

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **273 MAIN ST** 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 \_\_\_\_\_ 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 13 #Occupants  Hit/Run  Moped Crash Report ID# **23-85-AC**

License # **S68551897** St **MA** DOB/Ag \_\_\_\_\_ Reg # **2CY393** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2023** Veh Make **KIA** Veh Config. **1** 21

Operator **MASON, DEBORAH A** Owner **MASON, DEBORAH A**

Address **5 FAULKNER AVE** Address **5 FAULKNER AVE**

City **WILMINGTON** State **MA** Zip **01887-3502** City **WILMINGTON** State **MA** Zip **01887-3502**

Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **8** 27 **1** 27 **2** 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: **1** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 25 **25** BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **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
<b>Operator</b>	See Above	<del>07/06/1963</del>	<del>M</del>	<del>3</del>	<del>1</del>	<del>4</del>	<del>0</del>	<del>0</del>	<del>10</del>	<del>1</del>	
<b>KEVIN MASON</b>	5 FAULKNER AVE WILMINGTON, MA 01887-3502	07/06/1963	M	3	1	4	0	0	10	1	
<b>KRISTINA MASON</b>	5 FAULKNER AVE WILMINGTON, MA 01887	06/27/2003	M	4	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle 23 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S74431868** St **MA** DOB/Age \_\_\_\_\_ Reg # **1RZA41** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2015** Veh Make **SUBARU** Veh Config. **1** 21

Operator **BEVILACQUA, CHRISTOPHER CHARLES** Owner **BEVILACQUA, CHRISTOPHER CHARLES**

Address **221 LAKE DR** Address **221 LAKE DR**

City **SOUTH HAMILTON** State **MA** Zip **01982-1626** City **SOUTH HAMILTON** State **MA** Zip **01982-1626**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **3** 27 **4** 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: **1** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32

Towed from scene? **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
<b>Operator/Non-Motorist</b>	See Above	<del>07/06/1963</del>	<del>M</del>	<del>3</del>	<del>1</del>	<del>1</del>	<del>0</del>	<del>0</del>	<del>10</del>	<del>1</del>	
<b>JENNIFER BEVILACQUA</b>	221 LAKE DR SOUTH HAMILTON, MA 01982-1626			3	1	1	0	0	10	1	
				6	1	1	0	0	10	1	



Wilmington Police Department  
Images Associated with 23-85-AC



Date of Crash 03/21/2023 Time of Crash 0908 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 20 State Police Local Police MBTA Police Campus Police Other:

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

<p>Route# Direction Name of Roadway/Street</p> <p style="text-align: center;">At</p> <p>Route# Direction Name of Intersecting Roadway/Street</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# Direction Name of Intersecting Roadway/Street</p>	<p>Route# Direction Address # Name of Roadway/Street</p> <p style="text-align: center;"><b>316 LOWELL ST</b></p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker Exit Number</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# Intersecting Roadway/Street</p> <p>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Landmark</p>
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Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# **23-86-AC**

<p>License # <b>SA3160221</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____</p> <p>Operator <b>ROSENBERGER, ADAM JOHN</b></p> <p>Address <b>141 ELM ST</b></p> <p>City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880-1446</b></p> <p>Insurance Company <b>GOVERNMENT EMPLOYEES INSU</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>2KHA43</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2005</b> Veh Make <b>GMC</b> Veh Config. <b>2</b></p> <p>Owner <b>ROSENBERGER, ADAM JOHN</b></p> <p>Address <b>141 ELM ST</b></p> <p>City <b>WAKEFIELD</b> State <b>MA</b> Zip <b>01880-1446</b></p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24</p> <p>Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26</p> <p>Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 29</p> <p>BAC Test Result: <input type="checkbox"/> 30</p> <p>Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1
<b>ASHLYN BUCKLEY</b>		25 COLUMBIA ST WILMINGTON, MA 01887-2415	F	3	1	4	0	0	10	1	

