

Date of Crash 12/18/2022 Time of Crash 0540 City/Town Wilmington **Motor Vehicle Crash** Number Vehicles 1 Number Injured 0 Speed Limit 30 State Police   
 24HR **Police Report** Latitude \_\_\_\_\_ MBTA Police   
 Longitude \_\_\_\_\_ Campus Police   
 Other \_\_\_\_\_

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_ 2 10  
 At \_\_\_\_\_  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_ 1 11  
 Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 \_\_\_\_\_ Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
300 Feet  N  S  E  W of \_\_\_\_\_ **CHEROKEE LN**  
 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# **22-400-AC**

License # 553782271 St NY DOB/Age \_\_\_\_\_ Reg # 3TJF17 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL \_\_\_\_\_ Veh Year 2010 Veh Make SUBARU Veh Config. 1 21  
 Operator MAGALHAES OLIVEIR, L P Owner ANTONIO, ANDRADE JUNIOR  
 Address 297 COURT ST Address 124 WASHINGTON ST  
 City BROOKLYN State NY Zip 11231 City PEABODY State MA Zip 01960-5924  
 Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 10 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? 2 Event Sequence 40 23 31 23 23 23 Test Status: 2 28  
 Citation # (If Issued) T2748802 Most Harmful Event 31 24 Type of Test: 2 29  
 Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 23 Driver Contributing Code 9 25 97 25 BAC Test Result: 5 30  
 Viol. 3: Ch/Sec/Sub 90 24 Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 5 26 Susp. Alcohol: 1 31 Susp. Drug: 2 32 10 13  
 Towed from scene? 1 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class 19 19 Lic. Restrictions 20 CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. 21  
 Operator \_\_\_\_\_ Owner \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence 23 23 23 23 Test Status: 28  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 24 Type of Test: 29  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code 25 25 BAC Test Result: 30  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 1 14  
 Towed from scene? 33

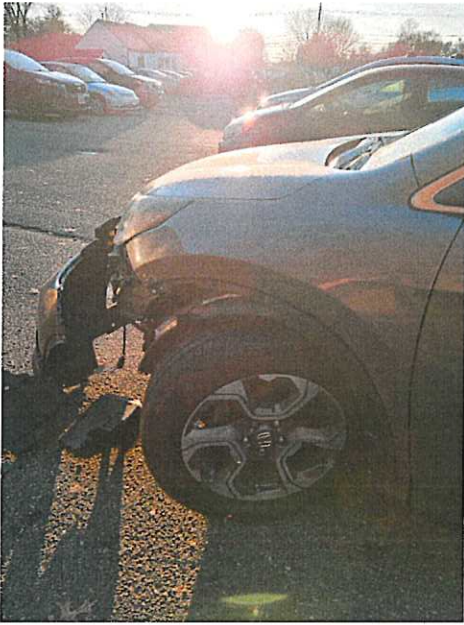
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<u>1</u>							



