

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

Route# Direction Name of Roadway/Street At Route# Direction Address # **235 MAIN ST** Name of Roadway/Street  
 Feet **NSEW** of \_\_\_\_\_ or \_\_\_\_\_ Mile Marker Exit Number  
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet **NSEW** of \_\_\_\_\_ Route# Intersecting Roadway/Street  
 Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of \_\_\_\_\_ Landmark

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-170-AC**

License # **S84457310** St **MA** DOB/Age \_\_\_\_\_ Reg # **1MYC48** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_ Veh Year **2016** Veh Make **HONDA** Veh Config. **1**  
 Operator **SMITH, DUANE DAVID** Owner **SMITH, DUANE DAVID**  
 Address **177 NASH RD** Address **177 NASH RD**  
 City **NEW BEDFORD** State **MA** Zip **02746-2142** City **NEW BEDFORD** State **MA** Zip **02746-2142**  
 Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **6 27 27 27**  
 Vehicle Travel Direction:  **NSEW** 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: \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** Susp. Alcohol: **2 31** Susp. Drug: **2 32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** 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>		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

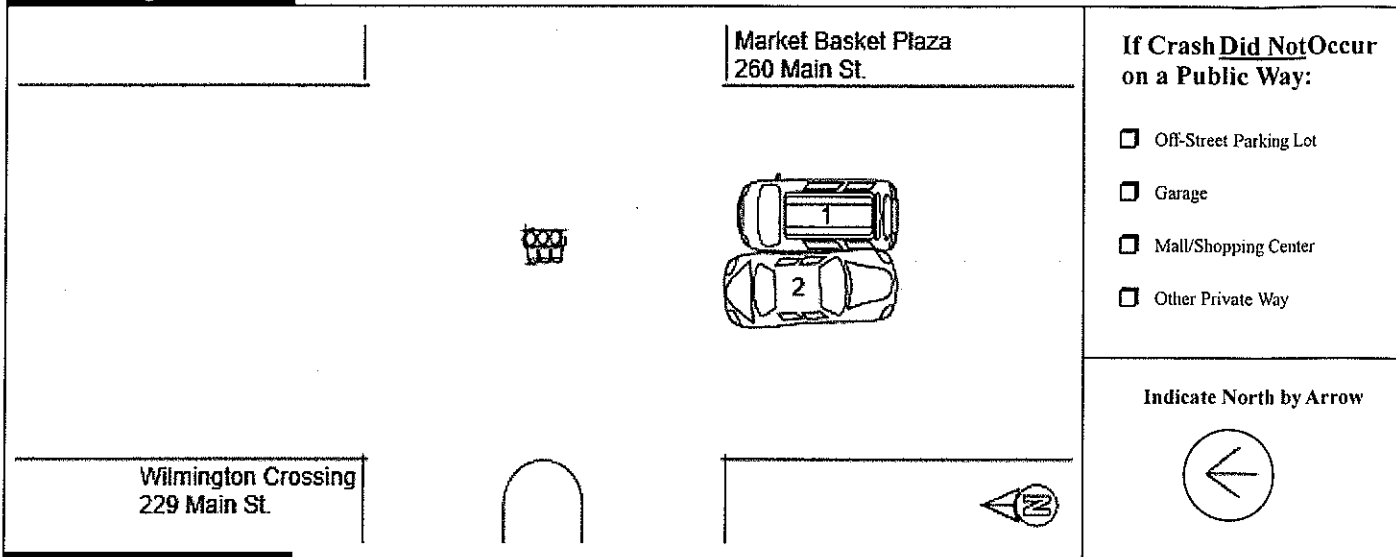
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **unknown** Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
 Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_ Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**  
 Operator **unknown** Owner \_\_\_\_\_  
 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:  **NSEW** Responding to Emergency? \_\_\_\_\_ Event Sequence **23 23 23 23** Test Status: **28 29 30**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **24** BAC Test Result: \_\_\_\_\_  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** Susp. Alcohol: **31** Susp. Drug: **32**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Towed from scene? **33**

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

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ○



**Crash Narrative:**

MV1 was travelling Northbound on Main St. and was waiting to turn left in Wilmington Crossing. MV2 was travelling Southbound on Main St. MV2 got too close to MV1 and sideswiped MV1. MV2 stopped looked at the operator of MV1 and continued Southbound.

