

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/13/2022	Time of Crash 0040 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	Speed Limit 35	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:
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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 _____	Route# _____ Direction _____ Address # 151 Name of Roadway/Street MAIN ST _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# 22-281-AC
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License # S57766633 St MA DOB/Ag _____ Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Operator MURPHY, KIERRA E Address 15 CHESTER AVE City WOBURN State MA Zip 01801-1652 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Citation # (If Issued) T2749101 Viol. 1: Ch/Sec/Sub 90 18 Viol. 2: Ch/Sec/Sub 89 4A Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 1HHK55 Reg Type PC Reg State MA Veh Year 2009 Veh Make HYUNDAI Veh Config. 1 Owner MURPHY, KIERRA E Address 15 CHESTER AVE City WOBURN State MA Zip 01801-1652 Vehicle Action Prior to Crash 1 Event Sequence 42 23 40 23 23 23 Most Harmful Event 22 24 Driver Contributing Code 21 25 25 Driver Distracted by 99 26
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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	3	0	0	7	2	Lahoy Clinic

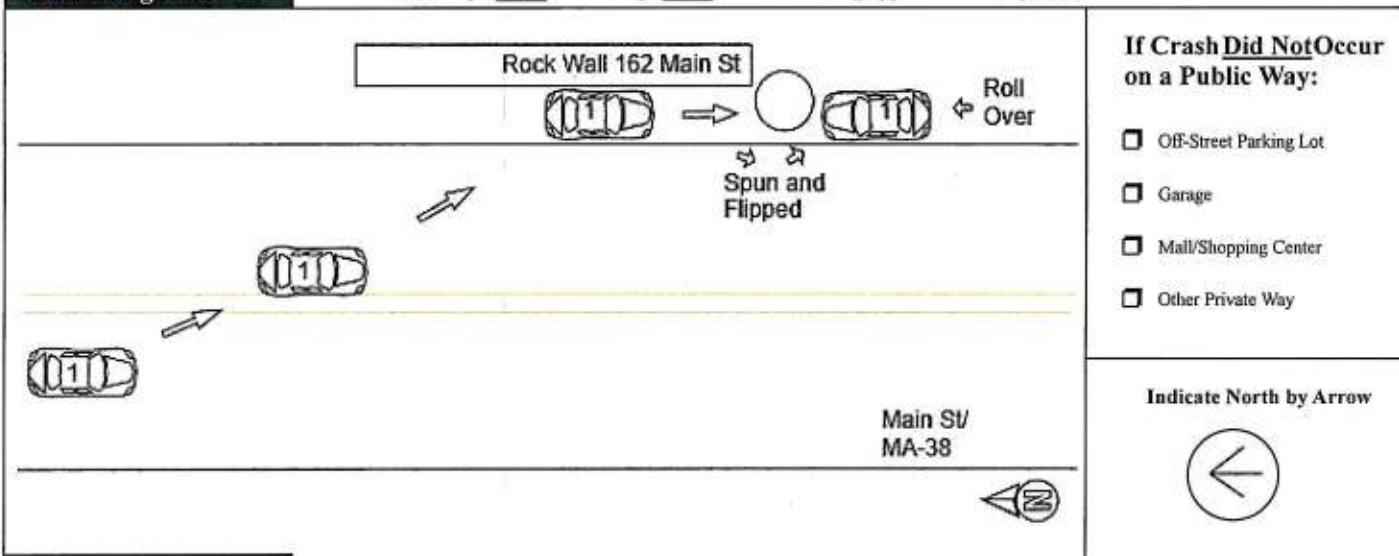
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26
---	--

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							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⌘ = Pedestrian 🚲 = Bicycle
 ie: → 1 → 2 → ⌘ → 🚲

Crash Diagram:



Crash Narrative:

09/13/22 at appx 12:30am, I was dispatched to a 1 car MVC car v. pole with roll over. On arrival, MVI was upside-down on the sidewalk next to a broken utility pole. OPP1 was out of the vehicle with assistance of bystander. OPP1 stated she injured, chest and legs. While tending to OPP1, a passing TT-unit passed and caused more damage. The TT-Unit (Pulled the pole from its base and pulled down the utility wires from homes) I assisted, OPP1 to a safe area behind the ambulance and OPP1 was turned over to WFD. OPP1 did not show signs of impairment. OPP1 was taken to Lahey and MVI towed by Forrest. Damage was to a rock wall at 162 Main, utility pole and to utility wires going to 157 Main and 164 Main. OPP1 cited for speed and marked lanes (T2749101). Refer to 22-1141-OF.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
SPANIOL TRACY A	157 MAIN ST WILMINGTON MA 01887-20			UTILITY WIRES
YUNG CINDY	164 MAIN ST WILMINGTON MA 01887			UTILITY WIRES

