

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

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

Route# Direction Address # Name of Roadway/Street  
 175 **LOWELL ST**  
 Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ Exit Number  
 Mile Marker  
 Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Feet **NSEW** of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-158-AC**

License # **S91183601** St **MA** DOB/Age \_\_\_\_\_ Reg # **92RK67** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **HONDA** Veh Config. **1**  
 Operator **GIBSON, JULIE MARIE** Owner **GIBSON, JULIE MARIE**  
 Address **73 HILL ST** Address **73 HILL ST**  
 City **MALDEN** State **MA** Zip **02148-1639** City **MALDEN** State **MA** Zip **02148-1639**  
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **0** 27 27 27  
 Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **3** 23 23 23 23 Test Status: **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **3** 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? **2** 33  
 Viol. 4: Ch/Sec/Sub \_\_\_\_\_

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"/>	<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 **1** 15 Action **2** 16 Location **5** 17 Condition **1** 18  Hit/Run  Moped

License # **NHL16638625** St **NH** DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex **M** Lic. Class **19** 19 Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **GAGLIARDI, MICHAEL P** Owner \_\_\_\_\_  
 Address **5 HIDDEN MEADOW DR** Address \_\_\_\_\_  
 City **LONDONDERRY** State **NH** Zip **0305302668** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27** 27 27  
 Vehicle Travel Direction: **NSEW** 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		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"/>	<b>1</b>					<b>10</b>	<b>1</b>	



Date of Crash 05/30/2023 Time of Crash 0923 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

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # <b>10</b> Name of Roadway/Street <b>HILLSIDE WAY</b>	Route# _____ Direction _____ 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 _____	_____ 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 _____ Mile Marker _____ Exit Number _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____
		Landmark _____

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-159-AC**

License # <b>NHL19063731</b> St <b>NH</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____ Operator <b>HUBBARD, MICHAEL D</b> Address <b>2 COUNTRY VIEW DR</b> City <b>RAYMOND</b> State <b>NH</b> Zip <b>03077</b> Insurance Company _____ Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>5023473</b> Reg Type <b>PC</b> Reg State <b>NH</b> Veh Year <b>2021</b> Veh Make <b>FORD</b> Veh Config. <b>2</b> Owner <b>LEAFGUARD HOLDINGS INC</b> Address <b>1 PERIMETER RD APT 100</b> City <b>MANCHESTER</b> State <b>NH</b> Zip <b>03103</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> Damaged Area Code: <b>7</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>1</b> <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>1</b> <b>30</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</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	<input checked="" type="checkbox"/>	<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>S86712497</b> St <b>MA</b> DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____ Operator <b>DESIMONE, ANTHONY STEPHEN</b> Address <b>10 HILLSIDE WAY</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3329</b> Insurance Company <b>THE HANOVER INSURANCE COM</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> W 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>M94144</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2016</b> Veh Make <b>FORD</b> Veh Config. <b>2</b> Owner <b>BURLINGTON TOWN OF</b> Address <b>29 CENTER ST</b> City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-3058</b> Vehicle Action Prior to Crash <b>1</b> Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> Driver Distracted by <b>0</b> Damaged Area Code: <b>7</b> <b>27</b> <b>27</b> <b>27</b> Test Status: <b>1</b> <b>28</b> Type of Test: <b>29</b> BAC Test Result: <b>1</b> <b>30</b> Susp. Alcohol: <b>2</b> <b>31</b> Susp. Drug: <b>2</b> <b>32</b> Towed from scene? <b>2</b> <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	<input checked="" type="checkbox"/>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



Date of Crash 05/30/2023 Time of Crash 1654 City/Town Wilmington **Motor Vehicle Crash Police Report** Number Vehicles 3 Number Injured 0 Speed Limit 40 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 # <u>255</u> Name of Roadway/Street <u>LOWELL ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____
--	--