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

<p>License # <b>S91020287</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____</p> <p>Operator <b>CHANKAPURE, NAGSEN BHAURAO</b></p> <p>Address <b>7112 ARBOR DR</b></p> <p>City <b>SHREWSBURY</b> State <b>MA</b> Zip <b>01545-6034</b></p> <p>Insurance Company <b>AMERICAN FAMILY CONNECT P</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>117KL6</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2023</b> Veh Make <b>Other-not listed</b> Veh Config. <b>1</b></p> <p>Owner <b>CHANKAPURE, NAGSEN BHAURAO</b></p> <p>Address <b>7112 ARBOR DR</b></p> <p>City <b>SHREWSBURY</b> State <b>MA</b> Zip <b>01545-6034</b></p> <p>Vehicle Action Prior to Crash <input type="checkbox"/> 3 <input type="checkbox"/> 22</p> <p>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24</p> <p>Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26</p> <p>Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <input type="checkbox"/> 28</p> <p>Type of Test: <input type="checkbox"/> 29</p> <p>BAC Test Result: <input type="checkbox"/> 30</p> <p>Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32</p> <p>Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33</p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>		See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1



Date of Crash: 03/22/2023 Time of Crash: 0659 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 3 Number Injured: 1 Speed Limit: 35 State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p><b>BALLARDVALE ST</b></p> <p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p><b>I93SB HWY</b></p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>Feet [N][S][E][W] of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>Feet [N][S][E][W] of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>Feet [N][S][E][W] of _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-87-AC**

<p>License # <b>S80792835</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>LEGERE, CHARLES GERARD</b></p> <p>Address <b>7 YOUNG ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3335</b></p> <p>Insurance Company <b>CITIZENS INSURANCE COMPAN</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>513GP6</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2020</b> Veh Make <b>FORD</b> Veh Config. <b>1</b></p> <p>Owner <b>LEGERE, CHARLES GERARD</b></p> <p>Address <b>7 YOUNG ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-3335</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
See Above											

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

<p>License # <b>S83171621</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>B</b> CDL _____</p> <p>Operator <b>COTONE, MATTHEW T</b></p> <p>Address <b>41 BRAND AVE</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2010</b></p> <p>Insurance Company <b>THE TRAVELERS INDEMNITY C</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>R99490</b> Reg Type <b>CO</b> Reg State <b>MA</b></p> <p>Veh Year <b>2015</b> Veh Make <b>FORD</b> Veh Config. <b>1</b></p> <p>Owner <b>DEMOULAS SUPER MKTS INC</b></p> <p>Address <b>875 EAST ST</b></p> <p>City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-1469</b></p> <p>Vehicle Action Prior to Crash <b>2</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>Lahey Clinic</b>
See Above											

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

**1** Route#                      Direction                      Name of Roadway/Street                      Route#                      Direction                      Address #                      Name of Roadway/Street                     

At

**1** Route#                      Direction                      Name of Intersecting Roadway/Street                      Feet                       N  S  E  W of                      Mile Marker                      or                      Exit Number                     

Also at Intersection with

**1** Route#                      Direction                      Name of Intersecting Roadway/Street                      Feet                       N  S  E  W of                      Route#                      Intersecting Roadway/Street                     

Landmark

Please Select One of the Following:  Vehicle 3 Occupants  Hit/Run  Moped Crash Report ID# **23-87-AC**

License # **S69123068** St **MA** DOB/Age                      Reg # **T61245** Reg Type **CO** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement                      Veh Year **2011** Veh Make **FORD** Veh Config. **1**

Operator **SMITH, JASON JAMES** Owner **CUBBY OIL CO INC**

Address **8 GARRISON ST** Address **20 MEDFORD ST BX 177**

City **BILLERICA** State **MA** Zip **01821-3535** City **SOMERVILLE** State **MA** Zip **02143-4233**

