

Police Use Only

# Commonwealth of Massachusetts

RMV Document Number

Date of Crash 05/08/2022 Time of Crash 1544 City/Town **Wilmington**

## Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 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 Address # Name of Roadway/Street  
48 GROVE AVE  
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

10

11

2

3

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

Crash Report ID# 22-150-AC

4

License # S85364384 St MA DOB/Age  
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement  
Operator ROSADO-DEOLIVO, MARGARITA  
Address 111 GROVE AVE  
City WILMINGTON State MA Zip 01887-3720  
Insurance Company GOVERNMENT EMPLOYEES INSU  
Vehicle Travel Direction: N S E W Responding to Emergency? 2  
Citation # (If Issued) 418346AB  
Viol. 1: Ch/Sec/Sub 90 18 Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1FAY29 Reg Type PC Reg State MA  
Veh Year 2016 Veh Make HONDA Veh Config. 1 21  
Owner ROSADO-DEOLIVO, MARGARITA  
Address 111 GROVE AVE  
City WILMINGTON State MA Zip 01887-3720  
Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27  
Event Sequence 35 23 30 23 23 23 Test Status: 1 28  
Most Harmful Event 35 24 Type of Test: 29  
Driver Contributing Code 16 25 25 BAC Test Result: 30  
Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32  
Towed from scene? 1 33

12

13

6

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	X	1	1	4	0	0	8	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 # St DOB/Age  
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement  
Operator  
Address  
City State Zip  
Insurance Company  
Vehicle Travel Direction: N S E W Responding to Emergency?  
Citation # (If Issued)  
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub  
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State  
Veh Year Veh Make Veh Config. 21  
Owner  
Address  
City State Zip  
Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27  
Event Sequence 23 23 23 23 Test Status: 28  
Most Harmful Event 24 Type of Test: 29  
Driver Contributing Code 25 25 BAC Test Result: 30  
Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32  
Towed from scene? 33

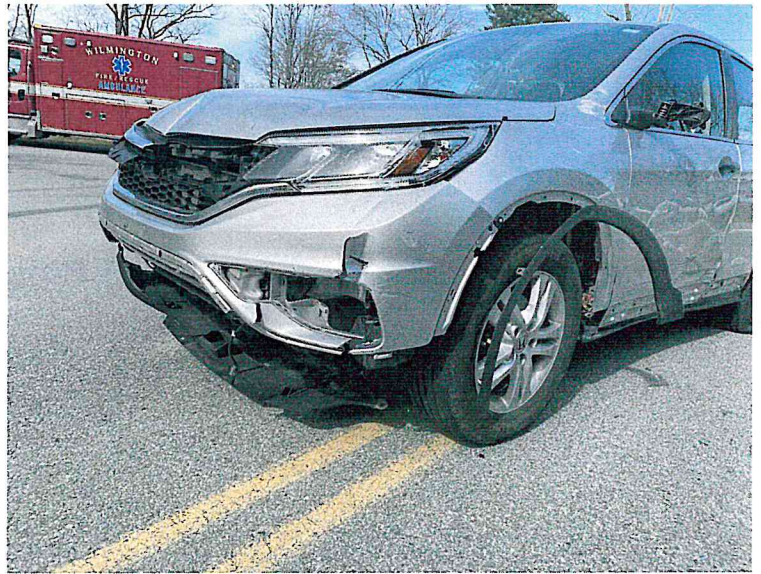
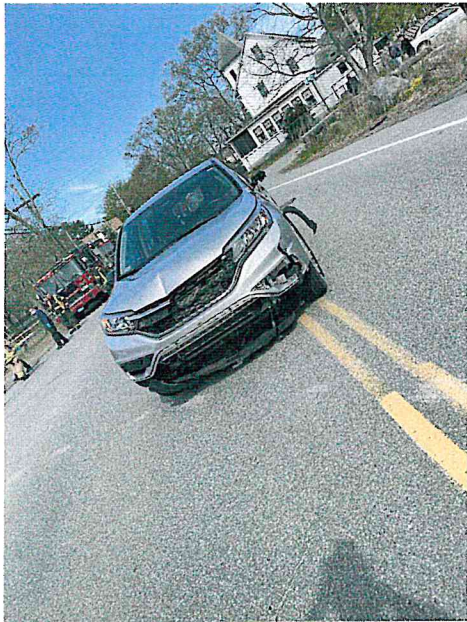
14