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-160-AC**

License # <u>SA6580575</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____ Operator <u>FRICIA, DEREK JOSEPH</u> Address <u>11 MOLLY CIR</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-3781</u> Insurance Company <u>SAFETY INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>W66983</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>FORD</u> Veh Config. <u>8</u> Owner <u>BUCCIERO, JOSEPH LAWRENCE</u> Address <u>10 LAWRENCE ST</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880-1807</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>19</u> <u>25</u> <u>5</u> <u>25</u> Driver Distracted by <u>99</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</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	
Operator	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 # <u>S17620971</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL Endorsement _____ Operator <u>STANSBURY, EILEEN</u> Address <u>4401 POULIOT PL</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4593</u> Insurance Company <u>SAFECO INSURANCE COMPANY</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" 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>2662SD</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>1</u> Owner <u>STANSBURY, EILEEN</u> Address <u>4401 POULIOT PL</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4593</u> Vehicle Action Prior to Crash <u>2</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> Damaged Area Code: <u>1</u> <u>27</u> <u>5</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>1</u> <u>30</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	
Operator/Non-Motorist	See Above			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1

Date of Crash: 05/30/2023 Time of Crash: 1654 24HR City/Town: **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles: 3 Number Injured: 0 Speed Limit: 40 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 # <u>255</u> Name of Roadway/Street <u>LOWELL ST</u></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>
---	---

Please Select One of the Following:  Vehicle 3 #Occupants  Hit/Run  Moped Crash Report ID# **23-160-AC**

<p>License # <u>S52189455</u> St <u>MA</u> DOB/Age _____</p> <p>Sex <u>F</u> Lic. Class <u>D</u> <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <u>1</u> <input type="checkbox"/> 20 CDL _____</p> <p>Operator <u>ASHCRAFT, LAUREL T</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>12 BEVERLY AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1745</u></p> <p>Insurance Company <u>INTEGON NATIONAL INSURANC</u></p> <p>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></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 # <u>3ZFS89</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2021</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u></p> <p>Owner <u>ASHCRAFT, LAUREL T</u></p> <p style="text-align: center;">Last First Middle</p> <p>Address <u>12 BEVERLY AVE</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1745</u></p> <p>Vehicle Action Prior to Crash <u>2</u> <input type="checkbox"/> 22</p> <p>Event Sequence <u>1</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <u>1</u> <input type="checkbox"/> 24</p> <p>Driver Contributing Code <u>1</u> <input type="checkbox"/> 25 <input type="checkbox"/> 25</p> <p>Driver Distracted by <u>0</u> <input type="checkbox"/> 26</p> <p>Damaged Area Code: <u>5</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <u>1</u> <input type="checkbox"/> 28</p> <p>Type of Test: <u>1</u> <input type="checkbox"/> 29</p> <p>BAC Test Result: <u>1</u> <input type="checkbox"/> 30</p> <p>Susp. Alcohol: <u>2</u> <input type="checkbox"/> 31 Susp. Drug: <u>2</u> <input type="checkbox"/> 32</p> <p>Towed from scene? <u>2</u> <input type="checkbox"/> 33</p>
---	---

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
					3	1	4	0	0	10	1
					4	1	4	0	0	10	1

