

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 _____ or _____ Mile Marker Exit Number
 Feet N S E W of _____ Route# Intersecting Roadway/Street
 Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **22-168-AC**

License # **S37138500** St **MA** DOB/Age _____ Reg # **6ZG592** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **VOLKSWAGEN** Veh Config. **1**
 Operator **MEDEIROS, MONICA ALEXANDRA** Owner **MEDEIROS, MONICA ALEXANDRA**
 Address **50 HIGHVIEW ST** Address **50 HIGHVIEW ST**
 City **BILLERICA** State **MA** Zip **01821-6362** City **BILLERICA** State **MA** Zip **01821-6362**
 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**
 Citation # (If Issued) **2446228** Most Harmful Event **1** **24** Type of Test: **1** **29**
 Viol. 1: Ch/Sec/Sub **89** **9** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **3** **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? **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	1	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 # **SA3130452** St **MA** DOB/Age _____ Reg # **1LYF15** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2013** Veh Make **TOYOTA** Veh Config. **1**
 Operator **RICCI, GANNON RYAN** Owner **RICCI, ROBERT ANTHONY**
 Address **8 CARTER RD** Address **8 CARTER RD**
 City **WILMINGTON** State **MA** Zip **01887-2839** City **WILMINGTON** State **MA** Zip **01887-2839**
 Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **1** **27** **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Citation # (If Issued) _____ Most Harmful Event **1** **24** Type of Test: **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/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	10	1	

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 128 Name of Roadway/Street WEST ST</p> <p>_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle 3 **1** #Occupants Hit/Run Moped **Crash Report ID# 22-168-AC**

License # S58236277 St MA DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator LIDOSKI, JOSEPH F JR Last First Middle Address 4 GLEN RD City WILMINGTON State MA Zip 01887-1915 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1TJB99 Reg Type PC Reg State MA Veh Year 2008 Veh Make FORD Veh Config. 1 21 Owner LIDOSKI, JOSEPH F JR Last First Middle Address 4 GLEN RD City WILMINGTON State MA Zip 01887-1915 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27 Event Sequence 1 23 23 23 23 Test Status: 1 28 Most Harmful Event 1 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	1	0	0	10	2	Winchester Hospital

Please Select One of the Following: Vehicle 4 _____ #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 _____ Operator _____ Last First Middle 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 _____ Last First Middle 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
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1 Route# Direction Name of Roadway/Street At

2 1 Route# Direction Name of Roadway/Street

3 2 Route# Direction Name of Roadway/Street

4 2 Route# Direction Name of Roadway/Street

5 2 Route# Direction Name of Roadway/Street

6 1 10 11 12 13 14

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

Crash Report ID# 22-169-AC

License # S25487796 St MA DOB/Age _____ Reg # 159A Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2017 Veh Make HONDA Veh Config. 1 21

Operator MEDEIROS, ANA PAULA Owner MEDEIROS, ANA PAULA

Address 30 WINTERBERRY LN Address 30 WINTERBERRY LN

City TEWKSBURY State MA Zip 01876-4275 City TEWKSBURY State MA Zip 01876-4275

Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 8 27

Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence 1 23 1 23 1 23 1 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 99 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 and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	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 # NHL19907184 St NH DOB/Age _____ Reg # 4332241 Reg Type PC Reg State NH

Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2015 Veh Make MITSUBISHI Veh Config. 1 21

Operator CONLEY, TAYLOR A Owner CONLEY, TAYLOR A

Address 17 SOUTH AVE APT B Address 17 SOUTH AVE APT B

City DERRY State NH Zip 03038 City DERRY State NH Zip 03038

Insurance Company GEI Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 6 27 8 27

Vehicle Travel Direction: N S E W Responding to Emergency? 2 Event Sequence 1 23 1 23 1 23 1 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 99 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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	99	4	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **129 E LOWELL ST**
Route# Direction Name of Roadway/Street
At
1 **93 S I93SBR31 RAMP**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
2 **Route# Direction Name of Intersecting Roadway/Street**

2 **Route# Direction Address # Name of Roadway/Street**
Feet **N S E W** of _____ • _____ or _____
Mile Marker Exit Number
9 **Feet N S E W of _____**
Route# Intersecting Roadway/Street
Landmark

3 Please Select One of the Following: Vehicle 13 #Occupants Hit/Run Moped **Crash Report ID# 22-170-AC**

4 License # **SA2030329** St **MA** DOB/Ag _____
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____
Operator **CINTRON, ANGELICA JANETTE**
Last First Middle
Address **8J S WARREN ST**
City **HAVERHILL** State **MA** Zip **01835-7524**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: **N S E X** 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 _____

1 Reg # **3CCL73** Reg Type **PC** Reg State **MA**
Veh Year **2014** Veh Make **NISSAN** Veh Config. **1** **21**
Owner **LITTLEFIELD, CODY ADAM PAUL**
Last First Middle
Address **34 HOWARD ST APT 2**
City **HAVERHILL** State **MA** Zip **01830-4006**
Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **2** **27** **27** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