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

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

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

Viol. 1: Ch/Sec/Sub                      Viol. 2: Ch/Sec/Sub                      Driver Contributing Code **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub                      Viol. 4: Ch/Sec/Sub                      Driver Distracted by **5 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	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>                    </del>	<del>                    </del>	<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 4 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 Endorsement                      Veh Year                      Veh Make                      Veh Config. **21**

Operator                      Owner                     

Address                      Address                     

City                      State                      Zip                      City                      State                      Zip                     

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

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

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

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

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

Towed from scene? **33**

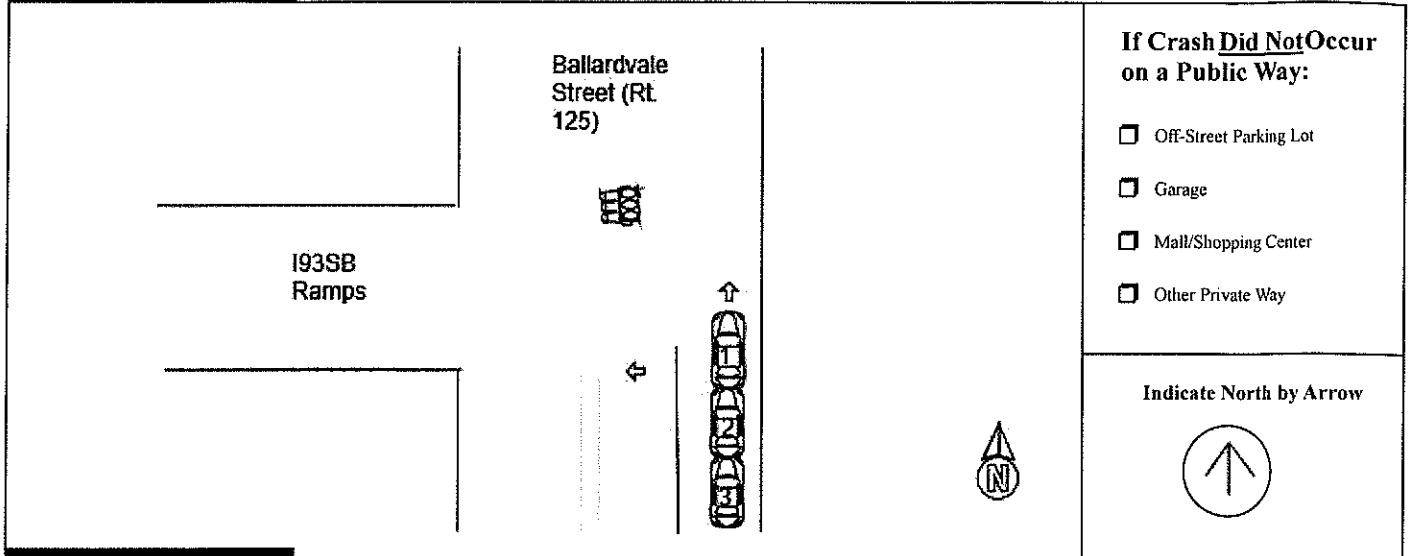
Please fill out for operator/non-motorist and all occupants involved

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

Vehicle 1 was stopped at a red light at the intersection of Ballardvale Street and I93SB Ramps. Vehicle 2 was also stopped at the same traffic light. Vehicle 3 was approaching the intersection when the operator stated that he dropped his coffee which distracted him causing him to rear end vehicle 2. The force from vehicle 3 rear ending vehicle 2 pushed vehicle 2 into vehicle 1. No airbags deployed in any vehicle. The operator of vehicles 1 and 3 signed Wilmington Fire Department medical refusal forms. The operator of vehicle 2 was transported to Lahey Hospital by the Wilmington Fire Department. Vehicle 1 was operable and driven from the scene. Vehicle 2 was towed by Cains Towing due to the operator being transported to the hospital. Vehicle 3 was towed by A&S at the request of the vehicle operator.