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 12/19/2022	Time of Crash 0734 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>10</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>								
1	Route# _____	Direction _____	Name of Roadway/Street _____			2	10	Route# <u>142</u>	Direction _____	Address # <u>MIDDLESEX AVE</u>					
1	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 _____	Mile Marker _____	Exit Number _____							
2	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 _____							
2	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 _____	Landmark _____								
3	Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>12</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# <b>22-401-AC</b>										
4	License # _____	St _____	DOB/Age _____	Reg # <u>4CMV74</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>									
4	Se _____	Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>20</u>	CDL _____	Veh Year <u>2012</u>	Veh Make <u>HONDA</u>	Veh Config. <u>2</u> <u>21</u>								
4	Operator _____	Last _____	First _____	Middle _____	Owner <u>KENNEDY, JASON MICHAEL</u>	Last _____	First _____	Middle _____							
4	Address _____	City _____	Stat _____	Zip _____	Address <u>16 HOBSON AVE</u>	City <u>WILMINGTON</u>	State <u>MA</u>	Zip <u>01887-2061</u>							
5	Insurance Company <u>FARMERS PROPERTY &amp; CASUAL</u>	Vehicle Action Prior to Crash <u>2</u> <u>22</u>	Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>28</u>	Type of Test: <u>29</u>	BAC Test Result: <u>30</u>								
5	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>	Most Harmful Event <u>1</u> <u>24</u>	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>	Susp. Alcohol: <u>31</u>	Susp. Drug: <u>32</u>									
5	Citation # (If Issued) _____	Driver Distracted by <u>0</u> <u>26</u>	Towed from scene? <u>1</u> <u>33</u>												
6	Viol. 1: Ch/Sec/Sub _____	Viol. 2: Ch/Sec/Sub _____													
6	Viol. 3: Ch/Sec/Sub _____	Viol. 4: Ch/Sec/Sub _____													
6	Please fill out for operator and all occupants involved														
6	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			
6	<u>Operator</u>	See Above	<del>DOB/Age</del>	<del>Sex</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
6				<u>M</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
6															
6															
7	Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>22</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						
8	License # _____	St _____	DOB/Age _____	Reg # <u>2WTA29</u>	Reg Type <u>PC</u>	Reg State <u>MA</u>									
8	Se _____	Lic. Class <u>D</u> <u>19</u> <u>19</u>	Lic. Restrictions <u>1</u>	CDL <u>H</u>	Veh Year <u>2021</u>	Veh Make <u>Jeep</u>	Veh Config. <u>2</u> <u>21</u>								
8	Operator _____	Last _____	First _____	Middle _____	Owner <u>CANNATA, ROBERT J JR</u>	Last _____	First _____	Middle _____							
8	Address _____	City _____	Sta _____	Zip _____	Address <u>12 LUCAYA CIR</u>	City <u>WILMINGTON</u>	State <u>MA</u>	Zip <u>01887-1554</u>							
9	Insurance Company <u>IM GENERAL INSURANCE COMP</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	Test Status: <u>28</u>	Type of Test: <u>29</u>	BAC Test Result: <u>30</u>								
9	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>	Most Harmful Event <u>97</u> <u>24</u>	Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>	Susp. Alcohol: <u>31</u>	Susp. Drug: <u>32</u>									
9	Citation # (If Issued) _____	Driver Distracted by <u>99</u> <u>26</u>	Towed from scene? <u>2</u> <u>33</u>												
9	Viol. 1: Ch/Sec/Sub _____	Viol. 2: Ch/Sec/Sub _____													
9	Viol. 3: Ch/Sec/Sub _____	Viol. 4: Ch/Sec/Sub _____													
9	Please fill out for operator/non-motorist and all occupants involved														
9	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			
9	<u>Operator/Non-Motorist</u>	See Above	<del>DOB/Age</del>	<del>Sex</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
9				<u>F</u>	<u>3</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
9															
9															



Wilmington Police Department  
Images Associated with 22-401-AC



Wilmington Police Department  
Images Associated with 22-401-AC



Date of Crash 12/19/2022 Time of Crash 0756 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other:

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

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 **179 SALEM ST**  
 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# **22-402-AC**

License # **S59928702** St **MA** DOB/Ag. \_\_\_\_\_ Reg # **2WKG48** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21  
 Operator **ARMSTRONG, BRIANNA C** Owner **ARMSTRONG, BRIANNA C**  
 Address **70 GEIGER DR** Address **70 GEIGER DR**  
 City **TEWKSBURY** State **MA** Zip **01876-2308** City **TEWKSBURY** State **MA** Zip **01876-2308**  
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 5 27 6 27 4 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 \_\_\_\_\_ 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 \_\_\_\_\_ Towed from scene? **1** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

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

License # **S13061233** St **MA** DOB/Ag. \_\_\_\_\_ Reg # **1SLK65** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **TOYOTA** Veh Config. **1** 21  
 Operator **YOKEN, SARAH THERESA** Owner **YOKEN, CRAIG A**  
 Address **85 JENNIES WAY** Address **100 MOORE ST APT 1**  
 City **TEWKSBURY** State **MA** Zip **01876-2255** City **LOWELL** State **MA** Zip **01852-5056**  
 Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 2 27 8 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 \_\_\_\_\_ Driver Contributing Code **13** 25 25 BAC Test Result: 30  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **1** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>1</b>	

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

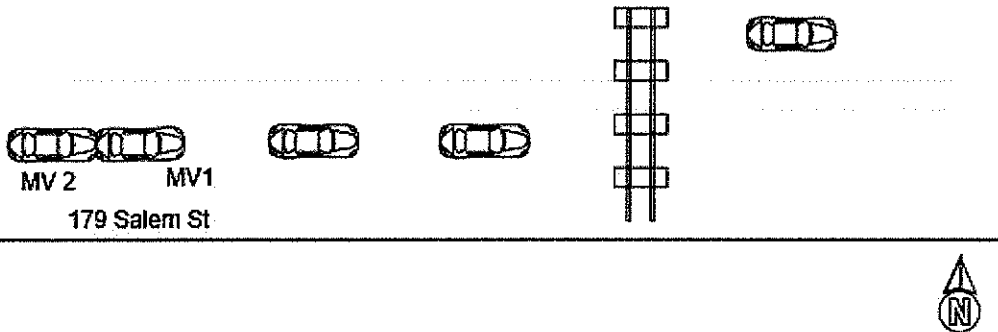
**Crash Diagram:**

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:**

The operator of MV 1 stated that while she was traveling East on Salem St she came to a stop at the railway for the train that was crossing. While stopped, MV 2 rear ended her. MV 1 sustained damage to the rear center, rear right, and rear left.