9

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	X	1							



Wilmington Police Department  
Images Associated with 22-150-AC



Wilmington Police Department  
Images Associated with 22-150-AC



Date of Crash: 05/10/2022 | Time of Crash: 1651 | City/Town: Wilmington | Number Vehicles: 2 | Number Injured: 1 | Speed Limit: 35 | State Police:  | Local Police:  | MBTA Police:  | Campus Police:  | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped | Crash Report ID# 22-151-AC

License # S46080892 St MA DOB/Age | Reg # 933CTP Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | Veh Year 2012 Veh Make HONDA Veh Config. 1 21

Operator SYME, CAMERON MARK | Owner SYME, SHARON ANN

Address 126 PHEASANT BROOK RD | Address 126 PHEASANT BROOK RD

City NORTH ANDOVER State MA Zip 01845-3372 | City NORTH ANDOVER State MA Zip 01845-3372

Insurance Company THE COMMERCE INSURANCE CO | Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 6 27 4 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 | Driver Contributing Code 1 25 25 BAC Test Result: 1 30

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

Viol. 3: Ch/Sec/Sub | Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	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 # SA5600394 St MA DOB/Age | Reg # 1GXW72 Reg Type PC Reg State MA

S Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement | Veh Year 2012 Veh Make MITSUBISHI Veh Config. 1 21

Operator | Owner COOKS SIMPLE PAINTING INC

Address BX 128 | Address BX 128

City READING State MA Zip 01867-0228 | City READING State MA Zip 01867-0228

Insurance Company SAFETY INSURANCE COMPANY | Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 8 27 2 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 | Driver Contributing Code 19 25 25 BAC Test Result: 1 30

Viol. 2: Ch/Sec/Sub | Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Viol. 3: Ch/Sec/Sub | 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
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	8	1	



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 05/10/2022	Time of Crash 1653 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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 <b>N S E W</b> of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ 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# **22-152-AC**

License # <b>S81428040</b> St <b>MA</b> DOB/Age _____	Reg # <b>3SGC59</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 Endorsement _____	Veh Year <b>2017</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>DACKO, SCOTT D</b> Last First Middle	Owner <b>DACKO, SCOTT D</b> Last First Middle
Address <b>1 WIGHTMAN RD</b>	Address <b>1 WIGHTMAN RD</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3757</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3757</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>9</b> <b>27</b> <b>3</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>22</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) <b>422152AB</b>	Most Harmful Event <b>22</b> <b>24</b> Type of Test: <b>97</b> <b>29</b>
Viol. 1: Ch/Sec/Sub <b>90</b> <b>24</b> Viol. 2: Ch/Sec/Sub <b>89</b> <b>4A</b>	Driver Contributing Code <b>10</b> <b>25</b> <b>9</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub <b>90</b> <b>24</b> Viol. 4: Ch/Sec/Sub <b>90</b> <b>17</b>	Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>1</b> <b>32</b>
Towed from scene? <b>1</b> <b>33</b>	

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"/>	<b>1</b>	<b>1</b>	<b>3</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

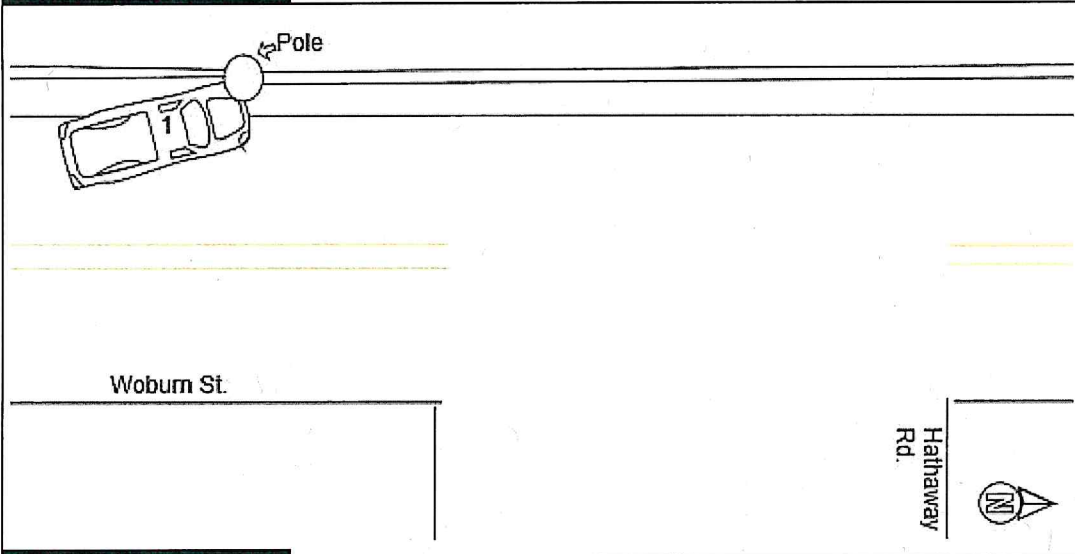
License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <input type="checkbox"/> <b>N S E W</b> Responding to Emergency? _____	Event Sequence <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
Towed from scene? <b>33</b>	

