

Date of Crash: 10/02/2022 Time of Crash: 1707 City/Town: **Wilmington** Motor Vehicle Crash Police Report
 Number of Vehicles: 2 Number Injured: 2 Speed Limit: 20
 State Police Local Police MBTA Police Campus Police Other:

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

1 Router Direction Name of Roadway/Street: A1
 2 Route# Direction Address # Name of Roadway/Street: 293 SHAWSHEN AVE
 Feet N S E W of Mile Marker Dist Number
 9 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped
 Crash Report ID# **22-296-AC**

License # **S20164587** St **MA** DOB/Age: **19**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **RILEY, FRANCES ELIZABETH**
 Address **38 COOLIDGE ST**
 City **TEWKSBURY** State **MA** Zip **01876-4064**
 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. # **4629KZ** Reg. Type **PC** Reg. State **MA**
 Veh. Year **2017** Veh. Make **HYUNDAI** Veh. Config. **1**
 Owner **RILEY, FRANCES ELIZABETH**
 Address **38 COOLIDGE ST**
 City **TEWKSBURY** State **MA** Zip **01876-4064**
 Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Temp Code	Medical Facility
Operator	See Above			1	1	2	0	0	10	1	
MICHAEL RILEY	38 COOLIDGE ST TEWKSBURY, MA 01876-4064		M	1	1	2	0	0	9	1	

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

License # **S90704985** St **MA** DOB/Age: **19**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement
 Operator **SKOOG, ANDREA JEAN**
 Address **501 BLUEJAY CT**
 City **WILMINGTON** State **MA** Zip **01887-6215**
 Insurance Company **FARMERS PROPERTY & CASUAL**
 Vehicle Travel Direction: **N 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. # **75HP76** Reg. Type **PC** Reg. State **MA**
 Veh. Year **2016** Veh. Make **HONDA** Veh. Config. **1**
 Owner **SKOOG, ANDREA JEAN**
 Address **501 BLUEJAY CT**
 City **WILMINGTON** State **MA** Zip **01887-6215**
 Vehicle Action Prior to Crash **1** Damaged Area Code: **1 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 **19 25 25** BAC Test Result: **1 30**
 Driver Distracted by **99 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

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Pos.	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	20 Temp Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	6	2	Lahay Clinic

Date of Crash: 10/04/2022 Time of Crash: 1720 City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 2 Number Injured: 0 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other:

LOCATION

AT INTERSECTION: **129 SHAWSHEEN AVE** **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

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-297-AC**

License # **S28132464** St **MA** DOB/Age: _____ Reg # **2NBE50** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh. Year **2015** Veh. Make **GMC** Veh. Config. **1**
 Operator **DIMARE, MICHAEL JAMES** Owner **DIMARE, MICHAEL JAMES**
 Address **399 SHAWSHEEN AVE** Address **399 SHAWSHEEN AVE**
 City **WILMINGTON** State **MA** Zip **01887-1651** City **WILMINGTON** State **MA** Zip **01887-1651**
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (if issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **1 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Belt	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	42 Driver Code	Medical Facility	
Operator	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	0	3	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 # **S41871828** St **MA** DOB/Age: _____ Reg # **3ENV19** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ Veh. Year **2021** Veh. Make **MAZDA** Veh. Config. **1**
 Operator **KELLEY, SUZANNE A** Owner **ALBANO, ANTHONY JOSEPH**
 Address **190 TERRAMOR DR** Address **1360 MAIN ST APT 204**
 City **TEWKSBURY** State **MA** Zip **01876-4084** City **TEWKSBURY** State **MA** Zip **01876-2199**
 Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**
 Citation # (if issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4 25 6 25** BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**
 Towed from scene? **2 33**

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

Name (Last First Middle)	Address	DOB/Age	Sex	14 Seat Belt	15 Safety System	16 Airbag Status	17 Eject Code	18 Trap Code	19 Injury Status	41 Temp. Code	Medical Facility	
Operator/Non-Motorist	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	10	1	

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

RMV Document Number _____

Police Use Only

Date of Crash: 10/05/2022 Time of Crash: 1009 City/Town: **Wilmington**

Number Vehicles: 2 Number Injured: 0 Speed Limit: 30

Latitude: _____ Longitude: _____

Site Police Local Police MBTA Police Campus Police Other:

LOCATION

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

1 1 Route# Direction Name of Roadway/Street: **38 S 456 MAIN ST**

2 1 Route# Direction Name of Intersecting Roadway/Street: **D&D LOCK CO.**

3 1 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **22-298-AC**

4 1 License # **S76117421** St **MA** DOB/Age _____ Reg # **1WEP26** Reg Type **PC** Reg State **MA**