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

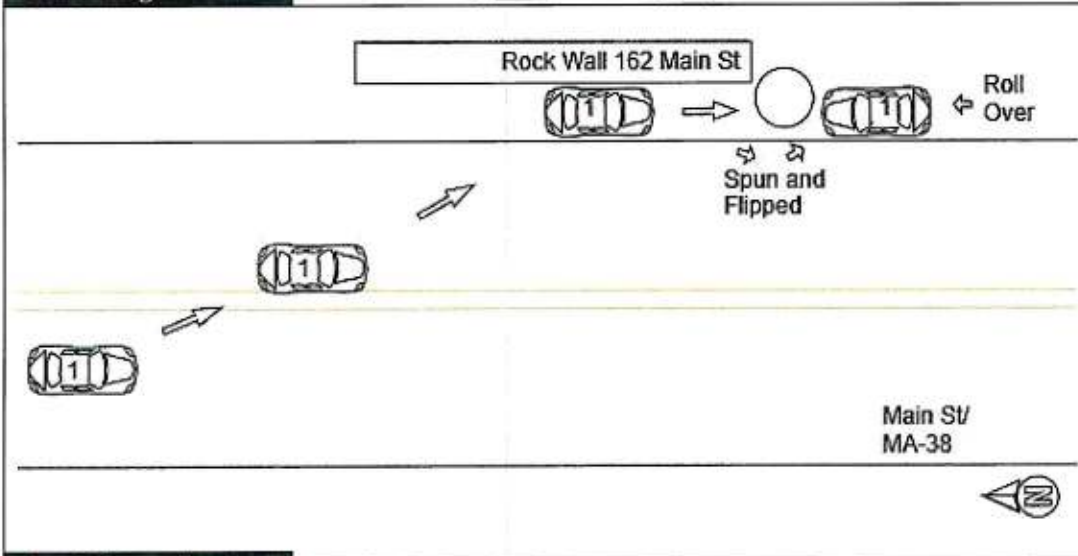
Hazmat Information:
 Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 09/13/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

→ = 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:

09/13/22 at appx 12:30am, I was dispatched to a 1 car MVC car v. pole with roll over. On arrival, MVI was upside-down on the sidewalk next to a broken utility pole. OPP1 was out of the vehicle with assistance of bystander. OPP1 stated she injured, chest and legs. While tending to OPP1, a passing TT-unit passed and caused more damage. The TT-Unit (Pulled the pole from its base and pulled down the utility wires from homes) I assisted, OPP1 to a safe area behind the ambulance and OPP1 was turned over to WFD. OPP1 did not show signs of impairment. OPP1 was taken to Lahey and MVI towed by Forrest. Damage was to a rock wall at 162 Main, utility pole and to utility wires going to 157 Main and 164 Main. OPP1 cited for speed and marked lanes (T2749101). Refer to 22-1141-OF.

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			UTILITY POLE
VEATOR KEVIN J	162 MAIN ST WILMINGTON MA 01867-20			ROCK WALL

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 Joseph A Fitzgerald 215 Wilmington Police Department 09/13/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER JOSEPH A FITZGERALD