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"/>	<b>1</b>							

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

ie: → 1    → 2    →    →

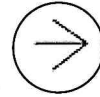
**Crash Diagram:**



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

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

**Indicate North by Arrow**



**Crash Narrative:**

See Report 22-163-AR

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
ROBERTO JOHN J	109 WOBURN ST WILMINGTON MA 01887		97	LAWN AND ROCKS
VERIZON	28 DIANA LN DRACUT MA 01826		4	VERIZON TELEPHONE POLE

**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

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

Department

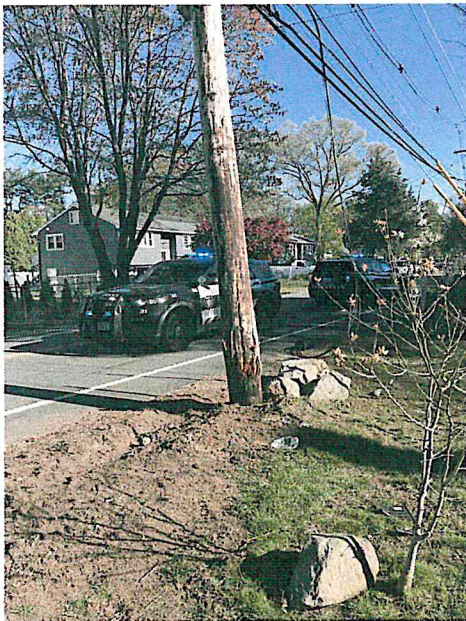
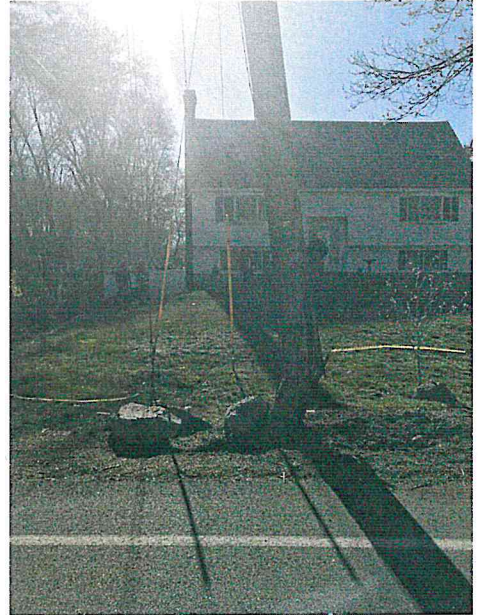
Precinct/Barracks

05/10/2022

Date



Wilmington Police Department  
Images Associated with 22-152-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>						
Date of Crash 05/11/2022	Time of Crash <b>1302</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>30</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

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

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **22-153-AC**

License # <b>S27726027</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____	Reg # <b>682GZ7</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make <b>AUDI</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>DELLORUSSO, DAVID JOHN</b> Last First Middle	Owner <b>DELLORUSSO, DAVID JOHN</b> Last First Middle
Address <b>109 FLORIDA RD</b>	Address <b>109 FLORIDA RD</b>
City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4115</b>	City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4115</b>
Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>7</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S 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>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