5 Sex **M** Lic. Class **B** Lic. Restrictions **B** CDL Endorsement _____ Veh Year **2020** Veh Make **Jeep** Veh Config **1**

6 1 Operator **CAPOZZI, KENNETH** Owner **CAPOZZI, KENNETH**

7 1 Address **10 WOODLAND RD** Address **10 WOODLAND RD**

8 1 City **WILMINGTON** State **MA** Zip **01887-3429** City **WILMINGTON** State **MA** Zip **01887-3429**

9 1 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4** Damaged Area Code **2 27 27 27**

10 1 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

11 1 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

12 1 Viol. 1: Clt/Sec/Sub _____ Driver Contributing Code **18 25 4 25** BAC Test Result: **30**

13 1 Viol. 2: Clt/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

14 1 Viol. 3: Clt/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

15 1 Viol. 4: Clt/Sec/Sub _____

16 1 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	1 Seat Belt	2 Safety System	3 Airbag - Driver	4 Eject Code	5 Trap Cook	6 Injury Status	7 Occup. Code	8 Medical Facility
Operator	See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

17 1 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

18 1 License # **S70719545** St **MA** DOB/Age _____ Reg # **V38225** Reg Type **PC** Reg State **MA**

19 1 Sex **M** Lic. Class **B** Lic. Restrictions _____ CDL Endorsement _____ Veh Year **2019** Veh Make **GMC** Veh Config **2**

20 1 Operator **DEPAULA, WEBER C** Owner **DEPAULA, WEBER C**

21 1 Address **270 RIVERSIDE AVE** Address **270 RIVERSIDE AVE**

22 1 City **MEDFORD** State **MA** Zip **02155-5731** City **MEDFORD** State **MA** Zip **02155-5731**

23 1 Insurance Company **ALLSTATE INSURANCE COMPAN** Vehicle Action Prior to Crash **1** Damaged Area Code **2 27 27 27**

24 1 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

25 1 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

26 1 Viol. 1: Clt/Sec/Sub _____ Driver Contributing Code **1 25 18 25** BAC Test Result: **30**

27 1 Viol. 2: Clt/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

28 1 Viol. 3: Clt/Sec/Sub _____ Driver Distracted by **0 26** Towed from scene? **2 33**

29 1 Viol. 4: Clt/Sec/Sub _____

30 1 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	11 Seat Belt	12 Safety System	13 Airbag - Driver	14 Eject Code	15 Trap Cook	16 Injury Status	17 Occup. Code	18 Medical Facility
Operator/Non-Motorist	See Above		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

Date of Crash: 10/06/2022 Time of Crash: 1447 City/Town: **Wilmington** Motor Vehicle Crash Police Report Number Vehicles: 3 Number Injured: 0 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other:

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

1 1 Route# Direction Name of Roadway/Street At
 2 10 Route# Direction Address # **200 BALLARDALE ST**
 Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Ext. Number _____
 2 11 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# **22-299-AC**

License # **S68134097** St **MA** DOB/Age _____ Reg # **3DDD17** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL _____ Vch Year **2019** Vch Make **DODGE** Vch Config. **2**
 Operator **ROCHEFORD, TIMOTHY J** Owner **ROCHEFORD, TIMOTHY J**
 Address **43 DODGE RD** Address **43 DODGE RD**
 City **SUTTON** State **MA** Zip **01590-3838** City **SUTTON** State **MA** Zip **01590-3838**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **5** **27** **27** **27**
 Vehicle Travel Direction: N E 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 **1** **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

Name (Last First Middle)	Address	DOV/Age	Sex	34 Seat Use	35 Safety Belts	36 Alj/Ala Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Temp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	I	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 1 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S62988960** St **MA** DOB/Age _____ Reg # **4FVW91** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL _____ Vch Year **2012** Vch Make **BMW** Vch Config. **1**
 Operator **MARTIS BATISTA, MAYLIN CHANEL** Owner **VENTURA, KELVIN**
 Address **16 ESSEX AVE APT 1** Address **69 GREENWOOD ST APT 3RD**
 City **LAWRENCE** State **MA** Zip **01841** City **LAWRENCE** State **MA** Zip **01841-4624**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** Damaged Area Code: **1** **27** **5** **27** **27**
 Vehicle Travel Direction: N E 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 **1** **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

Name (Last First Middle)	Address	DOV/Age	Sex	34 Seat Use	35 Safety Belts	36 Alj/Ala Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Temp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	I	1	4	0	0	10	1	