Ref: 22-281-AC

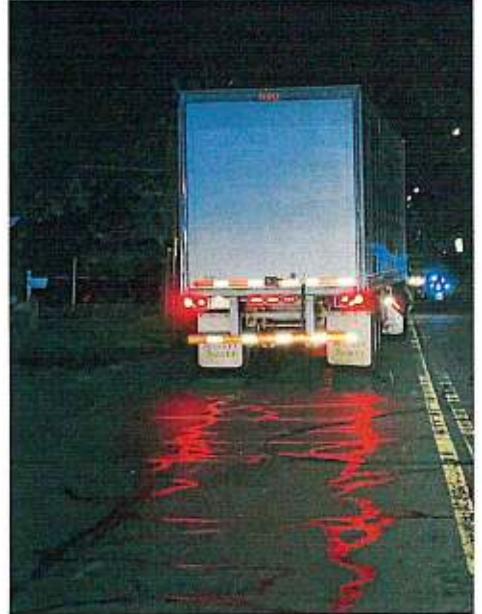
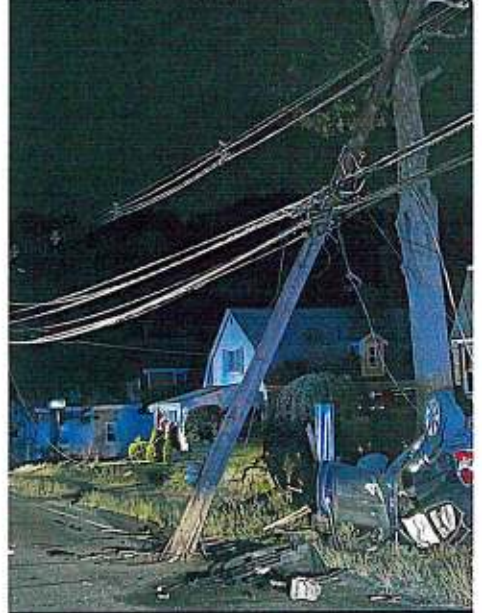
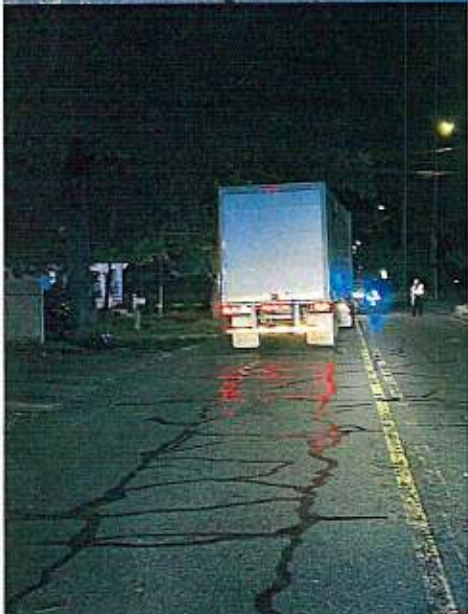
Entered: 09/19/2022 @ 1029 Entry ID: 215
Modified: 09/19/2022 @ 1029 Modified ID: 215

The following is a brief summary of facts.

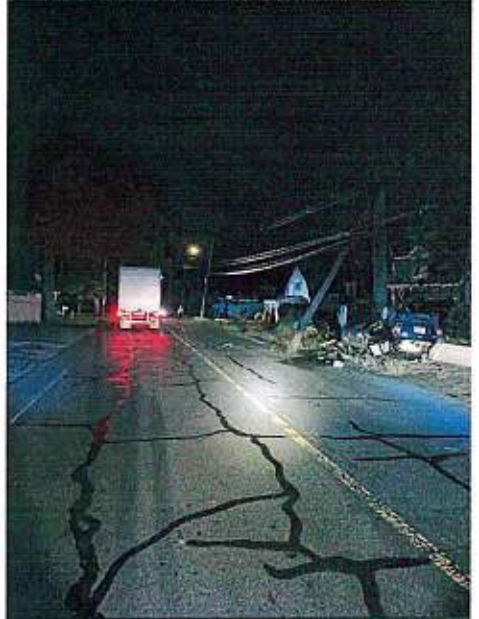
On Monday, September 19, 2022, I, Officer Fitzgerald, was working the 8:00am to 4:00pm shift assigned to the station officer post. At approximately 10:15am, it was brought to my attention that Kevin Veator, 162 Main St, had utility wire damage as a result of the crash. This caused a power outage to the residence.

Respectfully Submitted,
Officer Joseph A. Fitzgerald #215
Wilmington Police Department