The operator of MV 2 stated that while traveling East on Salem St, the sun was directly in her line of sight. Due to the sun being in her line of sight, she did not see MV 1 and rear ended her. MV 2 sustained damage to the center front, right front, and left front.

EMS was on scene, but both operators declined medical attention. Both vehicles were towed from the scene by A&S.

**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 Robert M DeGregorio III    223    Wilmington Police Department    12/19/2022  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date



Wilmington Police Department  
Images Associated with 22-402-AC



Wilmington Police Department  
Images Associated with 22-402-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 92 WEST ST  
 Feet N S E W of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **22-403-AC**

License # **SA6380096** St **MA** DOB/Ag: Reg # **4849627** Reg Type **PC** Reg State **NH**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2014** Veh Make **Jeep** Veh Config. **1**  
 Operator **GUERRA, MAXIE** Owner **GUERRA, MAXIE**  
 Address **1410 COLUMBIA RD APT 7B** Address **1410 COLUMBIA RD APT 7B**  
 City **BOSTON** State **MA** Zip **02127** City **BOSTON** State **MA** Zip **02127**  
 Insurance Company Vehicle Action Prior to Crash **1** Damaged Area Code: **8 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) Most Harmful Event **1 24** Type of Test: **99 29**  
 Viol. 1: Cl/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30**  
 Viol. 2: Cl/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Cl/Sec/Sub Towed from scene? **2 33**  
 Viol. 4: Cl/Sec/Sub

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</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 # **S22810784** St **MA** DOB/Ag: Reg # **521CY6** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement Veh Year **2007** Veh Make **SAAB** Veh Config. **1**  
 Operator **JANSEN, SHEILA A** Owner **JANSEN, SHEILA A**  
 Address **28 WYCLIFFE RD** Address **28 WYCLIFFE RD**  
 City **EAST WALPOLE** State **MA** Zip **02032-1351** City **EAST WALPOLE** State **MA** Zip **02032-1351**  
 Insurance Company **AMERICAN FAMILY CONNECT P** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 27 1 27 8 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: **99 29**  
 Viol. 1: Cl/Sec/Sub Driver Contributing Code **18 25 25** BAC Test Result: **1 30**  
 Viol. 2: Cl/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Cl/Sec/Sub Towed from scene? **1 33**  
 Viol. 4: Cl/Sec/Sub

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

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

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

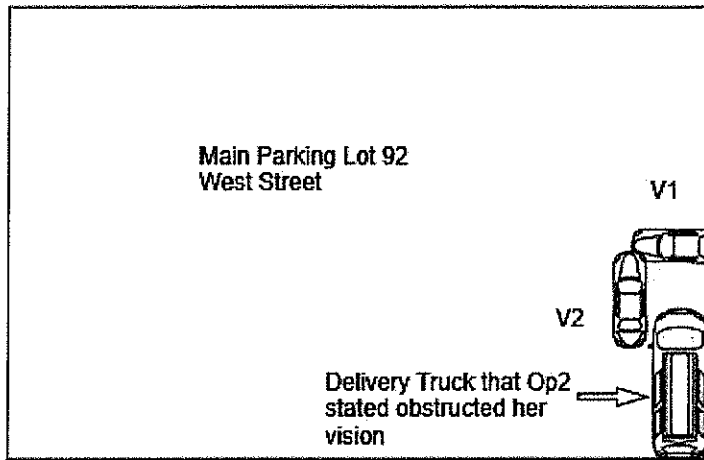
**Crash Diagram:**

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:**

On Tuesday December 20, 2022 at approximately 10:42am I, Officer Fortes was dispatched to the parking lot of 92 West Street for a report of a two car motor vehicle crash in the parking lot. Upon arriving on scene I asked both operators if they needed medical attention, both operators declined. Op1 stated she was driving straight in the parking lot area looking for a parking spot when her vehicle was struck head on by V2. Op1 stated it was her opinion that Op2 was distracted potentially by her cell phone. Op2 stated she was attempting to take a left in the parking lot and there was a delivery truck partially obstructing her version and when she took the left her vehicle struck V1. Op2 stated it was her opinion that Op1 was traveling at a speed greater than reasonable. Operators were given exchange forms. V2 was towed from the scene by A&S towing and brought back to their lot.