Date of Crash: 10/06/2022 Time of Crash: 1447 City/Town: **Wilmington** Motor Vehicle Crash Police Report
 Number Vehicles: 3 Number Injured: 0 Speed Limit: 35 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 1
 2 1
 2 1
 2 1
 2 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 200 BALLARDALE ST
 Address # Name of Roadway/Street
 Feet N S E W of Mile Marker Exit Number
 Feet N S E W of Route# Intersecting Roadway/Street
 Feet N S E W of Landmark

3 Please Select One of the Following: Vehicle 3 Occupants Hit/Run Moped
 Crash Report ID# 22-299-AC

1 12
 1 12
 1 13
 1 13

Licence # S48137861 St MA DOB/Age Reg # 2KP271 Reg Type PC Reg State MA
 Sex M Lic Class 19-19 Lic. Restrictions 20 CDL Endorsement Veh Year 2016 Veh Make TOYOTA Veh Config. 2
 Operator GONZALEZ, LEONARDO ANTONIO Owner GONZALEZ, LEONARDO ANTONIO
 Address 247 PROSPECT ST APT 1 Address 247 PROSPECT ST APT 1
 City LAWRENCE State MA Zip 01841-0000 City LAWRENCE State MA Zip 01841-0000
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 Damaged Area Code: 27 27 27
 Vehicle Travel Direction: N X E 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: Cl/Sec/Sub Driver Contributing Code: 19 25 25 BAC Test Result: 30
 Viol. 2: Cl/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
 Viol. 3: Cl/Sec/Sub Towed from scene? 2 33

6 1

Please fill out for operator and all occupants involved

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

7 1 Please Select One of the Following: Vehicle 4 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

8 1
 9 2
 1 14

Licence # 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: Cl/Sec/Sub Driver Contributing Code: 25 25 BAC Test Result: 30
 Viol. 2: Cl/Sec/Sub Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32
 Viol. 3: Cl/Sec/Sub Towed from scene? 2 33

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

Name (Last First Middle)	Address	DOB/Age	Sex	31 Seat Res.	32 Safety System	33 Airbag Status	34 Eject. Code	35 Trap Code	36 Injury Status	37 Eject. Code	Medical Facility
Operator/Non-Motorist	See Above			X	X	1					

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/06/2022
 Time of Crash: 1527
 City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 2
 Number Injured: 0
 Speed Limit: 25
 Latitude: _____
 Longitude: _____

Sign Police
 Local Police
 MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

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

Route# Direction Address # Name of Roadway/Street
 581 MAIN ST
 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# 22-300-AC

License # **S57894201** St **MA** DOB/Ag
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Reg # **551DP1** Reg Type **PC** Reg State **MA**
 Veh Year **2010** Veh Make **TOYOTA** Veh Config **1 21**

Operator **YEP, TED Y**
 Last First Middle

Owner **YEP, TED Y**
 Last First Middle

Address **76 RICH ST**

Address **76 RICH ST**

City **MALDEN** State **MA** Zip **02148-7901**

City **MALDEN** State **MA** Zip **02148-7901**

Insurance Company **PLYMOUTH ROCK ASSURANCE C**

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

Vehicle Travel Direction: N E W Responding to Emergency? **2**

Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued)

Most Harmful Event **1 24** Type of Test: **2 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**

Please fill out for operator and all occupants involved		DOB/Ag	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Tract Code	19 Injury Status	20 Occup. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 1 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped

Crash Report ID# 22-300-AC

License # **S74775081** St **MA** DOB/Ag
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement

Reg # **21PH20** Reg Type **PC** Reg State **MA**
 Veh Year **2022** Veh Make **GMC** Veh Config **1 21**

Operator **ADAMS, JEFFREY M**
 Last First Middle

Owner **ADAMS, JEFFREY M**
 Last First Middle

Address **27 RIO VISTA ST**

Address **27 RIO VISTA ST**

City **NORTH BILLERICA** State **MA** Zip **01862-2933**

City **NORTH BILLERICA** State **MA** Zip **01862-2933**

Insurance Company **GEICO GENERAL INSURANCE C**

Vehicle Action Prior to Crash **3 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: N E W Responding to Emergency? **2**

Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued)

Most Harmful Event **1 24** Type of Test: **2 29**

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Driver Contributing Code **19 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Please fill out for operator/non-motorist and all occupants involved		DOB/Ag	Sex	14 Seat Pos	15 Safety System	16 Airbag Status	17 Eject Code	18 Tract Code	19 Injury Status	20 Occup. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