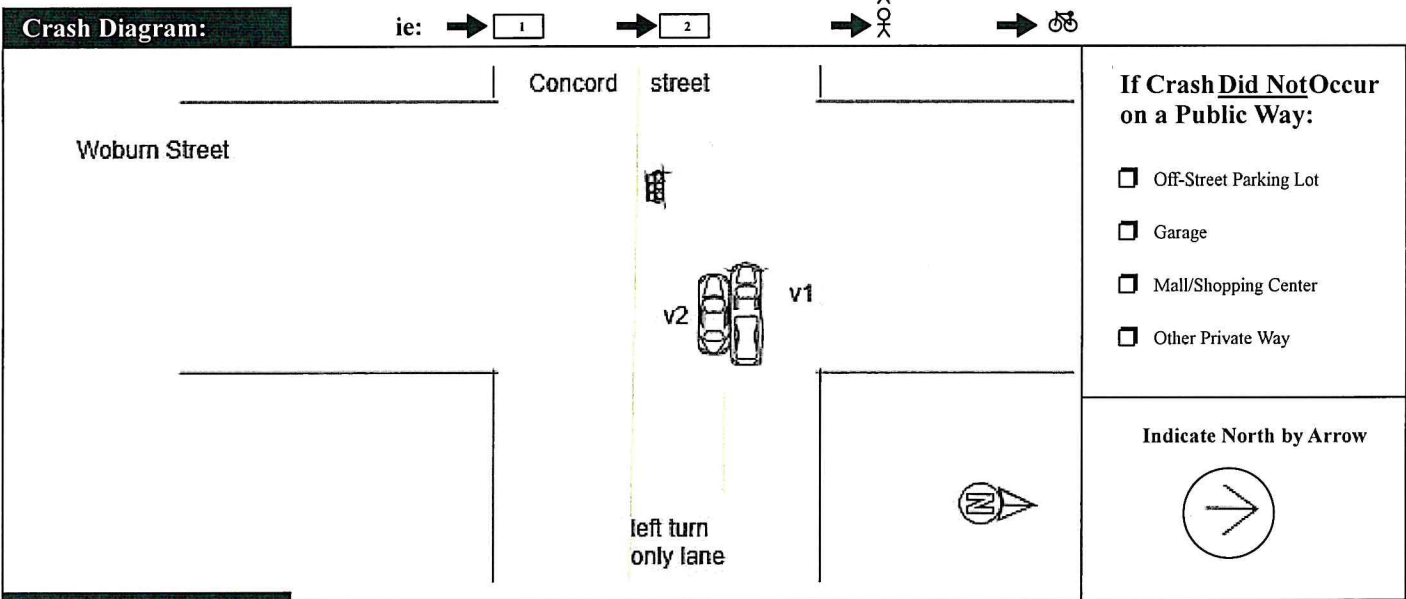
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</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>S32709557</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____	Reg # <b>NE6754</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>FORD</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>STONE, BRENFORD K</b> Last First Middle	Owner <b>STONE, BRENFORD K</b> Last First Middle
Address <b>3610 MYSTIC VLY NORTH PKWY APT 1010</b>	Address <b>3610 MYSTIC VLY NORTH PKWY APT 1010</b>
City <b>MEDFORD</b> State <b>MA</b> Zip <b>02155-5749</b>	City <b>MEDFORD</b> State <b>MA</b> Zip <b>02155-5749</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>3</b> <b>27</b> <b>27</b> <b>27</b>
Vehicle Travel Direction: <b>N S 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>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Towed from scene? <b>2</b> <b>33</b>

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>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 Narrative:**

The driver of v1 was traveling west on Concord street. When his light turned green, he went straight. He noticed that v2 was very close to his left side, in the left turn only lane. When the light turned green, V2 attempted to go straight as well, hitting v1

V2 thought he was in a lane to go straight despite being in the left turn only lane. The light turned green, and he went straight, hitting v1 on it's right side.

V1 had the right of way

v2 should have turned left, but went straight causing the accident.