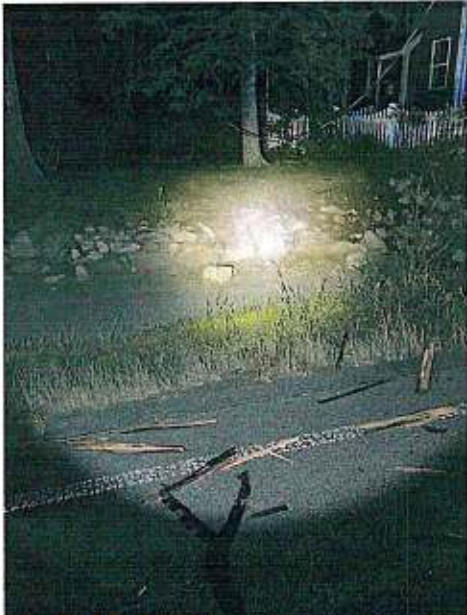
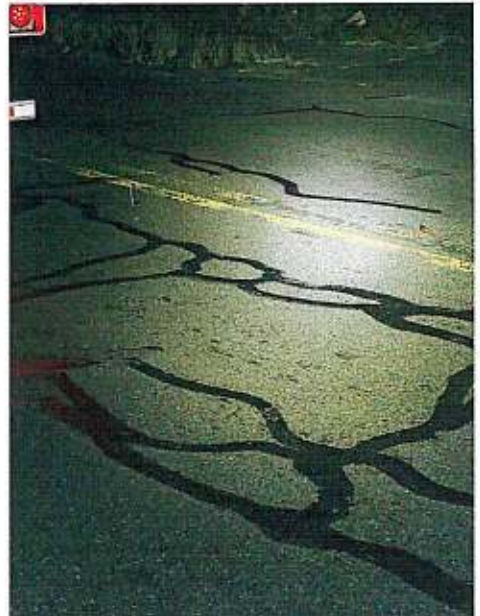
Wilmington Police Department
Images Associated with 22-281-AC



Wilmington Police Department
Images Associated with 22-281-AC



Wilmington Police Department
Images Associated with 22-281-AC



Requests for Wilmington Police Department Crash Report 22-828-AC

DATE: 9-13-22

LOCATION: 411 Salem Street

May be made via the department Public Records Request Email:

publicrecords@wpd.org

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

LAKE ST

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# **22-283-AC**

License # **S17956917** St **MA** DOB/Age _____ Reg # **VT23734** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2018** Veh Make **GMC** Veh Config. **2**

Operator **MINGHELLA, CHRISTOPHER MICHAEL** Owner **MINGHELLA, CHRISTOPHER MICHAEL**

Address **154 LAKE ST** Address **154 LAKE ST**

City **WILMINGTON** State **MA** Zip **01887-1623** City **WILMINGTON** State **MA** Zip **01887-1623**

Insurance Company **GREEN MOUNTAIN INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **7** **27** **27** **27**

Vehicle Travel Direction: **N S W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** **23** Test Status: **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: **30**

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

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

Viol. 4: Ch/Sec/Sub _____

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 # **S15304754** St **MA** DOB/Age _____ Reg # **N99598** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1**

Operator **THU, ANDREW NGAN VINH** Owner **CLIMATE TECHNOLOGIES INC**

Address **24 MARSTON ST** Address **77 ALEXANDER RD APT 9**

City **LAWRENCE** State **MA** Zip **01841-2311** City **BILLERICA** State **MA** Zip **01821-5065**

Insurance Company **FEDERATED MUTUAL INSURANC** Vehicle Action Prior to Crash **1** Damaged Area Code: **7** **27** **27** **27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** **23** Test Status: **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: **30**

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

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

Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/15/2022	Time of Crash 1417 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	212 MAIN ST	Route# _____ Direction _____ Address # _____ 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 _____ Mile Marker _____ or _____ Exit Number _____	_____ 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 _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	_____ 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# **22-284-AC**

License # NHL14341396 St NH DOB/Agt _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator ATAEE, MAHMOUD Address 2 AUTUMN LEAF DR APT 16 City NASHUA State NH Zip 030605510 Insurance Company PROGRESSIVE Vehicle Travel Direction: <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 # 5053041 Reg Type PC Reg State NH Veh Year 2010 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner ATAEE, MAHMOUD Address 2 AUTUMN LEAF DR APT 16 City NASHUA State NH Zip 030605510 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 1 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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 Temp. Code	Medical Facility
Operator	See Above	XXXXXX	X	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