**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 John A Fortes

Police Officer Name (Please Print)

Signature

228

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

12/20/2022

Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:  
 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 273 MAIN ST  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting 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

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# 22-404-AC

License # S06607266 St MA DOB/Ag. Reg # JF339C Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2004 Veh Make TOYOTA Veh Config. 1 21  
 Operator MCCARTHY, JOACHIM DANIEL Owner MCCARTHY, JOACHIM DANIEL  
 Address 28 APPLETON ST Address 28 APPLETON ST  
 City MALDEN State MA Zip 02148-7605 City MALDEN State MA Zip 02148-7605  
 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Action Prior to Crash 2 22 Damaged Area Code: 4 27 5 27 27  
 Vehicle Travel Direction: N X 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 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? 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			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 # S81793358 St MA DOB/Ag. Reg # 6YR868 Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2010 Veh Make NISSAN Veh Config. 1 21  
 Operator FEBBO, ISABELLA MARA Owner FEBBO, KIMBERLY RENEE  
 Address 29 DORCHESTER ST Address 29 DORCHESTER ST  
 City WILMINGTON State MA Zip 01887-2272 City WILMINGTON State MA Zip 01887-2272  
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 2 27 8 27  
 Vehicle Travel Direction: N X 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 5 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? 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			1	1	4	0	0	10	1	



Wilmington Police Department  
Images Associated with 22-404-AC



Date of Crash 12/20/2022 Time of Crash 1714 24HR City/Town **Wilmington** Motor Vehicle Crash Police Report Number Vehicles 1 Number Injured 0 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 _____ Address # _____ Name of Roadway/Street <b>112 NICHOLS ST</b>
At _____	Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W of _____ <b>SHAWSHEEN AVE</b>
Also at Intersection with _____	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 _____
	Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **22-405-AC**

License # <b>S78618238</b> St <b>MA</b> DOB/Ag _____	Reg # <b>8WL446</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>1</b> <b>20</b> CDL _____	Veh Year <b>2018</b> Veh Make <b>CHEVROLET</b> Veh Config. <b>1</b> <b>21</b>
Operator <b>OBRIEN, ROBERT</b>	Owner <b>OBRIEN, ROBERT J</b>
Address <b>37 CHAPMAN RD</b>	Address <b>37 CHAPMAN RD</b>
City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880</b>	City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880-4940</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>8</b> <b>27</b> <b>7</b> <b>27</b> <b>6</b> <b>27</b>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b>	Event Sequence <b>6</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> <b>28</b>
Citation # (If Issued) _____	Most Harmful Event <b>5</b> <b>24</b> Type of Test: <b>29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	BAC Test Result: <b>1</b> <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b>
	Driver Distracted by <b>0</b> <b>26</b> Towed from scene? <b>1</b> <b>33</b>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>3</b>	NOT TRANSPORTED

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 <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____	Veh Year _____ Veh Make _____ Veh Config. <b>21</b>
Operator _____	Owner _____
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"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 _____	BAC Test Result: <b>30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <b>25</b> <b>25</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b>
	Driver Distracted by <b>26</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	<del>XXXXXX</del>	<del>XX</del>	<b>1</b>							



→ = 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:**

Vehicle 1 was traveling eastbound on Nichols Street towards Shawsheen ave. Vehicle 1 was in the vicinity of 112 Nichols Street when a deer ran into the drivers side of vehicle 1. The operator of vehicle 1 explained that he did not see the deer. The operator of vehicle 1 explained that after the deer struck his vehicle he continued down the roadway to Shawsheen Ave to pull over. The operator of vehicle 1 denied medical attention. The area was checked for the deer with negative findings. Due to the damage on the driverside door and windshield of the vehicle. The operator requested a tow for safety. A & S towed the vehicle to their impound lot. The operator was transported via cruiser 31 to the Dunkin Donuts on Main Street. Police units cleared the scene.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

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

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

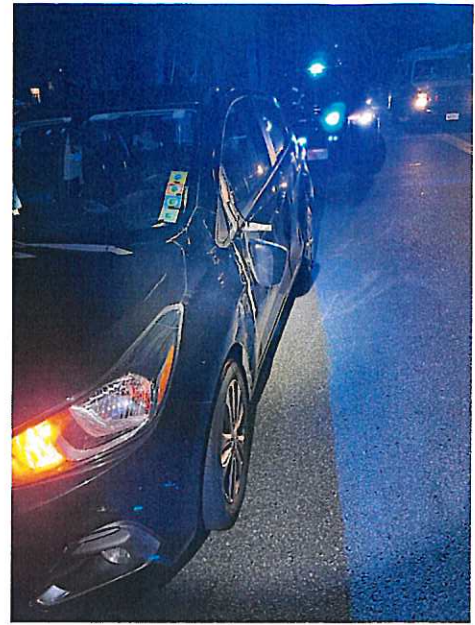
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_    Material 4 digit # \_\_\_\_\_    Release code  49