**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 Brian Tavares**    206    **Wilmington Police Department**    06/07/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Date of Crash **06/07/2023** Time of Crash **1538** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** 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 #	Name of Roadway/Street
	At			164 BURLINGTON AVE			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet [NSEW] of _____ or _____ Mile Marker Exit Number			
	Also at Intersection with			Feet [NSEW] of _____ Route# Intersecting Roadway/Street			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet [NSEW] of _____ Landmark			

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-171-AC**

4	License # <b>S17570197</b> St <b>MA</b> DOB/Ag _____	Reg # <b>4BPP44</b> Reg Type <b>PC</b> Reg State <b>MA</b>
	Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>20</b> CDL Endorsement _____	Veh Year <b>2019</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b>
2	Operator <b>HAIDER, ALI</b>	Owner <b>HAIDER, ALI</b>
	Address <b>25 UPLAND RD</b>	Address <b>25 UPLAND RD</b>
5	City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1417</b>	City <b>BURLINGTON</b> State <b>MA</b> Zip <b>01803-1417</b>
	Insurance Company <b>PROGRESSIVE DIRECT INSURA</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>27 27 27</b>
5	Vehicle Travel Direction: <b>NSE</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
	Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
6	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>99 25 25</b> BAC Test Result: <b>30</b>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</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>0</b>	<b>4</b>	<b>1</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

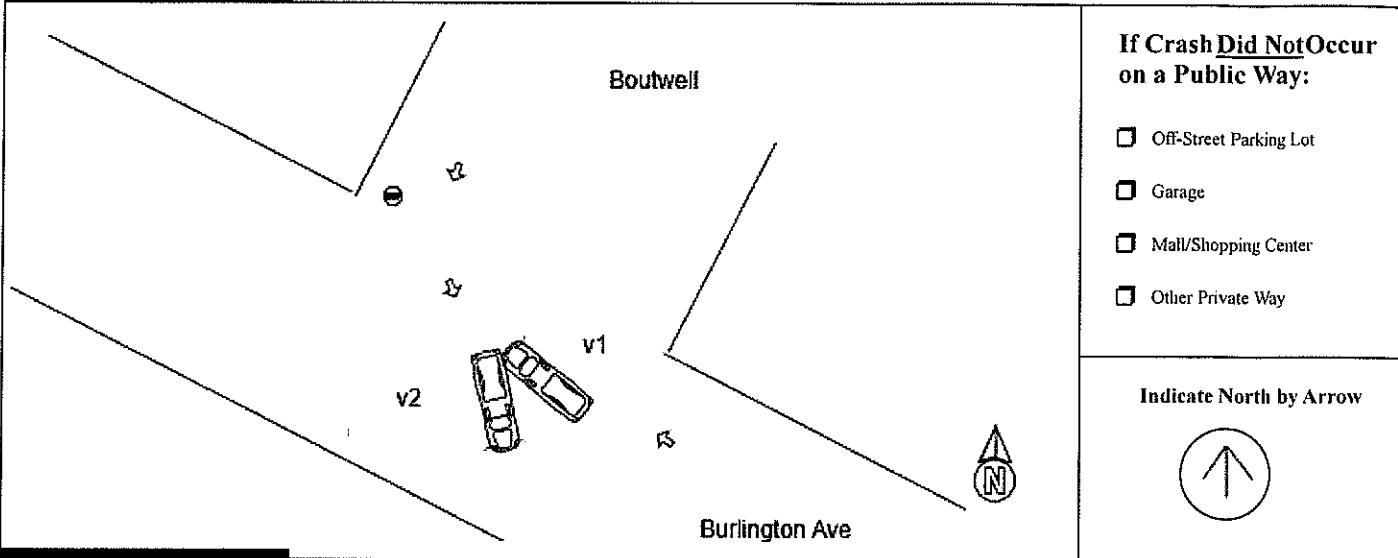
8	License # <b>S99960195</b> St <b>MA</b> DOB/Ag _____	Reg # <b>3FSY53</b> Reg Type <b>PC</b> Reg State <b>MA</b>
	Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>1</b> CDL Endorsement _____	Veh Year <b>2022</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b>
1	Operator <b>TROVATO, THOMAS A III</b>	Owner <b>TROVATO, THOMAS A III</b>
	Address <b>41 SPRING ST</b>	Address <b>41 SPRING ST</b>
9	City <b>STONEHAM</b> State <b>MA</b> Zip <b>02180-1429</b>	City <b>STONEHAM</b> State <b>MA</b> Zip <b>02180-1429</b>
	Insurance Company <b>LIBERTY MUTUAL PERSONAL I</b>	Vehicle Action Prior to Crash <b>4</b> Damaged Area Code: <b>6 27 27 27</b>
2	Vehicle Travel Direction: <b>N E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>28</b>
	Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>29</b>
2	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>4 25 25</b> BAC Test Result: <b>30</b>
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</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>0</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**



**Crash Narrative:**

The driver of v1 was going west on Burlington Ave. V2 pulled in front of him, then they collided. V1 stated he could not stop in time but also stated that he had the right of way, should not have to yield his right of way and that he knew his rights. He also filmed the collision. V2 was at the stop sign on Boutwell street. He attempted to pull on to Burlington avenue. He stated that he thought he had time, but V1 was "speeding and went over the yellow line." He pulled in front of v1, and could not get in his lane in time.