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

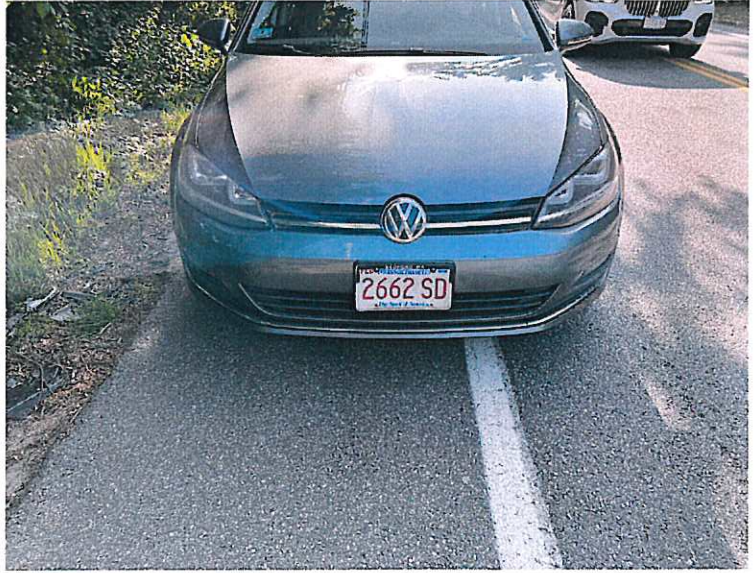
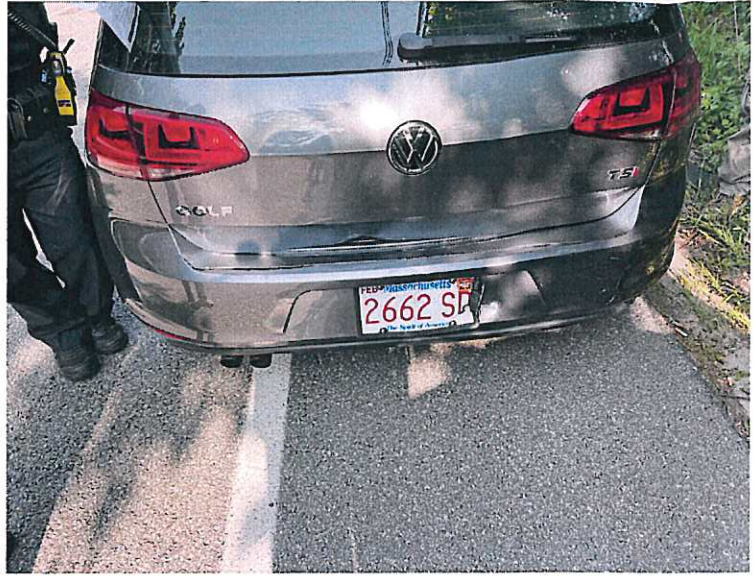
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____</p> <p>Operator _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p style="text-align: center;">Last First Middle</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u> <input type="checkbox"/></p> <p>Event Sequence <u>23</u> <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23</p> <p>Most Harmful Event <u>24</u> <input type="checkbox"/></p> <p>Driver Contributing Code <u>25</u> <input type="checkbox"/> 25</p> <p>Driver Distracted by <u>26</u> <input type="checkbox"/></p> <p>Damaged Area Code: <u>27</u> <input type="checkbox"/> 27 <input type="checkbox"/> 27</p> <p>Test Status: <u>28</u> <input type="checkbox"/></p> <p>Type of Test: <u>29</u> <input type="checkbox"/></p> <p>BAC Test Result: <u>30</u> <input type="checkbox"/></p> <p>Susp. Alcohol: <u>31</u> <input type="checkbox"/> 31 Susp. Drug: <u>32</u> <input type="checkbox"/> 32</p> <p>Towed from scene? <u>33</u> <input type="checkbox"/></p>
--	---

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						





Wilmington Police Department  
Images Associated with 23-160-AC





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

1 1 Route# Direction Name of Roadway/Street At Route# Direction Address # **175 LOWELL ST** Name of Roadway/Street

2 1 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

3 1 Route# Direction Name of Intersecting Roadway/Street

Feet **N S E W** of \_\_\_\_\_ of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number

Feet **N S E W** of \_\_\_\_\_ 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# **23-161-AC**

License # **S27335248** St **MA** DOB/Ag<sub>t</sub> Reg # **3FBT69** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement Veh Year **2018** Veh Make **FIAT** Veh Config. **1** 21

Operator **SCHNELLER, WILLIAM J** Owner **SCHNELLER, WILLIAM J**

Address **28 HORMAN RD** Address **28 HORMAN RD**

City **N BILLERICA** State **MA** Zip **01862-0000** City **N BILLERICA** State **MA** Zip **01862-0000**

Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **3** 22 Damaged Area Code: **2** 27 27 27

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **3** 23 23 23 23 Test Status: **1** 28

Citation # (If Issued) **004058AC** Most Harmful Event **3** 24 Type of Test: **2** 29

Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub Driver Contributing Code **10** 25 **4** 25 BAC Test Result: **1** 30

Viol. 3: 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>XXXXXX</del>	<del>XXXX</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 **1** 15 Action **2** 16 Location **10** 17 Condition **1** 18  Hit/Run  Moped

License # **S44292546** St **MA** DOB/Ag<sub>t</sub> Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

