suffered minor rear end and right rear damage. MV2 suffered minor front end and front right end damage. None of the occupants in either vehicle were injured. Both vehicles were able to be driven from the scene. The WFD responded to scene and obtained medical refusals for both juvenile occupants of MV2 from their parents. All parties then departed the 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 # \_\_\_\_\_ (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 A Wilson

209

Wilmington Police Department

04/29/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



Date of Crash 04/29/2022	Time of Crash 2014 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>15</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**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 # <u>260</u> Name of Roadway/Street <b>MAIN ST</b> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-141-AC**

License # <u>S66380905</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> / <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>KALINOSKI, LISA ANN</u> Address <u>1 SWAIN WEST RD</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1052</u> Insurance Company <u>AMICA MUTUAL INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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>1VX412</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>KALINOSKI, LISA ANN</u> Address <u>1 SWAIN WEST RD</u> City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1052</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>6</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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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>XX</del>	1	99	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 # <u>SA6050420</u> St <u>MA</u> DOB/Age _____ S. Lic. Class <u>D</u> <u>19</u> / <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operato _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <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>5MCY70</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCLANE, KATHLEEN P</u> Address <u>491 METHUEN ST</u> City <u>DRACUT</u> State <u>MA</u> Zip <u>01826-5214</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>12</u> <u>25</u> <u>19</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>2</u> <u>33</u>
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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>XX</del>	1	99	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  
32 **BALLARDVALE ST**  
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# **22-142-AC**

4 1  
License # **S14566645** St **MA** DOB/Age \_\_\_\_\_ Reg # **2CEM11** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL \_\_\_\_\_ VEH Year **2007** Veh Make **Jeep** Veh Config. **1** 21  
Operator **JOSEPH, YOURI E** Owner **JOSEPH, YOURI E**  
Address **120 LYME ST APT FL2** Address **120 LYME ST APT FL2**  
City **MALDEN** State **MA** Zip **02148-5818** City **MALDEN** State **MA** Zip **02148-5818**  
Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **4** 27 27 27  
Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **20** 23 23 23 23 Test Status: **1** 28  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **35** 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? **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
<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>	

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

8 2  
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
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							



Wilmington Police Department  
Images Associated with 22-142-AC





Date of Crash **04/30/2022** Time of Crash **1327** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **1** Speed Limit **35** State Police  Local Police  MBTA Police  Campus Police  Other:   
 24HR **Police Report** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction <b>50</b> <b>MAIN ST</b> Name of Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **13** #Occupants  Hit/Run  Moped Crash Report ID# **22-143-AC**

<p>License # <b>S60492355</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>LITALIEN, DARA C</b></p> <p>Address <b>216 PELHAM ST</b></p> <p>City <b>PEMBROKE</b> State <b>MA</b> Zip <b>02359-3720</b></p> <p>Insurance Company <b>AMICA MUTUAL INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>9RY488</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2015</b> Veh Make <b>ACURA</b> Veh Config. <b>2</b> <b>21</b></p> <p>Owner <b>LITALIEN, DARA C</b></p> <p>Address <b>216 PELHAM ST</b></p> <p>City <b>PEMBROKE</b> State <b>MA</b> Zip <b>02359-3720</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
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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>	
				<b>7</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 **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # <b>S85718985</b> St <b>MA</b> DOB/Age <b>08/23/1956</b></p> <p>Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>MELAMED, JOYCE</b></p> <p>Address <b>3 GREENBRIAR DR APT 305</b></p> <p>City <b>N READING</b> State <b>MA</b> Zip <b>01864-3132</b></p> <p>Insurance Company <b>LM GENERAL INSURANCE COMP</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>3510XL</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2012</b> Veh Make <b>ACURA</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>MELAMED, JOYCE</b></p> <p>Address <b>3 GREENBRIAR DR APT 305</b></p> <p>City <b>N READING</b> State <b>MA</b> Zip <b>01864-3132</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>1</b> <b>33</b></p>
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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>99</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	