**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 Brian D Thornton 190 Wilmington Police Department 06/07/2023  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 06/07/2023	Time of Crash 1359 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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**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>210</u> Name of Roadway/Street <u>BALLARDVALE 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>_____ 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 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# **23-172-AC**

License # <u>939337207</u> St <u>AR</u> DOB/Ag _____ Sex <u>M</u> Lic. Class <u>A</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>HAMMONDS, ZHION KURON</u> Address <u>1501 PARHAM POINTE DR APT 32C</u> City <u>LITTLE ROCK</u> State <u>AR</u> Zip <u>72204</u> Insurance Company <u>AMERIPLAN BENEFIT CORP.</u> Vehicle Travel Direction: <input checked="" 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>R526882</u> Reg Type <u>AP</u> Reg State <u>TX</u> Veh Year <u>2022</u> Veh Make <u>Mack Truck</u> Veh Config. <u>10</u> <u>21</u> Owner <u>STEVENS TRANSPORT INC</u> Address <u>9757 MILITARY PKWY</u> City <u>DALLAS</u> State <u>TX</u> Zip <u>75227</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>0</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>24</u> <u>23</u> <u>20</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>24</u> <u>24</u> Type of Test: <u>1</u> <u>29</u> Driver Contributing Code <u>19</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>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<i>Operator</i>	See Above	<del>XXXXXX</del>	<del>X</del>	1	99	4	0	0	10	1	

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

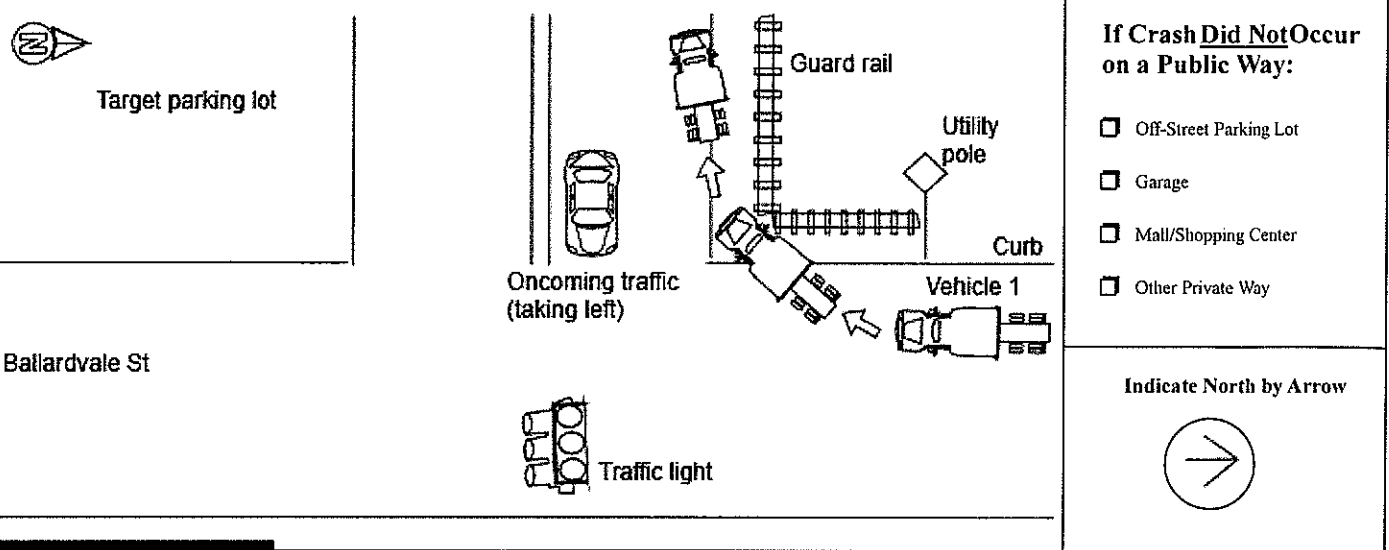
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<i>Operator/Non-Motorist</i>	See Above	<del>XXXXXX</del>	<del>X</del>	1							

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

ie: → 1 → 2 → ○ → ☺

**Crash Diagram:**



**Crash Narrative:**

Vehicle 1 was traveling south on Ballardvale St when it was taking a right turn into the Target parking lot (210 Ballardvale St). The operator of this vehicle stated when he was attempting to turn, there was another smaller sedan waiting at a red light to turn left out of this intersection. To avoid this sedan, the operator said that he turned his wheel too tight to the right and turned onto the curb. In the process, vehicle 1 drove up on the curb and crashed into a guard rail/traffic light.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
TARGET	210 BALLARDVALE ST WILMINGTON MA 0		97	GUARD RAIL (APPROX. 20 FEET)