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

Operator **MARTELL, ROBERT WILLIAM** Owner \_\_\_\_\_

Address **56 ANGELICA DR** Address \_\_\_\_\_

City **FRAMINGHAM** State **MA** Zip **01701-3647** 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 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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>10</b>				<b>8</b>	<b>1</b>	



Wilmington Police Department  
Images Associated with 23-161-AC



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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street  
 668 MAIN ST  
 Feet NSEW of Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street  
 Feet NSEW of CROSS ST  
 Route# Intersecting Roadway/Street  
 Feet NSEW of  
 Landmark

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped Crash Report ID# 23-162-AC

License # S81288252 St MA DOB/Ag Reg # 138XBN Reg Type PC Reg State MA  
 Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2009 Veh Make HONDA Veh Config. 1 21  
 Operator DELUCIA, LISA MARIE Owner DELUCIA, LISA MARIE  
 Address 76 LOWELL ST Address 76 LOWELL ST  
 City WOBURN State MA Zip 01801-2246 City WOBURN State MA Zip 01801-2246  
 Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 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: 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			1	1	4	0	0	10	1	
LEONARD JOHNSON	318 PRIDE WAY BEDFORD, MA 01730-1379		M	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

License # S10757986 St MA DOB/Ag Reg # MF492A Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2016 Veh Make FORD Veh Config. 1 21  
 Operator CARROCCINO, RICHARD J Owner CHELSEA CITY OF FIRE DEPARTMENT  
 Address 10 MILL RD Address 307 CHESTNUT ST  
 City WILMINGTON State MA Zip 01887-3316 City CHELSEA State MA Zip 02150-3844  
 Insurance Company ARGONAUT INSURANCE COMPAN Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27  
 Vehicle Travel Direction: N S E X 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: Cl/Sec/Sub Driver Contributing Code 19 25 25 BAC Test Result: 1 30  
 Viol. 2: Cl/Sec/Sub Driver Distracted by 99 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/non-motorist and all occupants involved

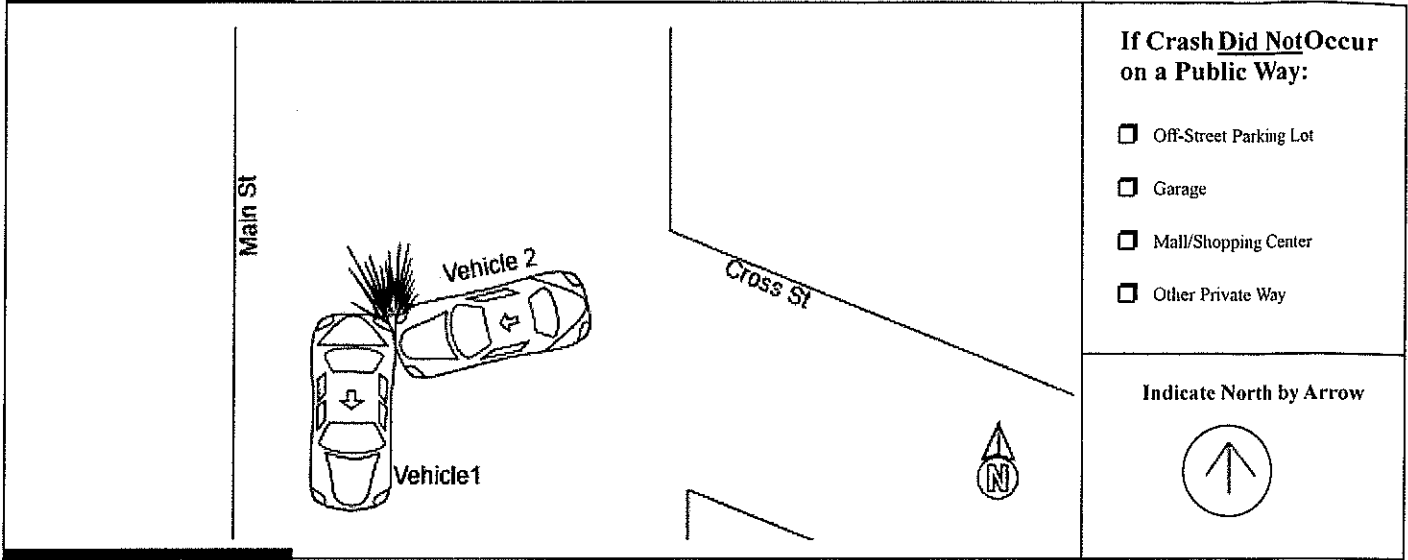
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			1	1	4	0	0	10	1	