**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 D Thornton**    190    **Wilmington Police Department**    05/11/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 05/11/2022	Time of Crash 1441 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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Route# _____ Direction _____ Name of Roadway/Street <u>GLEN RD</u> At Route# _____ Direction _____ Name of Intersecting Roadway/Street <u>DRURY LN</u> Also at Intersection with Route# _____ Direction _____ Name of Intersecting Roadway/Street	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 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 _____ Intersecting Roadway/Street _____ Landmark _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>22-154-AC</b>
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License # <u>S66682566</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 _____ Endorsement _____ Operator <u>WELCH, PATRICIA M</u> Last First Middle Address <u>42 COTTAGE ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2002</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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>9GD167</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>Land Rover</u> Veh Config. <u>1</u> <u>21</u> Owner <u>GAGNON, LAUREN E</u> Last First Middle Address <u>35 MOUNTAIN ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-1228</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</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>1</u> <u>28</u> Most Harmful Event <u>1</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>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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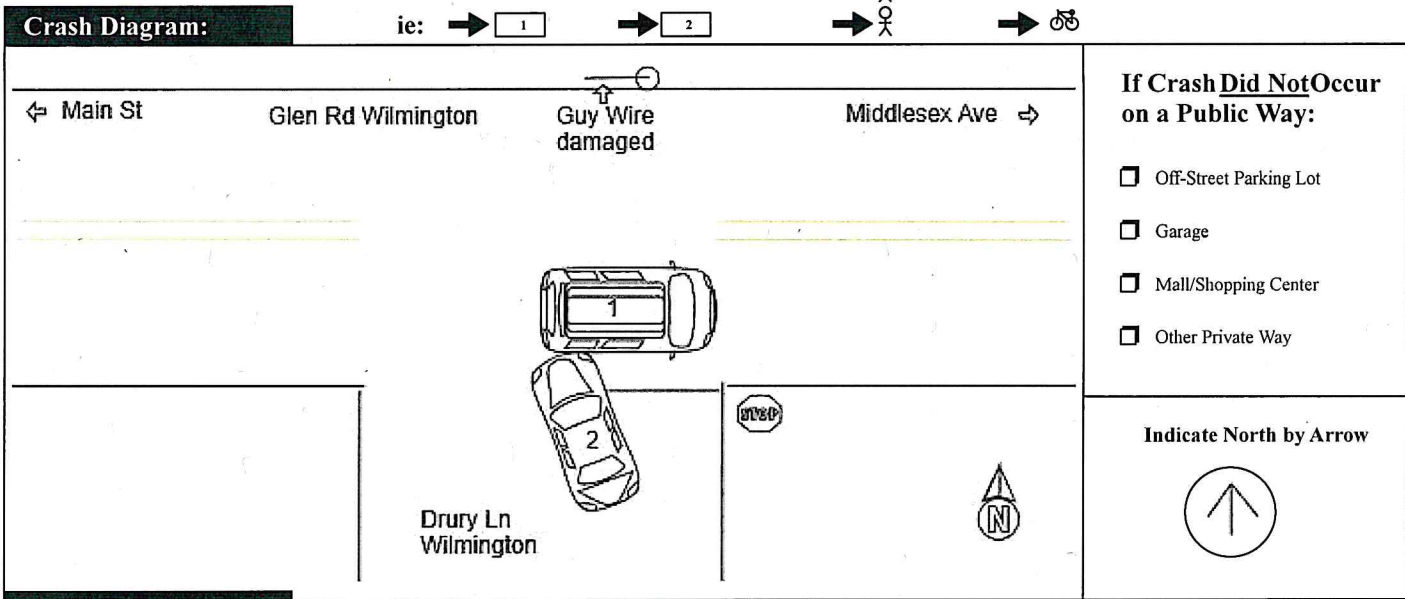
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A	Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # <u>SA3890373</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 _____ Endorsement _____ Operator <u>MULAS, MADISON CELESTINA</u> Last First Middle Address <u>10 WICKS CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1732</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input 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>5GEP90</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MULAS, MANUEL L</u> Last First Middle Address <u>10 WICKS CIR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1732</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>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>4</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    = Pedestrian    = Bicycle  
 ie: ➔ 1    ➔ 2    ➔    ➔



**Crash Narrative:**

On 5/12/22, I was dispatched to a two car crash at the intersection of Glen Rd at Drury Ln. One vehicle rolled onto its roof. There was no injuries. It was reported by the operator of Veh 1 that she was traveling eastbound when she was struck on the passenger side. Due to the location of impact, the vehicle flipped over. Veh 2 operator reported that she pulled up to the stop sign at Drury Ln. She reported that she didn't look left before pulling out and struck Veh 1. There was no injuries. All were wearing seatbelts. Veh 1 suffered heavy damage all over including roof, windshield, hood, rear pass quarter and wheel/axle. Veh 2 suffered damage to right front bumper area and grill. Both vehicles towed by A&S Towing. There was a stop sign present. Terrain obstructs vehicles coming westbound. Eastbound is clear. Guy Wire from Verizon Pole damaged.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	GUY WIRE