**Truck and Bus Information:**

Registration # **R526882** (From Vehicle Section)

Carrier Name **Stevens Transport** Bus Use **0** <sup>42</sup>

Address **9575 MILITARY PARK WAY** City **DALLAS** St **TX** Zip **75019**

US DOT # **079466** State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate <sup>43</sup> Cargo Body Type Code <sup>44</sup> GVWR/GCWR <sup>45</sup>

Trailer Reg #: **5147582** Reg Type **TL** Reg State **ME** Reg Year \_\_\_\_\_ Trailer Length <sup>46</sup> **4**

**Hazmat Information:**

Placard <sup>47</sup> **2** Material 1 digit # <sup>48</sup> \_\_\_\_\_ Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code <sup>49</sup> \_\_\_\_\_

Patrol Officer **Michael W Powers** 231 **Wilmington Police Department** 06/07/2023  
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department  
Images Associated with 23-172-AC



Wilmington Police Department  
Images Associated with 23-172-AC





Date of Crash **06/07/2023** Time of Crash **1731** 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:**

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
	At			_____ Feet <b>NSEW</b> of _____ or _____ Mile Marker _____ Exit Number			
2	Route#	Direction	Name of Intersecting Roadway/Street	Route#	Direction	Address #	Name of Intersecting Roadway/Street
	Also at Intersection with			_____ Feet <b>NSEW</b> of _____ Route# _____ Intersecting Roadway/Street			
3	Route#	Direction	Name of Intersecting Roadway/Street	Landmark			

Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped Crash Report ID# **23-173-AC**

License # <b>SA4280700</b> St <b>MA</b> DOB/Age _____	Reg # <b>5BCE61</b> Reg Type <b>PC</b> Reg State <b>MA</b>
Sex <b>M</b> Lic. Class <b>D</b> Lic. Restrictions <b>99</b> CDL Endorsement _____	Veh Year <b>2015</b> Veh Make <b>AUDI</b> Veh Config. <b>1</b>
Operator <b>LUCIEN, STEVENSON</b>	Owner <b>LUCIEN, STEVENSON</b>
Address <b>342 SALEM RD</b>	Address <b>342 SALEM RD</b>
City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2136</b>	City <b>BILLERICA</b> State <b>MA</b> Zip <b>01821-2136</b>
Insurance Company <b>GEICO GENERAL INSURANCE C</b>	Vehicle Action Prior to Crash <b>6</b> Damaged Area Code: <b>1 27 27 27</b>
Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>1 30</b>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <b>99 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 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>S99474857</b> St <b>MA</b> DOB/Age _____	Reg # <b>9NS874</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 Endorsement _____	Veh Year <b>2018</b> Veh Make <b>TOYOTA</b> Veh Config. <b>1</b>
Operator <b>MOORE, MARTHA ELIZABETH</b>	Owner <b>MOORE, MARTHA ELIZABETH</b>
Address <b>102 SANBORN LN</b>	Address <b>102 SANBORN LN</b>
City <b>READING</b> State <b>MA</b> Zip <b>01867-1009</b>	City <b>READING</b> State <b>MA</b> Zip <b>01867-1009</b>
Insurance Company <b>CITIZENS INSURANCE COMPAN</b>	Vehicle Action Prior to Crash <b>1</b> Damaged Area Code: <b>2 27 27 27</b>
Vehicle Travel Direction: <b>N X E W</b> Responding to Emergency? <b>2</b>	Event Sequence <b>1 23 23 23 23</b> Test Status: <b>1 28</b>
Citation # (If Issued) _____	Most Harmful Event <b>1 24</b> Type of Test: <b>1 29</b>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <b>1 25 25</b> BAC Test Result: <b>1 30</b>
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>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