→ = 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 Wednesday, May 31, 2023 at approximately 4:40PM, Vehicle 1 was traveling south down Main Street when Vehicle 2 merged onto Main Street from Cross Street. When Vehicle 2 merged onto Main Street it collided with the rear left side of Vehicle 1.

All parties were asked if they needed medical attention and they declined.

Photos of the accident are attached.

Respectfully Submitted,  
Officer Christopher Miccichi #232

**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 Christopher k Miccichi    232    Wilmington Police Department    05/31/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-162-AC





Date of Crash **05/31/2023** Time of Crash **1648** 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 _____	Route# <b>175</b> Direction _____ Address # <b>MIDDLESEX AVE</b> Name of Roadway/Street _____
At _____	_____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <b>N S E W</b> of _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____	_____ Feet <b>N S E W</b> of _____ Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-163-AC**

License # <b>S70034035</b> St <b>MA</b> DOB/Ag _____	Reg # <b>61EK86</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2018</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b>
Operator <b>GRONEMEYER, FAITH MARGUERITE</b>	Owner <b>GRONEMEYER, ERIC MURRELL</b>
Address <b>14 SHAWSHEEN AVE</b>	Address <b>14 SHAWSHEEN AVE</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2629</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2629</b>
Insurance Company <b>ARBELLA MUTUAL INSURANCE</b>	Vehicle Action Prior to Crash <b>4</b> Damaged Area Code: <b>4 27 27 27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28 29</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 30</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>2 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>X</del>	<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 # <b>S30553528</b> St <b>MA</b> DOB/Ag _____	Reg # <b>3LEZ15</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL _____	Veh Year <b>2022</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>
Operator <b>WILSON, CRISTINA</b>	Owner <b>WILSON, RICHARD W</b>
Address <b>28 ST PAUL ST</b>	Address <b>28 ST PAUL ST</b>
City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b>	City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b>
Insurance Company <b>THE COMMERCE INSURANCE CO</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>1 27 27 27</b>
Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28 29</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 30</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>4 25 25</b> BAC Test Result: _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b>
	Towed from scene? <b>1 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>X</del>	<b>1</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>LINDA WILSON</b>	<b>28 ST PAUL ST WILMINGTON, MA 01887</b>		<b>F</b>	<b>3</b>	<b>99</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



**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 \_\_\_\_\_ 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# **23-164-AC**

License # **S80503521** St **MA** DOB/Ag: \_\_\_\_\_ Reg # **2CBP32** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL \_\_\_\_\_ Veh Year **2012** Veh Make **HONDA** Veh Config. **1**

Operator **RAMIREZ, ELENA A** Owner **RAMIREZ, ELENA A**

Address **179 WASHINGTON AVE APT 2** Address **179 WASHINGTON AVE APT 2**

City **CHELSEA** State **MA** Zip **02150-4235** City **CHELSEA** State **MA** Zip **02150-4235**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **4** Damaged Area Code: **11 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **23 23 23 23 24 27 27** Test Status: **1 28 29**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **27 24** Type of Test: **1 30**

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

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 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			<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	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 # \_\_\_\_\_ St \_\_\_\_\_ DOB/Ag: \_\_\_\_\_ 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 \_\_\_\_\_