CDP1 11-24-00

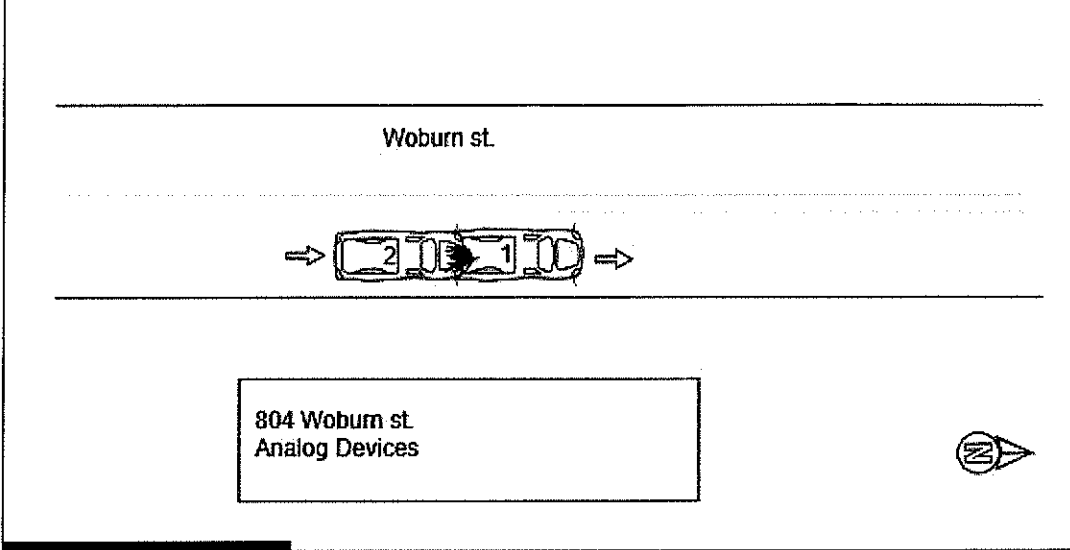
Wilmington Police Department  
Images Associated with 22-405-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>						
Date of Crash 12/21/2022	Time of Crash 1959 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 2	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____	
<b>AT INTERSECTION:</b>			<b>LOCATION</b>				<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____			Route# _____ Direction _____ Address # <u>804</u> Name of Roadway/Street <u>WOBURN ST</u>										
At _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____										
Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Crash Report ID# <b>22-406-AC</b>										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # <u>NHL13951568</u> St <u>NH</u> DOB/Age _____			Reg # <u>4332029</u> Reg Type <u>PC</u> Reg State <u>NH</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2011</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u>										
Operator <u>JEFFREYS, RICHARD WARREN</u>			Owner <u>JEFFREYS, PATRICIA ANNE</u>										
Address <u>8 MACLARNON RD</u>			Address <u>8 MACLARNON RD</u>										
City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>			City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>										
Insurance Company <u>CONCORD GENERAL MUTUAL IN</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 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>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>22</u> <u>25</u> <u>20</u> <u>25</u>			BAC Test Result: <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>5</u> <u>26</u>			Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>							
						Towed from scene? <u>1</u> <u>33</u>							
Please fill out for operator and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above		<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</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													
License # <u>NHL12910426</u> St <u>NH</u> DOB/Age _____			Reg # <u>4952375</u> Reg Type <u>PC</u> Reg State <u>NH</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____			Veh Year <u>2016</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u>										
Operator <u>GILMAN, DAVID THOMAS</u>			Owner <u>GILMAN, DAVID THOMAS</u>										
Address <u>135 LAWRENCE RD</u>			Address <u>135 LAWRENCE RD</u>										
City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>			City <u>SALEM</u> State <u>NH</u> Zip <u>03079</u>										
Insurance Company <u>TRAVELERS INS.</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 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>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u>			Type of Test: <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>			BAC Test Result: <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>31</u> Susp. Drug: <u>32</u>							
						Towed from scene? <u>1</u> <u>33</u>							
Please fill out for operator/non-motorist and all occupants involved													
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above		<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>1</u>	

### 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:

Oper. #1 Related he was traveling straight on Woburn st., when his m/v#1's brake lights started going off. He stopped his m/v#1 in the middle of the roadway. (He thought he had pulled off the roadway and parked) as he was getting out of his m/v#1, m/v#2 came from behind and crashed into his m/v#1.