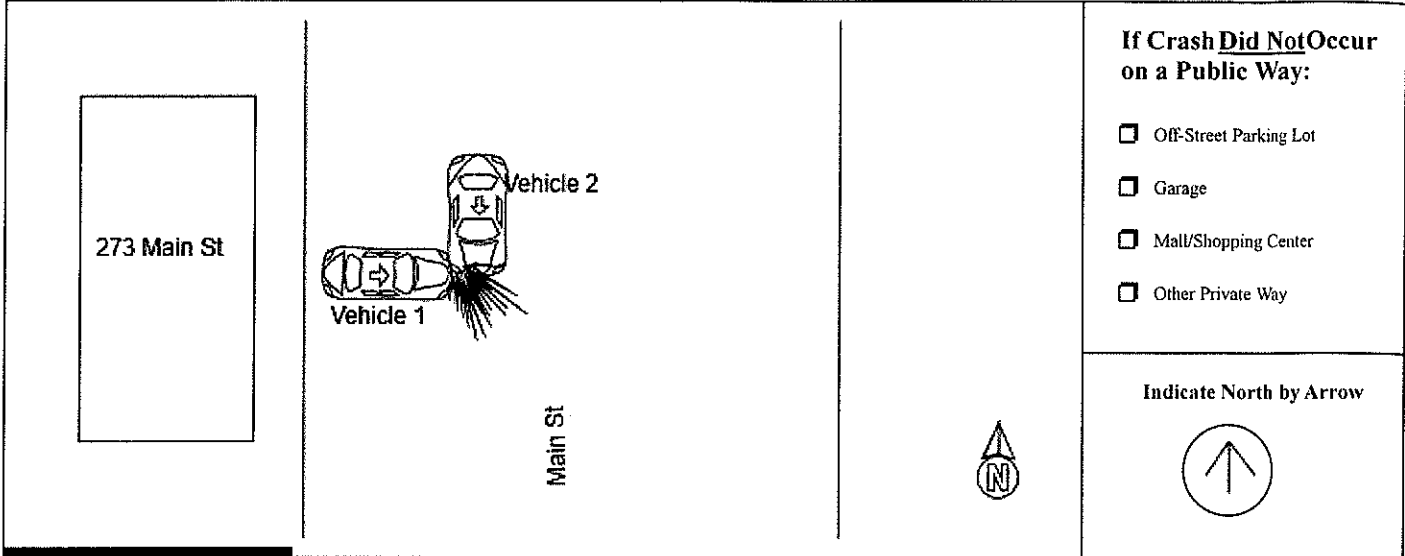
➔ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    🚲 = Bicycle  
 ie: ➔ 1 ➔ 2 ➔ ○ ➔ 🚲

**Crash Diagram:**

**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

On Wednesday, June 6, 2023 at approximately 5:30PM, Vehicle 2 was traveling south on Main Street when it collided with Vehicle 1. Vehicle 1 was merging onto Main street from the Speedway gas station located at 273 Main Street.

Both parties declined medical attention.

Both vehicles were towed by Cains Towing.

Photos of the damaged vehicles are attached.

**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/JCC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

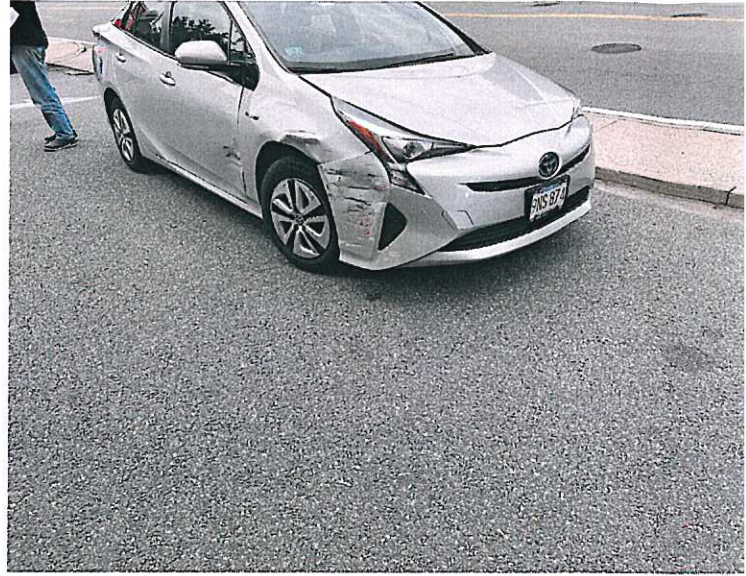
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**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                                  06/07/2023  
 Police Officer Name (Please Print)                                  Signature                                  ID/Badge #                                  Department                                  Precinct/Barracks                                  Date

Wilmington Police Department  
Images Associated with 23-173-AC



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

1 **4** Route# ALDRICH RD Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
 At \_\_\_\_\_  
 Route# FOREST ST Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 2 **1** 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 \_\_\_\_\_  
 Route# \_\_\_\_\_ Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
 Crash Report ID# **23-174-AC**

License # S76447690 St MA DOB/Age \_\_\_\_\_ Reg # 2W9309 Reg Type MC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement \_\_\_\_\_ Veh Year 2007 Veh Make HARLEY-DAVIDSON Veh Config. 3 21  
 Operator MATTERA-BREEN, CHRISTIAN DANIEL Owner MATTERA-BREEN, CHRISTIAN DANIEL  
 Address 11106 INWOOD DR APT 1106 Address 11106 INWOOD DR APT 1106  
 City WOBURN State MA Zip 01801-5168 City WOBURN State MA Zip 01801-5168  
 Insurance Company GEICO INDEMNITY COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 11 27 27 27  
 Vehicle Travel Direction:  N  S  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? 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 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	5	5	3	0	8	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 # S72172728 St MA DOB/Age \_\_\_\_\_ Reg # 455LZ0 Reg Type PC Reg State MA  
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement \_\_\_\_\_ Veh Year 2015 Veh Make NISSAN Veh Config. 1 21  
 Operator DURGIN, JOHN C III Owner DURGIN, JOHN C III  
 Address 162A MONTVALE AVE Address 162A MONTVALE AVE  
 City WOBURN State MA Zip 01801-3646 City WOBURN State MA Zip 01801-3646  
 Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 4 22 Damaged Area Code: 5 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 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? 2 33