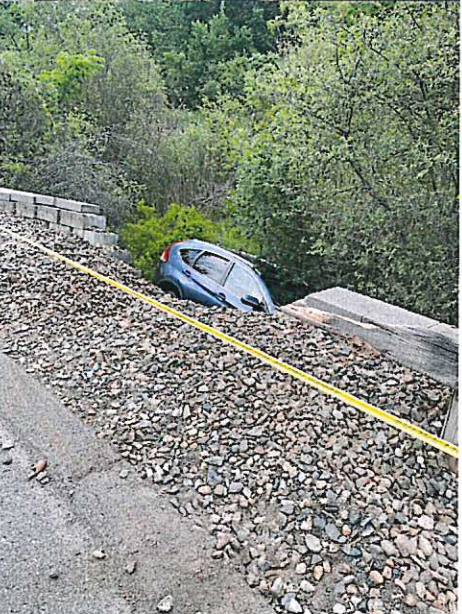
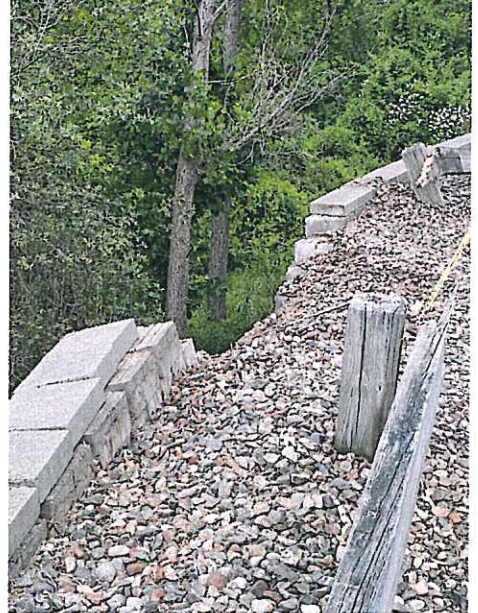
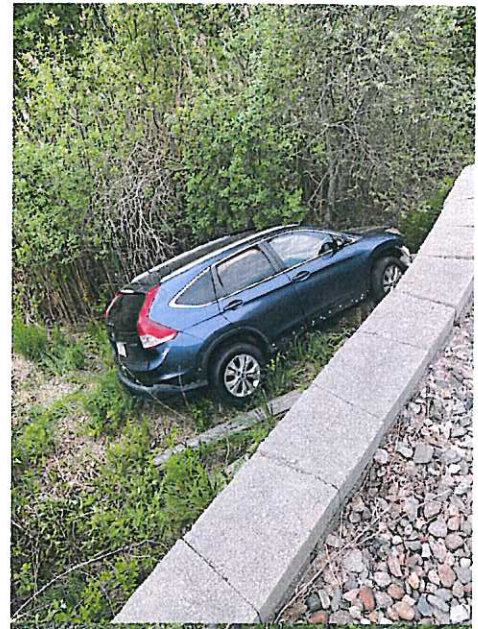
Please fill out for operator/non-motorist and all occupants involved

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>							





Wilmington Police Department  
Images Associated with 23-164-AC



Date of Crash 06/02/2023 Time of Crash 1935 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 0 Speed Limit 40 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 # <u>144</u> Name of Roadway/Street <u>LOWELL ST</u></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>
---	---

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped Crash Report ID# **23-165-AC**

<p>License # <u>S15320107</u> St <u>MA</u> DOB/Ag _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>O'CONNELL, PAUL PETER</u></p> <p>Address <u>197 FEDERAL ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2511</u></p> <p>Insurance Company <u>THE STANDARD FIRE INSURAN</u></p> <p>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></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 # <u>3KGH13</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>1995</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u></p> <p>Owner <u>OCONNELL, PAUL P</u></p> <p>Address <u>197R FEDERAL ST</u></p> <p>City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2511</u></p> <p>Vehicle Action Prior to Crash <u>1</u></p> <p>Event Sequence <u>35</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>35</u> <u>24</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></p>
--	---

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>	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

<p>License # _____ St _____ DOB/Ag _____</p> <p>Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</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 # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. <u>21</u></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <u>22</u></p> <p>Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>24</u></p> <p>Driver Contributing Code <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>26</u></p>
--	---