Oper. #2 related he was traveling straight on Woburn st., a m/v in front of him stopped short. (This m/v#1 had no brake lights on at the time of the crash.) He was unable to stop in time and crashed into the rear of m/v#1.

\*\*\* (Both oper.'s refused medical treatment 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

### 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 12/21/2022

Police Officer Name (Please Print)                          Signature                          ID/Badge #                          Department                          Precinct/Barracks                          Date

Date of Crash 12/21/2022 Time of Crash 2359 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 25 State Police Local Police MBTA Police Campus Police Other

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting 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# **22-408-AC**

License # **S99833468** St **MA** DOB/Age \_\_\_\_\_ Reg # **SRS871** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2006** Veh Make **FORD** Veh Config. **1**

Operator **TOWNSEND, THOMAS FITZPATRICK** Owner **TOWNSEND, THOMAS FITZPATRICK**

Address **430 MIDDLESEX AVE** Address **430 MIDDLESEX AVE**

City **WILMINGTON** State **MA** Zip **01887-4110** City **WILMINGTON** State **MA** Zip **01887-4110**

Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **1** 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 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **22 24** Type of Test: **1 30**

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**

Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Please fill out for operator and all occupants involved

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

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

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Operator \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**

Vehicle Travel Direction:  N  S  E  W Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**

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

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **33**

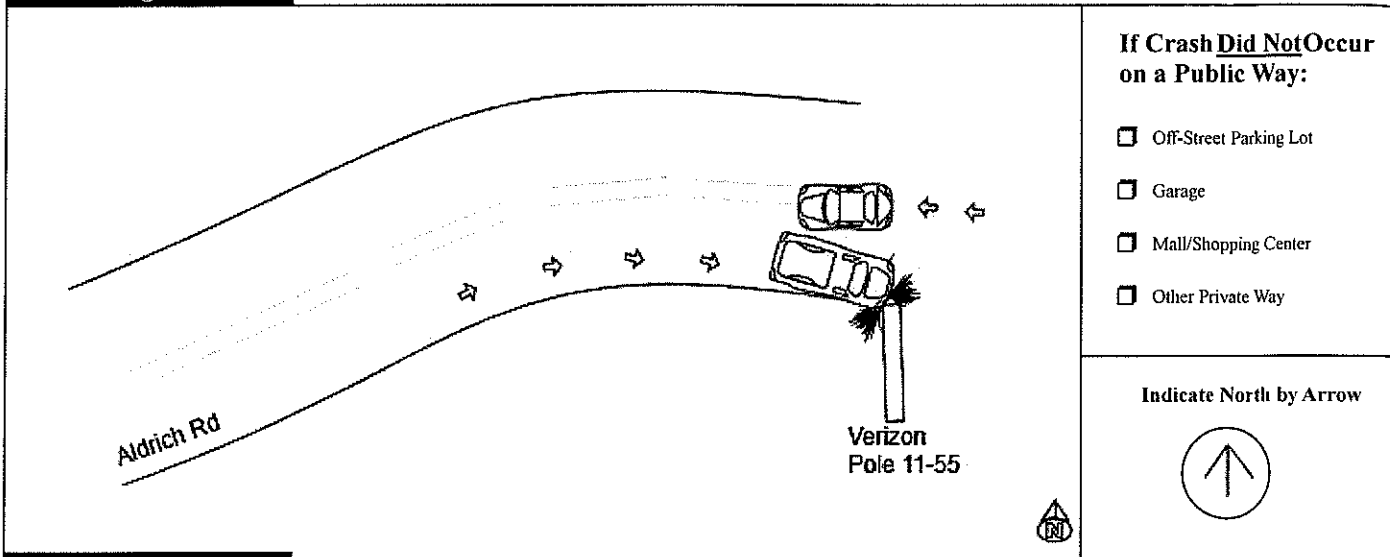
Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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

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

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

**Crash Diagram:**



**Crash Narrative:**

Single MV crash in the area (opposite side of the road) of 149 Aldrich Rd. Pick up truck operated by Mr. Townsend, collided with Verizon pole # 11-55 causing the elector switch up above to become unlatched, resulting in loss of power in the immediate area. The pole did not appear to have any damage. Mr. Townsend reported that as he was rounding the bend on Aldrich Rd at approximately 30 MPH, a MV traveling towards him, was half in his lane so to avoid collision he veered to the right subsequently colliding with the telephone pole. RMLD was notified, responded, and rectified the power outage. Mr. Townsend did not report, nor presented any injuries. Cains Towing arrived a short time later and took possession of the disabled pick up truck.