2 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	99	4	0	0	10	1	
				6	1	4	0	0	10	1	
				4	1	4	0	0	10	1	

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

8 License # **X15282350** St **MA** DOB/Ag _____
Sex **F** Lic. Class **99** **99** Lic. Restrictions **99** **20** CDL _____
Operator **VILLACINDA SOLIS, MARILDA ELIZABETH**
Last First Middle
Address **38 STORY AVE**
City **LYNN** State **MA** Zip **01902-2924**
Insurance Company **PROGRESSIVE CASUALTY INSU**
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2**
Citation # (If Issued) **455818AB**
Viol. 1: Ch/Sec/Sub **90** **10** Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

4 Reg # **5FD987** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1** **21**
Owner **VILLACINDA SOLIS, MARILDA ELIZABETH**
Last First Middle
Address **38 STORY AVE**
City **LYNN** State **MA** Zip **01902-2924**
Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **27** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **7** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **1** **33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	0	4	0	0	8	2	Lahey Clinic

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

<p>Route# Direction Name of Roadway/Street</p> <p>At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p>Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p>17 BOUTWELL ST</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>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>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>Intersecting Roadway/Street</p> <p>Landmark</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped **Crash Report ID# 22-171-AC**

<p>License # S71460436 St MA DOB/Agv _____</p> <p>Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____</p> <p>Operator DACOSTA, ANTHONY T</p> <p>Address 134 GARFIELD AVE</p> <p>City WOBURN State MA Zip 01801-5738</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2</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 # EVLW77 Reg Type PC Reg State FL</p> <p>Veh Year 2020 Veh Make NISSAN Veh Config. 1</p> <p>Owner EAN HOLDINGS</p> <p>Address 14002 E 21ST ST ST APT 1500</p> <p>City TULSA State OK Zip 74134-1424</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 22 23 23 23 23</p> <p>Most Harmful Event 22 24</p> <p>Driver Contributing Code 10 25 19 25</p> <p>Driver Distracted by 0 26</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	2	Lahey Clinic
				6	1	4	0	0	10	2	Winchester Hospital

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/Agv _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22</p> <p>Event Sequence 23 23 23 23</p> <p>Most Harmful Event 24</p> <p>Driver Contributing Code 25 25</p> <p>Driver Distracted by 26</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street

129 W 281 SHAWSHOEN AVE

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 1 #Occupants Hit/Run Moped

Crash Report ID# 22-172-AC

License # SA1460953 St MA DOB/Ag# Reg # 1FSF22 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2009 Veh Make HONDA Veh Config. 1 21

Operator KUMAR SAINI, RAHUL K Owner KUMAR SAINI, RAHUL K

Address 6103 ARCHSTONE AVE Address 6103 ARCHSTONE AVE

City TEWKSBURY State MA Zip 01876-1873 City TEWKSBURY State MA Zip 01876-1873

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 2 27 10 27

Vehicle Travel Direction: N S E X Responding to Emergency? 2 Event Sequence 40 23 23 31 23 23 Test Status: 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 21 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 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
Operator	See Above			1	1	1	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 # St DOB/Ag# 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: 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

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

Wilmington Police Department
Crash Report
Report # **21-173-AC**

Record Requests for Wilmington Police Department
Report 21-173-AC, should be sent to the following
email address:

publicrecords@wpd.org

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 06/04/2022	Time of Crash 0934 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</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"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		GOWING RD 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 _____
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 _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **22-175-AC**

License # S77781641 St MA DOB/Age _____	Reg # 1ETZ22 Reg Type PC Reg State MA
Sex F Lic. Class D Lic. Restrictions 20 CDL _____	Veh Year 2020 Veh Make BUICKS Veh Config. 2
Operator CROWLEY, SARAH ALICE	Owner CROWLEY, SARAH ALICE
Address 25 MARCUS RD	Address 25 MARCUS RD
City WILMINGTON State MA Zip 01887-1508	City WILMINGTON State MA Zip 01887-1508
Insurance Company THE COMMERCE INSURANCE CO	Vehicle Action Prior to Crash 9 Damaged Area Code: 3 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 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 0 26 Susp. Alcohol: 31 Susp. Drug: 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
Operator	See Above	XXXXXX	XXXX	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 # S65879888 St MA DOB/Age _____	Reg # W32228 Reg Type CO Reg State MA
Sex M Lic. Class B Lic. Restrictions 20 CDL _____	Veh Year 2021 Veh Make Mack Truck Veh Config. 13
Operator POIRIER, EDGAR CLAUDE SR	Owner BMO HARRIS BANK NA
Address 13 JENNIFER LN	Address 770 N WATER ST
City PEABODY State MA Zip 01960-4273	City MILWAUKEE State WI Zip 53202-0002
Insurance Company OLD REPUBLIC INSURANCE CO	Vehicle Action Prior to Crash 2 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 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 0 26 Susp. Alcohol: 31 Susp. Drug: 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