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>	1							





Wilmington Police Department  
Images Associated with 23-165-AC



<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>								
Date of Crash 06/02/2023	Time of Crash 1611 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>5</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>									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # <u>393R</u> Name of Roadway/Street <u>SALEM ST</u>										
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 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Crash Report ID# <b>23-166-AC</b>										
License # <u>unknown</u> St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____					Reg # <u>V73528</u> Reg Type <u>CO</u> Reg State <u>MA</u> Veh Year <u>2020</u> Veh Make <u>FORD</u> Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 21										
Operator <u>unknown</u> Last First Middle					Owner <u>AMAZON LOGISTICS INC</u> Last First Middle										
Address _____ City _____ State _____ Zip _____					Address <u>410 TERRY N AVE</u> City <u>SEATTLE</u> State <u>WA</u> Zip <u>98109</u>										
Insurance Company _____					Vehicle Action Prior to Crash <input type="checkbox"/> 10 <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 0 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>					Event Sequence <input type="checkbox"/> 35 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28										
Citation # (If Issued) _____					Most Harmful Event <input type="checkbox"/> 35 <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____					Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____					Driver Distracted by <input type="checkbox"/> 99 <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32										
Please fill out for operator and all occupants involved					Towed from scene? <input type="checkbox"/> 2 <input type="checkbox"/> 33										
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"/> 1 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 1										
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____ Endorsement _____					Reg # <u>unknown</u> Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21										
Operator <u>unknown</u> Last First Middle					Owner _____ Last First Middle										
Address _____ City _____ State _____ Zip _____					Address _____ City _____ State _____ Zip _____										
Insurance Company _____					Vehicle Action Prior to Crash <input type="checkbox"/> 22 Damaged Area Code: <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27										
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____					Event Sequence <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Test Status: <input type="checkbox"/> 28										
Citation # (If Issued) _____					Most Harmful Event <input type="checkbox"/> 24 Type of Test: <input type="checkbox"/> 29										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____					Driver Contributing Code <input type="checkbox"/> 25 <input type="checkbox"/> 25 BAC Test Result: <input type="checkbox"/> 30										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____					Driver Distracted by <input type="checkbox"/> 26 Susp. Alcohol: <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 32										
Please fill out for operator/non-motorist and all occupants involved					Towed from scene? <input type="checkbox"/> 33										
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"/> 1 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 99 <input type="checkbox"/> 1										





Wilmington Police Department  
Images Associated with 23-166-AC



Date of Crash **06/03/2023** Time of Crash **0429** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **1** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other   
 24HR **Wilmington** **Police Report** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**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>52</b> Name of Roadway/Street <b>LAWRENCE ST</b> _____ Feet <b>N S E W</b> of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <b>N S E W</b> of _____ Route# _____ 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# **23-167-AC**

License # <b>S60503917</b> St <b>MA</b> DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL _____ Operator <b>DANIELS, GINA MARIE</b> Address <b>12 LAWRENCE CT</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1965</b> Insurance Company <b>VERMONT MUTUAL INSURANCE</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>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>BR46YN</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>DODGE</b> Veh Config. <b>1</b> Owner <b>DEFEO, JAMES PETER</b> Address <b>11 BANCROFT ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-2507</b> Vehicle Action Prior to Crash <b>99</b> Event Sequence <b>2</b> Most Harmful Event <b>2</b> Driver Contributing Code <b>19</b> Driver Distracted by <b>99</b>
--	--

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>1</b>	<b>0</b>	<b>0</b>	<b>8</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

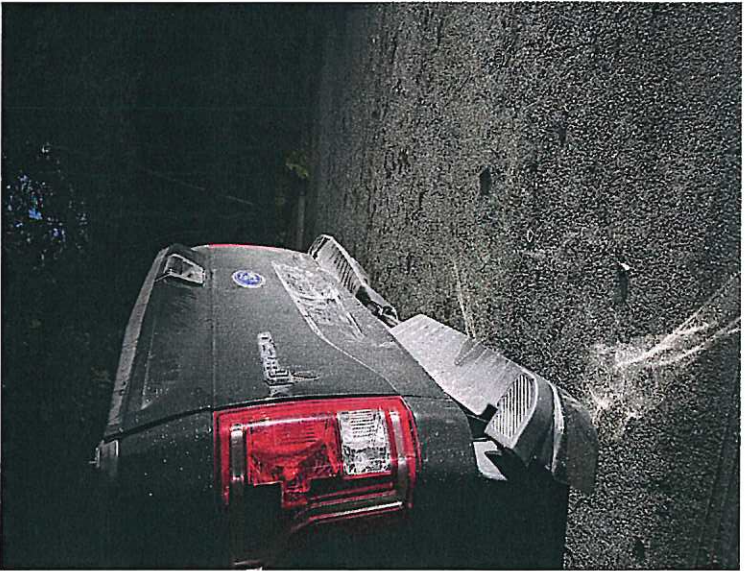
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions <b>20</b> CDL _____ Operator <b>Driverless M.V.</b> Address _____ City _____ State _____ Zip _____ Insurance Company <b>THE STANDARD FIRE INSURAN</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> 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 # <b>5ZAP90</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2015</b> Veh Make <b>FORD</b> Veh Config. <b>2</b> Owner <b>WATNE, DANIEL JOSEPH</b> Address <b>52 LAWRENCE ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1925</b> Vehicle Action Prior to Crash <b>11</b> Event Sequence <b>1</b> Most Harmful Event <b>1</b> Driver Contributing Code <b>1</b> Driver Distracted by <b>0</b>
---	---