**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



Wilmington Police Department  
Images Associated with 23-87-AC



**Commonwealth of Massachusetts**

**Motor Vehicle Crash Police Report**

RMV Document Number

Police Use Only

Date of Crash: 03/21/2023 Time of Crash: 1643 24HR City/Town: **Wilmington**

Number Vehicles: 2 Number Injured: 0 Speed Limit: 10 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

Route# Direction Name of Intersecting Roadway/Street

Crash Report ID# **23-88-AC**

License # **S73582997** St **MA** DOB/Age \_\_\_\_\_ Reg # **2JAD89** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **MERCEDES-BENZ** Veh Config. **1**

Operator **AHERN, LAURA F** Owner **AHERN, LAURA F**

Address **49 ASHWOOD AVE** Address **49 ASHWOOD AVE**

City **WILMINGTON** State **MA** Zip **01887-4403** City **WILMINGTON** State **MA** Zip **01887-4403**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **11** Damaged Area Code: **6 27 5 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **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
<b>Operator</b>				<b>1</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **S69641980** St **MA** DOB/Age \_\_\_\_\_ Reg # **T72341** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **FORD** Veh Config. **1**

Operator **CROSBY, SEAN M** Owner **TROMBADORE, MATTHEW P**

Address **12301 INWOOD DR** Address **106 S GREAT RD**

City **WOBURN** State **MA** Zip **01801-5179** City **LINCOLN** State **MA** Zip **01773-4700**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **5 27 27 27**

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

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **2 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**

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

Towed from scene? **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
<b>Operator/Non-Motorist</b>				<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER PAUL MACGILVRAY

Ref: 23-88-AC

Entered: 03/22/2023 @ 2251      Entry ID: 221  
Modified: 03/22/2023 @ 2254      Modified ID: 221  
Approved: 03/23/2023 @ 1804      Approval ID: 195

\*\*\* A short time after completion of this report surveillance identified V2. V2 was contacted and Mr. Crosby immediately admitted to striking V1. V2 stated he panicked because it was a "company vehicle". Mr. Crosby came to Headquarters and was cooperative and genuine in admitting fault.

Respectfully submitted

Officer MacGilvray 221



Date of Crash **03/23/2023** Time of Crash **1356** 24HR 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:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <b>490</b> Direction _____ Address # <b>MAIN ST</b> Name of Roadway/Street _____ _____ Feet <b>N S E W</b> of _____ or _____ Exit Number _____ _____ Mile Marker _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Landmark _____

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-89-AC**

License # <b>S55690981</b> St <b>MA</b> DOB/Ag _____ Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>FRISSORA, MARLA MARIE</b> Address <b>101 BALSAM PL APT 211</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4636</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b> Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>9HK241</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2022</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b> 21 Owner <b>FRISSORA, MARLA MARIE</b> Address <b>101 BALSAM PL APT 211</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4636</b> Vehicle Action Prior to Crash <b>4</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>6</b> 25 25 Driver Distracted by <b>0</b> 26 Damaged Area Code: <b>7</b> 27 6 27 27 Test Status: <b>1</b> 28 Type of Test: <b>2</b> 29 BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<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

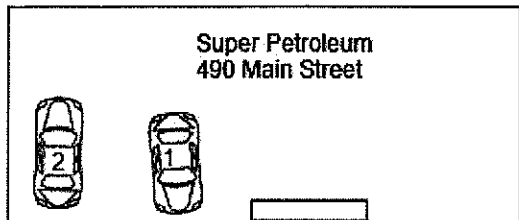
License # <b>SA71403639220717</b> St <b>MA</b> DOB/Ag _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>KIYINGI, FRANK</b> Address <b>21 WALNUT ST</b> City <b>SOMERVILLE</b> State <b>MA</b> Zip <b>02143-3067</b> Insurance Company <b>GEICO GENERAL INSURANCE C</b> Vehicle Travel Direction: <b>X S E W</b> Responding to Emergency? <b>2</b> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>1ZKF79</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2006</b> Veh Make <b>BMW</b> Veh Config. <b>1</b> 21 Owner <b>KIYINGI, FRANK</b> Address <b>21 WALNUT ST</b> City <b>SOMERVILLE</b> State <b>MA</b> Zip <b>02143-3067</b> Vehicle Action Prior to Crash <b>1</b> 22 Event Sequence <b>1</b> 23 23 23 23 Most Harmful Event <b>1</b> 24 Driver Contributing Code <b>1</b> 25 25 Driver Distracted by <b>0</b> 26 Damaged Area Code: <b>8</b> 27 27 27 Test Status: <b>1</b> 28 Type of Test: <b>2</b> 29 BAC Test Result: <b>1</b> 30 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 33
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</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**



