

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/27/2022	Time of Crash 1454 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 3	Speed Limit <u>35</u>	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>
						Latitude _____	Longitude _____	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

AT INTERSECTION:	LOCATION	NOT AT INTERSECTION:
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Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	<	LOCATION	>	Route# _____ Direction _____ Address # <u>500</u> Name of Roadway/Street <u>MAIN ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 _____	2	10
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Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 22-361-AC
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License # <u>unknown</u> St _____ DOB/Age <u>06/01/2004</u> Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>ALVES, IGOR</u> Address <u>5 FOLEY ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</u> Insurance Company <u>PROGRESSIVE DIRECT INSURA</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1GYT23</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>FERREIRA SANTOS, LEONARDO</u> Address <u>159 BEDFORD RD</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801</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> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>8</u> <u>25</u> <u>21</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>1</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>	1	12
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	1	0	0	7	2	Lahey Clinic

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</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
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License # <u>S46636167</u> St <u>MA</u> DOB/Age <u>04/20/1974</u> Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>MALLAIYASAMY, SIVAKUMAR</u> Address <u>2 EAGLEVIEW DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4203</u> Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>9BP158</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2019</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MALLAIYASAMY, SIVAKUMAR</u> Address <u>2 EAGLEVIEW DR</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4203</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> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</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>1</u> <u>33</u>	1	14
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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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	1	0	0	8	2	Lahey Clinic
VIBHUSH SIVAKUMAR	2 EAGLEVIEW DR WILMINGTON, MA 01887	07/11/2007	M	3	1	1	0	0	8	2	Lahey Clinic