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

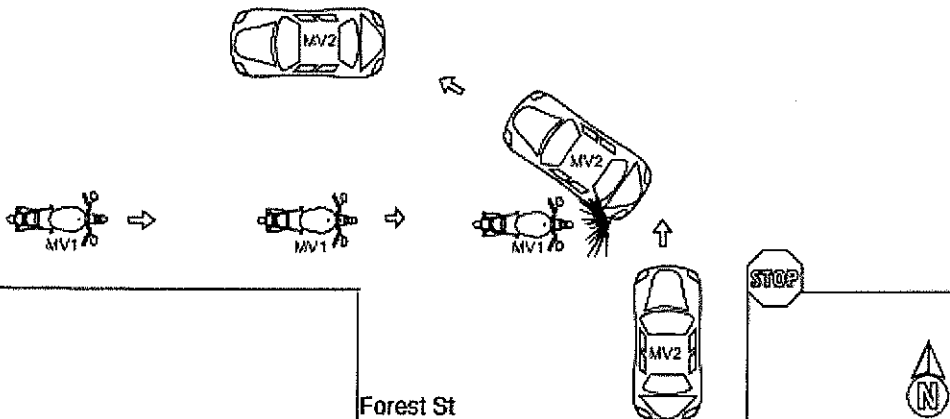
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trip Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

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

**Crash Diagram:**

ie: → 1    → 2    → ○    → ○

Aldrich Rd



**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:**

MV1 was traveling EB on Aldrich rd when MV2 was exiting Forest St and merged left onto Aldrich. The operator of MV1 stated he saw MV2 pull out in front of him and attempted to stop but was unable to. As a result, the operator of MV1 slid into the rear of MV2. There was damage to both vehicles involved. Wilmington Fire Department responded and both operators refused medical care. Neither vehicle required a tow.

**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 Meghan Sousa

Police Officer Name (Please Print)

Signature

214

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/07/2023

Date

Date of Crash 06/10/2023	Time of Crash 0832 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit _____ 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"/>
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**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 # <b>298</b> Name of Roadway/Street <b>SHAWSHOEN AVE</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: right;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: right;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **10** #Occupants  Hit/Run  Moped Crash Report ID# **23-175-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <b>19 19</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>Driverless M.V.</b></p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company <b>ARBELLA MUTUAL INSURANCE</b></p> <p>Vehicle Travel Direction: <b>N S E W</b> Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # <b>BC483</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make <b>HONDA</b> Veh Config. <b>1 21</b></p> <p>Owner <b>LEWIS, WILLIAM ALBERT</b></p> <p>Address <b>24 ANTHONY RD</b></p> <p>City <b>NORTH READING</b> State <b>MA</b> Zip <b>01864-1457</b></p> <p>Vehicle Action Prior to Crash <b>11 22</b> Damaged Area Code: <b>7 27 6 27 27</b></p> <p>Event Sequence <b>23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>25 25</b> BAC Test Result: <b>1 30</b></p> <p>Driver Distracted by <b>26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></p>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXXXX</del>	<del>XXXX</del>	<b>1</b>							

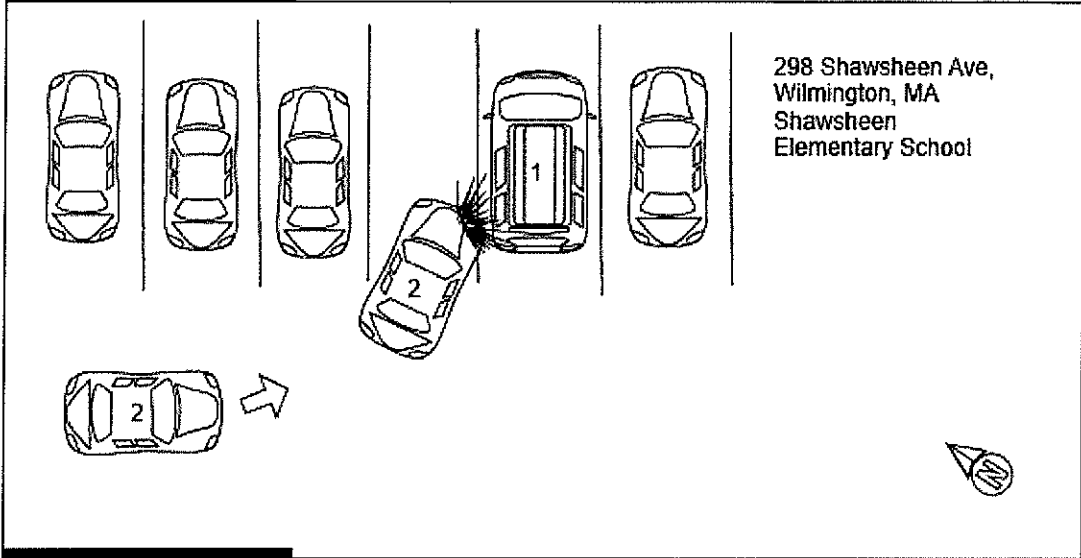
Please Select One of the Following:  Vehicle **22** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