Main Street, Wilmington, MA

**Crash Narrative:**

MV1 and MV2 agreed upon the following. MV 1 was making a left turn out of Super Petroleum (490 Main St) when it was struck by MV2. MV 1 stated that she may have paused while taking the left turn, second guessing if she had enough time to make the turn. Both operators declined medical treatment and would have exchanged information and left the scene without police involvement had a unnamed witnessed not called 9-1-1. Both vehicles remained in driveable condition.

**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 James R Hill

Police Officer Name (Please Print)

Signature

225

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/23/2023

Date

Wilmington Police Department  
Images Associated with 23-89-AC





AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **MAIN ST**  
Route# Direction Name of Roadway/Street

At

2 **RICHMOND ST**  
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_ or \_\_\_\_\_

Mile Marker Exit Number

Feet  N  S  E  W of \_\_\_\_\_

Route# Intersecting Roadway/Street

Feet  N  S  E  W of \_\_\_\_\_

Landmark

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

Crash Report ID# **23-90-AC**

License # **S20991012** St **MA** DOB/Age \_\_\_\_\_ Reg # **889CZ3** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **LEXUS** Veh Config. **1** 21

Operator **CAZEAU, CHERYL** Owner **CAZEAU, NICOLAS**

Address **36 CARY ST** Address **36 CARY ST**

City **WILMINGTON** State **MA** Zip **01887-1837** City **WILMINGTON** State **MA** Zip **01887-1837**

Insurance Company **PLYMOUTH ROCK ASSURANCE C** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 1 27 8 27 27

Vehicle Travel Direction:  N  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 **1** 25 25 BAC Test Result: 1 30

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator 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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>8</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 # **S56367950** St **MA** DOB/Age \_\_\_\_\_ Reg # **3YSP11** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2008** Veh Make **KIA** Veh Config. **1** 21

Operator **RYAN, CHRISTOPHER JOHN** Owner **RYAN, CHRISTOPHER JOHN**

Address **204 SPRINGS RD APT 5** Address **204 SPRINGS RD APT 5**

City **BEDFORD** State **MA** Zip **01730-1163** City **BEDFORD** State **MA** Zip **01730-1163**

Insurance Company **AMICA MUTUAL INSURANCE CO** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 1 27 2 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: 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** 25 25 BAC Test Result: 1 30