**Truck and Bus Information:** Registration # \_\_\_\_\_ (From Vehicle Section)

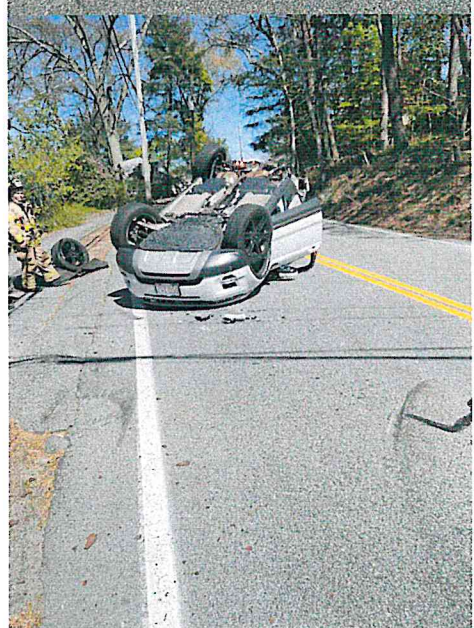
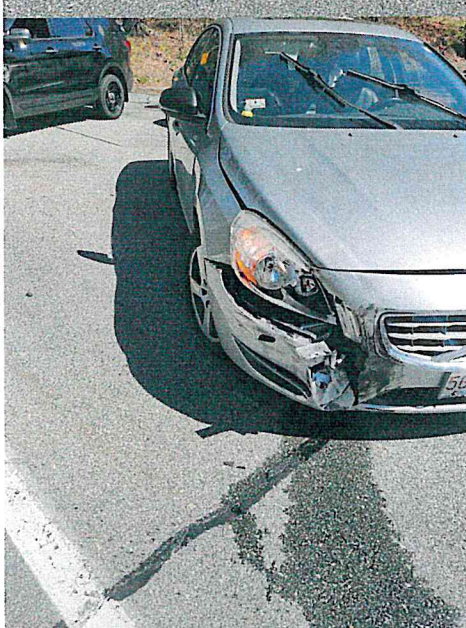
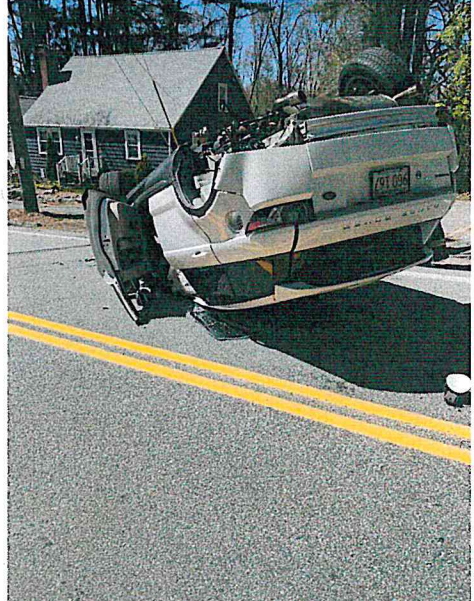
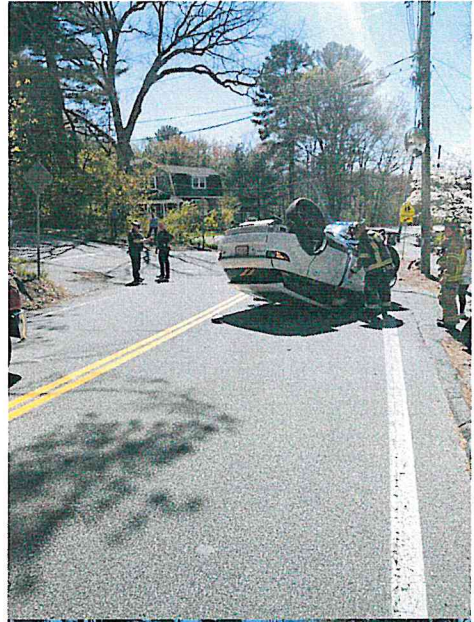
Carrier Name \_\_\_\_\_ Bus Use  42  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_  
 Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45  
 Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ 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 Daniel P Furbush**    196    **Wilmington Police Department**    05/11/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 22-154-AC