<p>License # <b>S65792018</b> St <b>MA</b> DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D 19 19</b> Lic. Restrictions <b>1 20</b> CDL _____</p> <p>Operator <b>BORGES, JESSICA</b></p> <p>Address <b>5 OAK ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3812</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <b>N S X W</b> Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Cl/Sec/Sub _____ Viol. 2: Cl/Sec/Sub _____</p> <p>Viol. 3: Cl/Sec/Sub _____ Viol. 4: Cl/Sec/Sub _____</p>	<p>Reg # <b>5HBY11</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2023</b> Veh Make <b>LINCOLN</b> Veh Config. <b>1 21</b></p> <p>Owner <b>BORGES, JESSICA</b></p> <p>Address <b>5 OAK ST</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3812</b></p> <p>Vehicle Action Prior to Crash <b>4 22</b> Damaged Area Code: <b>2 27 3 27 27</b></p> <p>Event Sequence <b>2 23 23 23 23</b> Test Status: <b>1 28</b></p> <p>Most Harmful Event <b>2 24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>19 25 25</b> BAC Test Result: <b>1 30</b></p> <p>Driver Distracted by <b>0 26</b> Susp. Alcohol: <b>2 31</b> Susp. Drug: <b>2 32</b></p> <p>Towed from scene? <b>2 33</b></p>
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Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<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>	
				<b>4</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

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

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

Indicate North by Arrow

**Crash Narrative:**

MV 1 was parked in the parking lot of the Shawsheen Elementary School. Witness 1 stated he heard a collision and saw MV 2, a white Lincoln SUV (MA Registration: 5HBY11), had collided with a white Honda SUV. Witness 1 stated the white Lincoln then left and parked on the other side of the parking lot. MV 1 owner contacted the Wilmington Police Department. I located the operator of MV 2, who stated that she was planning to leave a note on MV 1's window after her son's soccer game. MV 2 was apologetic and stated that she thought she could fit in the parking spot and struck MV 1. No injuries were reported, registration information was exchanged.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
COMEAU MATTHEW R	305 MIDDLESEX AVE WILMINGTON MA 01887		2

**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    225    Wilmington Police Department    06/10/2023  
 Police Officer Name (Please Print)    Signature    ID/Badge #    Department    Precinct/Barracks    Date

Wilmington Police Department  
Images Associated with 23-175-AC





Date of Crash 06/10/2023	Time of Crash 2046 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**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>677</u> Name of Roadway/Street <u>MAIN 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>
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Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped Crash Report ID# **23-176-AC**

<p>License # <u>000049539336</u> St <u>NC</u> DOB/Age _____</p> <p>Sex <u>M</u> Lic. Class <u>A</u> Lic. Restrictions <u>1</u> CDL _____</p> <p>Operator <u>COLOYAN, KYLE DANO</u></p> <p>Address <u>501 HENDERSON DR</u></p> <p>City <u>JACKSONVILLE</u> State <u>NC</u> Zip <u>28540</u></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) <u>T3190466</u></p> <p>Viol. 1: Ch/Sec/Sub <u>89</u> <u>4A</u> Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>2785751</u> Reg Type <u>AP</u> Reg State <u>IN</u></p> <p>Veh Year <u>2020</u> Veh Make <u>Other-not listed</u> Veh Config. <u>10</u></p> <p>Owner <u>SCHNEIDER NATIONAL CARRIERS INC</u></p> <p>Address <u>7101 W 17TH AVE</u></p> <p>City <u>GARY</u> State <u>IN</u> Zip <u>46406</u></p> <p>Vehicle Action Prior to Crash <u>10</u></p> <p>Event Sequence <u>31</u> <u>23</u> <u>36</u> <u>23</u> <u>23</u> <u>23</u></p> <p>Most Harmful Event <u>31</u></p> <p>Driver Contributing Code <u>6</u> <u>25</u> <u>25</u></p> <p>Driver Distracted by <u>0</u></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
Operator	See Above	<del>XXXX</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