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>							





Wilmington Police Department  
Images Associated with 23-167-AC



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

1 Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street 2 10

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Intersecting Roadway/Street 4 11

2 Route# Direction Name of Intersecting Roadway/Street 4 11

3 Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-168-AC**

License # **S57780560** St **MA** DOB/Age \_\_\_\_\_ Reg # **7GN552** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **HYUNDAI** Veh Config. **1** 21

Operator **STOKES, JASON R** Owner **STOKES, JASON R**

Address **77 TEMPLE ST** Address **77 TEMPLE ST**

City **TEWKSBURY** State **MA** Zip **01876-4341** City **TEWKSBURY** State **MA** Zip **01876-4341**

Insurance Company **PROGRESSIVE DIRECT INSURA** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 4 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: **1** 29

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	<del>XXXXXX</del>	<del>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

License # **A15115095** St **MA** DOB/Age \_\_\_\_\_ Reg # **7EW162** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **99** 19 19 Lic. Restrictions **1** 20 CDL \_\_\_\_\_ Veh Year **2017** Veh Make **MERCEDES-BENZ** Veh Config. **1** 21

Operator **DA SILVA, ROGERIO N** Owner **FERRAZ, JOSE E**

Address **1046 FELLSWA** Address **233 WINTER ST APT HOUS**

City **MEDFORD** State **MA** Zip **02155-6646** City **WHITMAN** State **MA** Zip **02382-2524**

Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **5** 22 Damaged Area Code: **0** 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: **1** 29

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **11** 25 25 BAC Test Result: **1** 30

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **7** 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/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>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



**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 12 #Occupants  Hit/Run  Moped Crash Report ID# **23-169-AC**

License # **01356259** St **VT** DOB/Age \_\_\_\_\_ Reg # **ELY921** Reg Type **PC** Reg State **VT**

Sex **M** Lic. Class **D** Lic. Restrictions **99** CDL \_\_\_\_\_ Veh Year **2018** Veh Make **SUBARU** Veh Config. **1**

Operator **LISMAN, STANLEY M** Owner **LISMAN, STANLEY M**

Address **650 SQUIRREL HLW RD** Address **650 SQUIRREL HLW RD**

City **E DORSET** State **VT** Zip **05253** City **E DORSET** State **VT** Zip **05253**

Insurance Company **PROGRESSIVE** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **97 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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>M</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
<b>MARILYN SLOANE</b>	<b>650 SQUIRREL HOLW E DORSET, VT 05253</b>		<b>F</b>	<b>2</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 21 #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

License # **S15465028** St **MA** DOB/Age \_\_\_\_\_ Reg # **4ZS157** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **VESEY, KATHLEEN MARGARET** Owner **VESEY, KATHLEEN MARGARET**

Address **13 LYNNE AVE** Address **13 LYNNE AVE**

City **TYNGSBORO** State **MA** Zip **01879-1503** City **TYNGSBORO** State **MA** Zip **01879-1503**

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

Vehicle Travel Direction: **X S E W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28 29 30**

Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** BAC Test Result: **30**

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **99 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Towed from scene? **2 33**

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ 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>F</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	