**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	VERIZON UTILITY POLE #11-55

**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 Scott Dunnett                                  202                                  Wilmington Police Department                                  12/22/2022  
 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 12/22/2022	Time of Crash 1014 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 1	Number Injured 0	Speed Limit 20	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 _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____			
At _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Exit Number _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____			
Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____			

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

Crash Report ID# **22-409-AC**

License # <b>S93541937</b> St <b>MA</b> DOB/Age _____	Reg # <b>1AB86W</b> Reg Type <b>TL</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>A</b> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year <b>2022</b> Veh Make _____ Veh Config. <input type="checkbox"/> 10 <input type="checkbox"/> 21
Operator <b>WHITE, LISA Y</b>	Owner <b>U HAUL CO OF MASSACHUSETTS AND OHIO INC</b>
Address <b>835 HUNTINGTON AVE APT 2003</b>	Address <b>145 MILK ST FL APT 3RD</b>
City <b>BOSTON</b> State <b>MA</b> Zip <b>02115-6251</b>	City <b>METHUEN</b> State <b>MA</b> Zip <b>01844-4664</b>
Insurance Company <b>REPWEST INSURANCE COMPANY</b>	Vehicle Action Prior to Crash <input type="checkbox"/> 4 <input type="checkbox"/> 22
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> 2	Damaged Area Code: <input type="checkbox"/> 7 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 6 <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<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 # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____	Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <input type="checkbox"/> 22
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27
Citation # (If Issued) _____	Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <input type="checkbox"/> 24
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25
	Driver Distracted by <input type="checkbox"/> 26
	Towed from scene? <input type="checkbox"/> 31 <input type="checkbox"/> 32
	Towed from scene? <input type="checkbox"/> 33

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





Date of Crash: 12/23/2022 Time of Crash: 0026 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 1 Number Injured: 1 Speed Limit: 35 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ State 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 # <b>430</b> Name of Roadway/Street <b>SALEM ST</b> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **22-411-AC**

License # <b>S52750901</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL Endorsement _____ Operator <b>DELANEY, JON T</b> Address <b>35 SHERIDAN ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3444</b> Insurance Company <b>THE STANDARD FIRE INSURAN</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W Responding to Emergency? <b>2</b> Citation # (If Issued) <b>T2749105</b> Viol. 1: Ch/Sec/Sub <b>90 24K</b> Viol. 2: Ch/Sec/Sub <b>90 17E</b> Viol. 3: Ch/Sec/Sub <b>90 24E</b> Viol. 4: Ch/Sec/Sub _____	Reg # <b>14L110</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>DODGE</b> Veh Config. <b>1</b> Owner <b>DELANEY, JON T</b> Address <b>35 SHERIDAN ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-3444</b> Vehicle Action Prior to Crash <b>1 22</b> Damaged Area Code: <b>1 27 2 27 8 27</b> Event Sequence <b>40 23 23 23 23</b> Test Status: <b>2 28</b> Most Harmful Event <b>22 24</b> Type of Test: <b>97 29</b> Driver Contributing Code <b>10 25 9 25</b> BAC Test Result: <b>1 30</b> Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>1 31</b> Susp. Drug: <b>2 32</b> Towed from scene? <b>1 33</b>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<b>1</b>	<b>99</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	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

