

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

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

_____ 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 _____

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-47-AC**

License # SA2030741 St. MA DOB/Ag _____ Reg # 1BEV79 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2019 Veh Make MAZDA Veh Config. 1 21

Operator FEENEY, MATTHEW JOHN Owner FEENEY, MATTHEW JOHN

Address 111 SPRING ST Address 111 SPRING ST

City WAKEFIELD State MA Zip 01880-3665 City WAKEFIELD State MA Zip 01880-3665

Insurance Company GOVERNMENT EMPLOYEES INSU Vehicle Action Prior to Crash 2 22 Damaged Area Code: 6 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: 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

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	XXXXXX	X	<u>1</u>	<u>1</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 # SA3470088 St. MA DOB/Ag _____ Reg # 39PD98 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____ Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21

Operator CHALMERS, ROBERT MALCOLM Owner CHALMERS, ROBERT D

Address 39 LORRAINE TER Address 39 LORRAINE TER

City ARLINGTON State MA Zip 02474-1412 City ARLINGTON State MA Zip 02474-0000

Insurance Company FOREMOST INSURANCE COMPAN 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: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 19 25 5 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

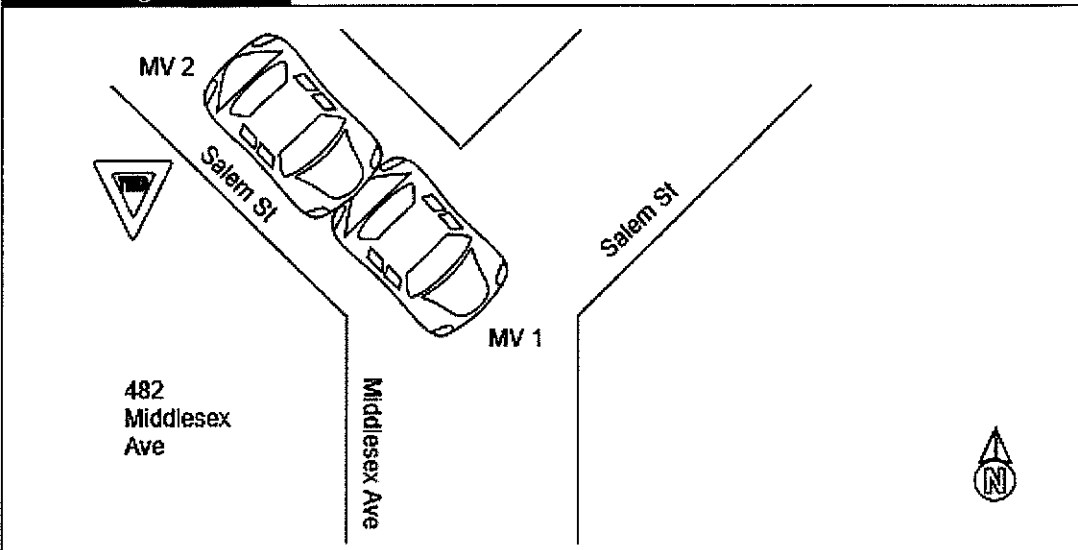
Towed from scene? 2 33

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

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

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ♂ = Pedestrian ☺ = Bicycle
 ie: → [1] → [2] → ♂ → ☺

Crash Diagram:



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow

Crash Narrative:

Operator of MV 1 was travelling south on Salem St attempting to merge onto Middlesex Ave. Prior to merging onto Middlesex Ave, MV 1 was struck from behind by MV 2. Minor damage to the rear end of MV 1 and minor damage to the front end of MV 2. No reported injuries. Both vehicles operable.

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 Katlyn M Finn 226 Wilmington Police Department 02/13/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date