Wilmington Police Department  
Images Associated with 22-154-AC

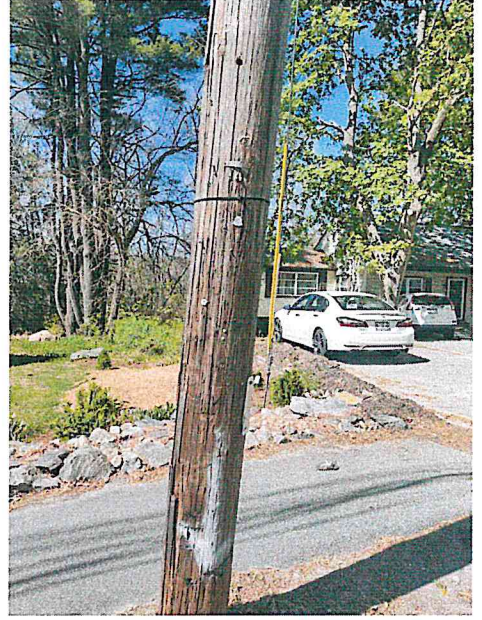


Wilmington Police Department  
Images Associated with 22-154-AC





Wilmington Police Department  
Images Associated with 22-154-AC



Date of Crash: 05/12/2022 | Time of Crash: 1310 | City/Town: Wilmington

Number Vehicles: 1 | Number Injured: 1 | Speed Limit: 25

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 14 | Direction | Address # | Name of Roadway/Street: MARION ST

Please Select One of the Following:  Vehicle 1 #Occupants |  Hit/Run |  Moped | Crash Report ID# 22-155-AC

License # S92206887 | St MA | DOB/Age | Reg # 4DNT31 | Reg Type PC | Reg State MA

Sex F | Lic. Class D | Lic. Restrictions 20 | CDL | Veh Year 2018 | Veh Make NISSAN | Veh Config. 1

Operator KILLOREN, KARISSA FAYE | Owner KILLOREN, KARISSA FAYE

Address 9 CRESCENT AVE | City LYNNFIELD | State MA | Zip 01940-1901

Insurance Company PROGRESSIVE DIRECT INSURA

Vehicle Travel Direction: N S  W | Responding to Emergency? 2

Event Sequence: 22 23 23 23 23 | Dated Area Code: 27 27 27

Most Harmful Event: 22 24 | Test Status: 28

Driver Contributing Code: 20 25 25 | Type of Test: 29

Driver Distracted by: 1 26 | BAC Test Result: 30

Susp. Alcohol: 31 | Susp. Drug: 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	3	0	0	8	1	

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

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

Sex | Lic. Class | Lic. Restrictions | CDL | Veh Year | Veh Make | Veh Config. 21

Operator | Owner

Address | Address

City | State | Zip

Insurance Company

Vehicle Travel Direction: N S E W | Responding to Emergency?

Event Sequence: 23 23 23 23 | Dated Area Code: 27 27 27

Most Harmful Event: 24 | Test Status: 28

Driver Contributing Code: 25 25 | Type of Test: 29

Driver Distracted by: 26 | BAC Test Result: 30

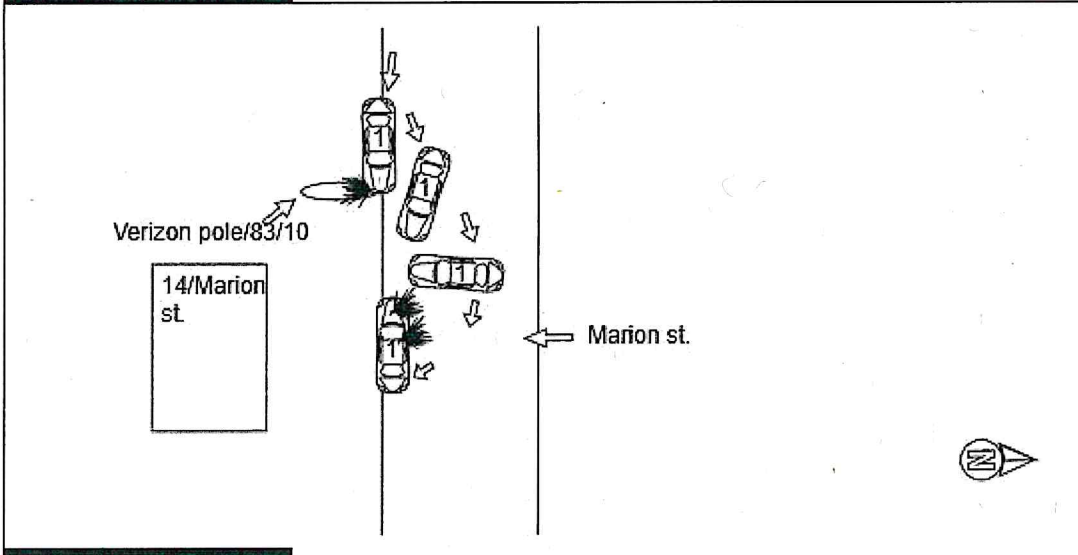
Susp. Alcohol: 31 | Susp. Drug: 32

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
Operator/Non-Motorist		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:**