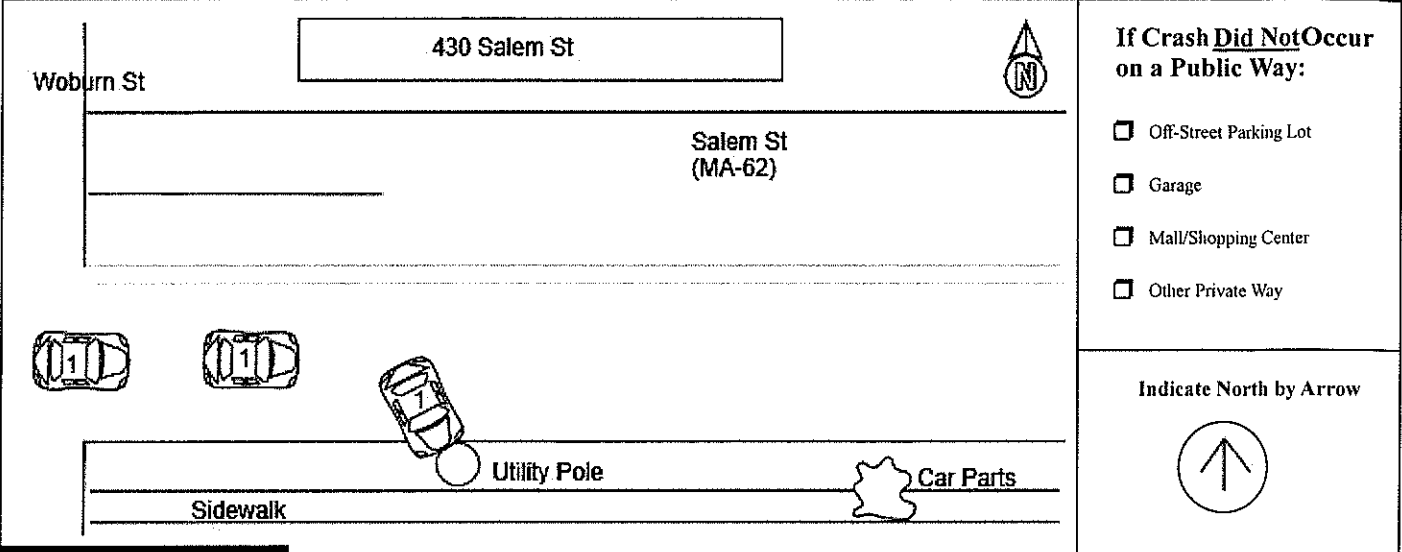
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL Endorsement _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> 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. <b>21</b> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <b>22</b> Damaged Area Code: <b>27 27 27</b> Event Sequence <b>23 23 23 23</b> Test Status: <b>28</b> Most Harmful Event <b>24</b> Type of Test: <b>29</b> Driver Contributing Code <b>25 25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b> Towed from scene? <b>33</b>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<b>1</b>							

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

**Crash Diagram:**

ie: →  1    →  2    →    →



**Crash Narrative:**

12/23/22 at appx. 12:28am, dispatched to MVC car v pole at 430 Salem St. Opp1 transported to Win Hosp. Would not explain how crash occurred. Currently heavy rain, and vizibility poor. Damage to pole and car parts found of sidewalk 50 ft away and angle of MV1 against pole determine MV1 traveling high rate of speed EB on Salem St, OPP1 lost control of vehicle and crashed into pole. OPP1 believed to be under influence of alcohol. See 22-419-AR (T2749105). OPP1 transported to Win Hosp by WFD. MV1 towed by Cain's.

**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 Joseph A Fitzgerald

215

Wilmington Police Department

12/23/2022

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 12/23/2022	Time of Crash 1154 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit 40	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>274</u> Direction _____ Address # <u>SHAWSHOEN AVE</u> 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 _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____									
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# <b>22-412-AC</b>									
License # <u>S68759438</u> St <u>MA</u> DOB/Ag _____			Reg # <u>5BVZ60</u> Reg Type <u>PC</u> Reg State <u>MA</u>									
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____			Veh Year <u>2015</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>									
Operator <u>MARCHESI, MICHELE LYN</u>			Owner <u>MARCHESI, MICHELE LYN</u>									
Address <u>12 FAIRVIEW AVE</u>			Address <u>12 FAIRVIEW AVE</u>									
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2417</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2417</u>									
Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u>			Vehicle Action Prior to Crash <u>1</u> Damaged Area Code: <u>1</u> <u>27</u> <u>2</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>21</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>21</u> <u>24</u> Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>21</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>									
Please fill out for operator and all occupants involved			Towed from scene? <u>1</u> <u>33</u>									
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____ 34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____ 37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____ Medical Facility _____									
<b>Operator</b>			See Above <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <u>1</u> <u>1</u> <u>3</u> <u>0</u> <u>0</u> <u>7</u> <u>2</u> <b>Lahey Clinic</b>									
Please Select One of the Following: <input type="checkbox"/> Vehicle 2 #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												
License # _____ St _____ DOB/Ag _____			Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>									
Operator _____			Owner _____									
Address _____			Address _____									
City _____ State _____ Zip _____			City _____ State _____ Zip _____									
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>24</u> Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>									
Please fill out for operator/non-motorist and all occupants involved			Towed from scene? <u>33</u>									
Name (Last First Middle) _____ Address _____			DOB/Age _____ Sex _____ 34 Seat Pos. _____ 35 Safety System _____ 36 Airbag Status _____ 37 Eject Code _____ 38 Trap Code _____ 39 Injury Status _____ 40 Transp. Code _____ Medical Facility _____									
<b>Operator/Non-Motorist</b>			See Above <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <u>1</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>									



Wilmington Police Department  
Images Associated with 22-412-AC