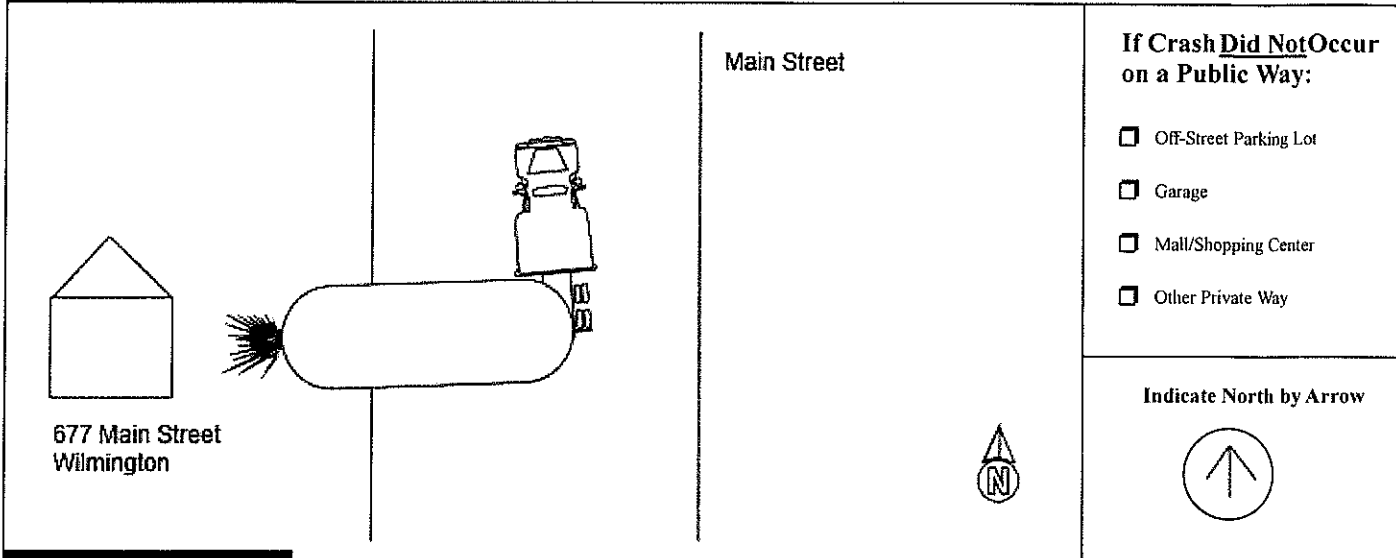
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <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		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	<del>XXXX</del>	<del>XX</del>	1							

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

ie: → 1 → 2 → ○ → ○

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

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

**Indicate North by Arrow**



**Crash Narrative:**

Opr stated he was traveling south on Rt. 38, Main Street, in Wilmington. He stated he missed the turn for the Lowes Warehouse (613 Main Street). Opr stated he believed he had the space to make a "90 degree turn" (in the vicinity of 677 Main Street) to turn the TT unit around to drive back to Lowes. When Opr was making the turn he backed into a mailbox with an attached law office sign. There was damage to the sign and mailbox at 677 Main Street. No injuries reported or observed in the opr. Medical attention declined. The ground was wet because it was raining off and on all day. TT unit minor damage to driver side cab panel from jackknifing. Upon my arrival, I observed the TT unit in the north bound lane, facing north (towards Lowes).

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
KENNEY PATRICIA C	6 ALLEN PARK DR WILMINGTON MA 0188			ATTACHED SIGN AND MAILBOX

**Truck and Bus Information:**

Registration # **2785751** (From Vehicle Section)

Carrier Name **Schneider National CarriersINC** Bus Use **0** <sup>42</sup>

Address **7101 W 17TH AVE** City **GARY** St **IN** Zip **46406**

US DOT #: **264184** State Number \_\_\_\_\_ Issuing State **IN** MC/MX/ICC #: \_\_\_\_\_

Interstate **1** <sup>43</sup> Cargo Body Type Code **97** <sup>44</sup> GVWR/GCWR **3** <sup>45</sup>

Trailer Reg #: **P498368** Reg Type **TR** Reg State **IN** Reg Year \_\_\_\_\_ Trailer Length **4** <sup>46</sup>

**Hazmat Information:**

Placard  <sup>47</sup> Material 1 digit #  <sup>48</sup> Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  <sup>49</sup>

Patrol Officer **Kathryn C Goodwin** Signature \_\_\_\_\_ 216 ID/Badge # \_\_\_\_\_ **Wilmington Police Department** Department \_\_\_\_\_ 06/10/2023 Date \_\_\_\_\_  
 Police Officer Name (Please Print) \_\_\_\_\_ Precinct/Barracks \_\_\_\_\_

Wilmington Police Department  
Images Associated with 23-176-AC