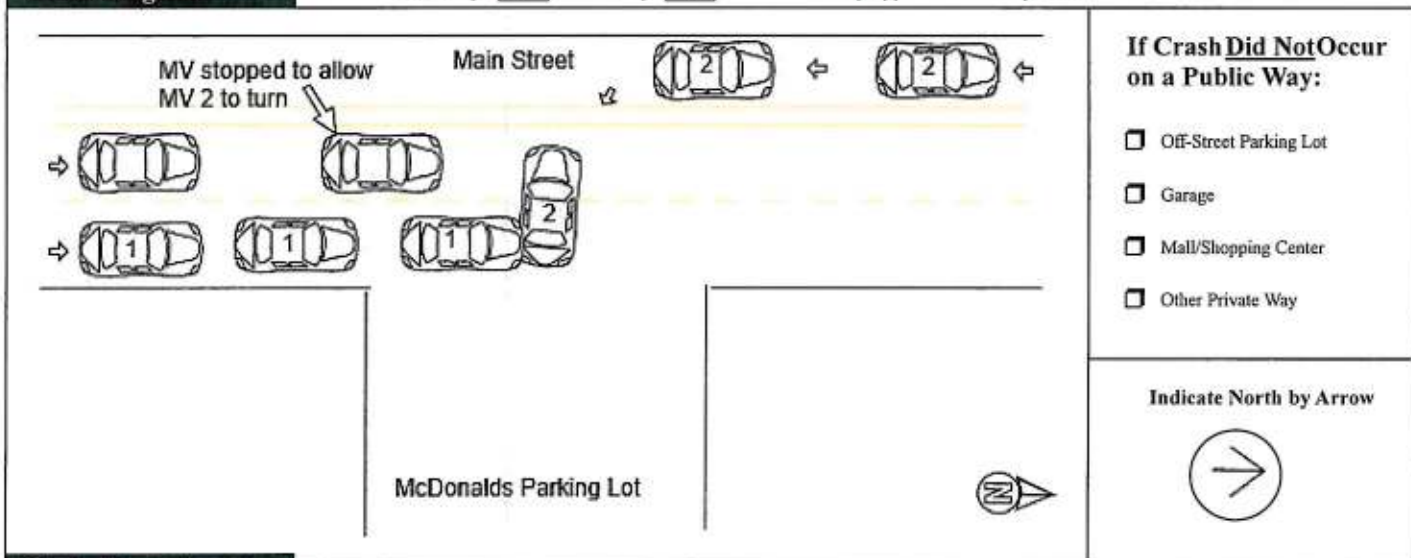
License # S64099062 St MA DOB/Agt _____ Sex F Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator DONAGHEY, DANIELLE M Address 16 IRENE AVE City BILLERICA State MA Zip 01821-5015 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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 # 2MGT48 Reg Type PC Reg State MA Veh Year 2018 Veh Make GMC Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner DONAGHEY, DANIELLE M Address 16 IRENE AVE City BILLERICA State MA Zip 01821-5015 Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 18 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 3 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 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 Temp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

→ = 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:

MV 1 was driving straight on Main Street in the right lane. MV 2 was driving south on Main Street attempting to turn left into McDonalds. A third vehicle not involved stopped in the left lane to allow MV 2 to turn left. MV 2 stated she did not see MV 1 until it was too late. No injuries. MV 1 and MV 2 contacted AAA for their vehicles to be towed.

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 Kevin J Skinner

200

Wilmington Police Department

09/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

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 # **152 BURLINGTON AVE** Name of Roadway/Street
 Feet N S E W of Mile Marker or 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# **22-285-AC**

4 1
 License # **S01951141** St **MA** DOB/Ag. Reg # **BV170A** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **99** 20 CDL Endorsement Veh Year **2015** Veh Make **HONDA** Veh Config. **1** 21
 Operator **PARKS, JOHN HENRY** Owner **PARKS, JOHN HENRY**
 Address **17 UPLAND RD** Address **17 UPLAND RD**
 City **BURLINGTON** State **MA** Zip **01803-1438** City **BURLINGTON** State **MA** Zip **01803-1438**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **22** 23 23 23 23 Test Status: 1 28
 Citation # (If Issued) Most Harmful Event **22** 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code **13** 25 **18** 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
 22 13
 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
Operator	See Above			I	1	1	0	0	8	2	Labey Clinic

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 1
 License # St DOB/Age Reg # Reg Type Reg State
 Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21
 Operator Owner
 Address Address
 City State Zip City State Zip
 Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27
 Vehicle Travel Direction: **N S E W** Responding to Emergency? Event Sequence 23 23 23 23 Test Status: 28
 Citation # (If Issued) Most Harmful Event 24 Type of Test: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: 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
 1 14
 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
Operator/Non-Motorist	See Above			I							

→ = 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:

Single car MV crash at about 0715 hours. Operator stated he was traveling east on Burlington Ave (rt 62) when he rounded the corner in the area of Roberts Road the sun was directly in his eyes which caused him to drift off the road and strike the utility pole in front of 152 Burlington Ave. Other than some minor scrapes, Verizon utility poles #37 did not appear to have sustained any damage. Operator was transported to Lahey hospital (BLS) by Wilmington ambulance for medical treatment. Cains arrived a short time later and towed the MV.

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 #37

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:

Piacard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Scott Dunnett

202

Wilmington Police Department

09/17/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date