Oper.#1 related she had dropped a friend off in the area. She was lost in the area and was using her GPS, when she looked down for a second or two, she struck the utility pole # 83/10. The utility pole had minor damage, however the utility had been shifted around the bottom/ground area. Utility company/Verizon was notified. Oper.#1 refused medical attention at the scene. (PWJ/142)

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
VERIZON	28 DIANA LN DRACUT MA 01826		4	UTILITY POLE 83/10

**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 Paul W Jepson    142    Wilmington Police Department    05/12/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 05/12/2022	Time of Crash <b>1446</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>35</b>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
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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 _____	2 10 8 11	Route# _____ Direction _____ Address # <b>355</b> Name of Roadway/Street <b>MIDDLESEX AVE</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ Landmark _____
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <b>12</b> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>22-156-AC</b>
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License # <b>NHL16492997</b> St <b>NH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____ Operator <b>SPENCER, SEAN M</b> Last First Middle Address <b>57 STONEGATE LN</b> City <b>DERRY</b> State <b>NH</b> Zip <b>03038</b> Insurance Company <b>SAFETY INSURANCE COMPANY</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 _____	Reg # <b>R86940</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>2014</b> Veh Make _____ Veh Config. <b>2</b> <b>21</b> Owner <b>MULIK, CHARLES J</b> Last First Middle Address <b>30 DEWEY AVE</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2055</b> 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> 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> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>	1 12 1 13
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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>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>SHAUN VIVEIROS</b>	27A HOBSON AVE WILMINGTON, MA 01887-2059		<b>M</b>	<b>6</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:	<input checked="" type="checkbox"/> Vehicle <b>21</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
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License # <b>NHL16193574</b> St <b>NH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____ Endorsement _____ Operator <b>BARBRA, WILLIAM R</b> Last First Middle Address <b>41 CENTERVILLE DR</b> City <b>SALEM</b> State <b>NH</b> Zip <b>03079</b> Insurance Company <b>ACE AMERICAN 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 _____	Reg # <b>R45497</b> Reg Type <b>CO</b> Reg State <b>MA</b> Veh Year <b>2012</b> Veh Make _____ Veh Config. <b>1</b> <b>21</b> Owner <b>ROLLING FRITO LAY SALES LP</b> Last First Middle Address <b>100 COMMERCE DR</b> City <b>BRAINTREE</b> State <b>MA</b> Zip <b>02184-7144</b> Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</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> Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>1</b> <b>30</b> Driver Distracted by <b>0</b> <b>26</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <b>33</b>	1 14
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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>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>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 05/13/2022	Time of Crash 1612 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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"/>

<b>AT INTERSECTION:</b>	<b>&lt; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>282</u> Direction _____ Address # _____ Name of Roadway/Street <u>SHAWSHEEN AVE</u>	Route# _____ Direction _____ Name of Roadway/Street _____
Route# _____ Direction _____ Name of 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 _____ or _____ Mile Marker _____ Exit Number _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
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 _____ Route# _____ Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
		Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-157-AC**

License # <u>S70745594</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 _____ Endorsement _____	Reg # <u>5WG468</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>MURPHY, CAILIN MARIE</u> Last First Middle	Owner <u>MURPHY, KENNETH PETER</u> Last First Middle
Address <u>98 PUTNAM ST</u>	Address <u>101 ELM ST</u>
City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472-1982</u>	City <u>PEMBROKE</u> State <u>MA</u> Zip <u>02359-2016</u>
Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</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>19</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 _____	Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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			<u>1</u>	<u>1</u>	<u>3</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>S50350765</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 _____ Endorsement _____	Reg # <u>668GM5</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>VOLVO</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>HANSON, JENNIFER CAMERLIN</u> Last First Middle	Owner <u>HANSON, JEREMY E</u> Last First Middle
Address <u>5 LORIN DR</u>	Address <u>5 LORIN DR</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2898</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-0000</u>
Insurance Company <u>THE HANOVER INSURANCE COM</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u> Damaged Area Code: <u>5</u> <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</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 _____	Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>1</u> <u>33</u>

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			<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