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

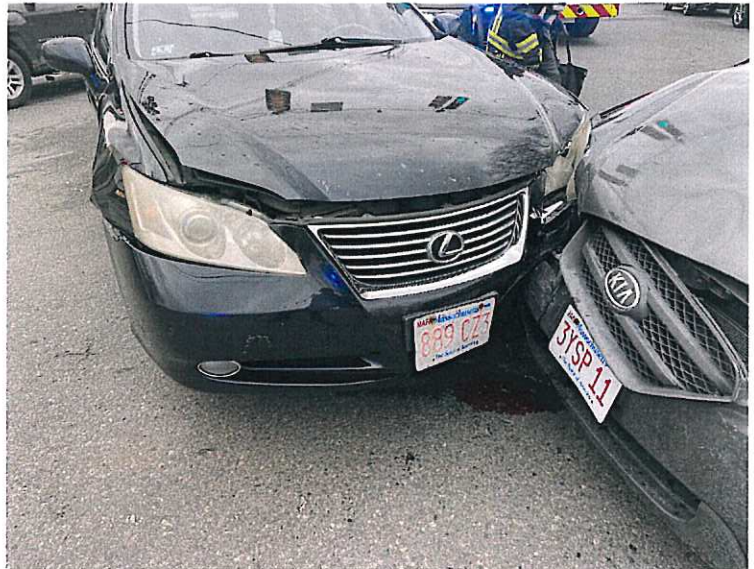
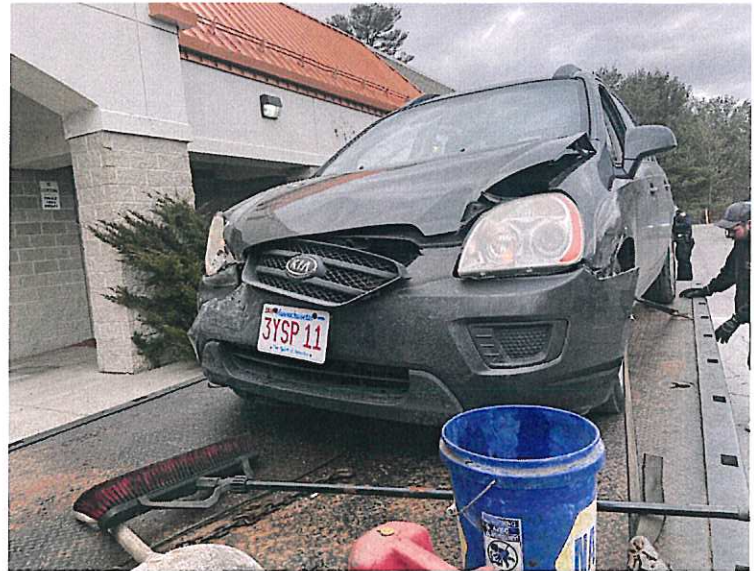
Towed from scene? 1 33

Please fill out for operator/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>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-90-AC



Date of Crash 03/25/2023 Time of Crash 1047 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 1 Speed Limit 30 State Police  Local Police  MBTA Police  Campus Police  Other

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	Route# _____ Direction _____ Address # <u>474</u> Name of Roadway/Street <u>MAIN ST</u>
	At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
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 _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-91-AC**

License # <u>NHL11564992</u> St <u>NH</u> DOB/Age _____	Reg # <u>5219010</u> Reg Type <u>PC</u> Reg State <u>NH</u>
Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2018</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u>
Operator <u>MIRANDA, ROSE KATHIANA</u>	Owner <u>MIRANDA, ROSE KATHIANA</u>
Address <u>10 PIONEER WAY APT 408</u>	Address <u>10 PIONEER WAY APT 408</u>
City <u>MERRIMACK</u> State <u>NH</u> Zip <u>03054</u>	City <u>MERRIMACK</u> State <u>NH</u> Zip <u>03054</u>
Insurance Company <u>LIBERTY INS</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
	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>
	Towed from scene? <u>2</u> <u>33</u>

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"/>	1	1	4	0	0	8	2	Lahey Clinic

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

License # <u>S22642515</u> St <u>MA</u> DOB/Age _____	Reg # <u>1MJZ87</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____	Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u>
Operator <u>SPLAINE, DEREK JOHNATHAN</u>	Owner <u>SPLAINE, DEREK JOHNATHAN</u>
Address <u>122 PARLMONT PARK</u>	Address <u>122 PARLMONT PARK</u>
City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2724</u>	City <u>NORTH BILLERICA</u> State <u>MA</u> Zip <u>01862-2724</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>19</u> <u>25</u> <u>25</u>
	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>
	Towed from scene? <u>2</u> <u>33</u>

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"/>	1	1	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

