

**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 # **ROUTE 62 HWY**  
 Name of Roadway/Street  
 Feet N S E W of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker Exit Number  
 Feet N S E W of \_\_\_\_\_  
 Route# Intersecting Roadway/Street  
 Feet N S E W of \_\_\_\_\_  
 Landmark

Please Select One of the Following:  Vehicle 1 Occupants  Hit/Run  Moped  
 Crash Report ID# **23-246-AC**

License # \_\_\_\_\_ Reg # **8VY948** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement \_\_\_\_\_  
 Veh Year **2015** Veh Make **CADILLAC** Veh Config. **1**  
 Operator **COLUCCIELLO, KATHLEEN MARY** Owner **COLUCCIELLO, LUIGI**  
 Address **49 NORTH ST** Address **49 NORTH ST**  
 City **NORTH READING** State **MA** Zip **01864-1416** City **NORTH READING** State **MA** Zip **01864-1416**  
 Insurance Company **ARBELLA MUTUAL INSURANCE**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
 Event Sequence **1** **23** **23** **23** **23**  
 Most Harmful Event **1** **24**  
 Driver Contributing Code **1** **25** **25**  
 Driver Distracted by **0** **26**  
 Damaged Area Code: **5** **27** **27** **27**  
 Test Status: **1** **28**  
 Type of Test: **29**  
 BAC Test Result: **1** **30**  
 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>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

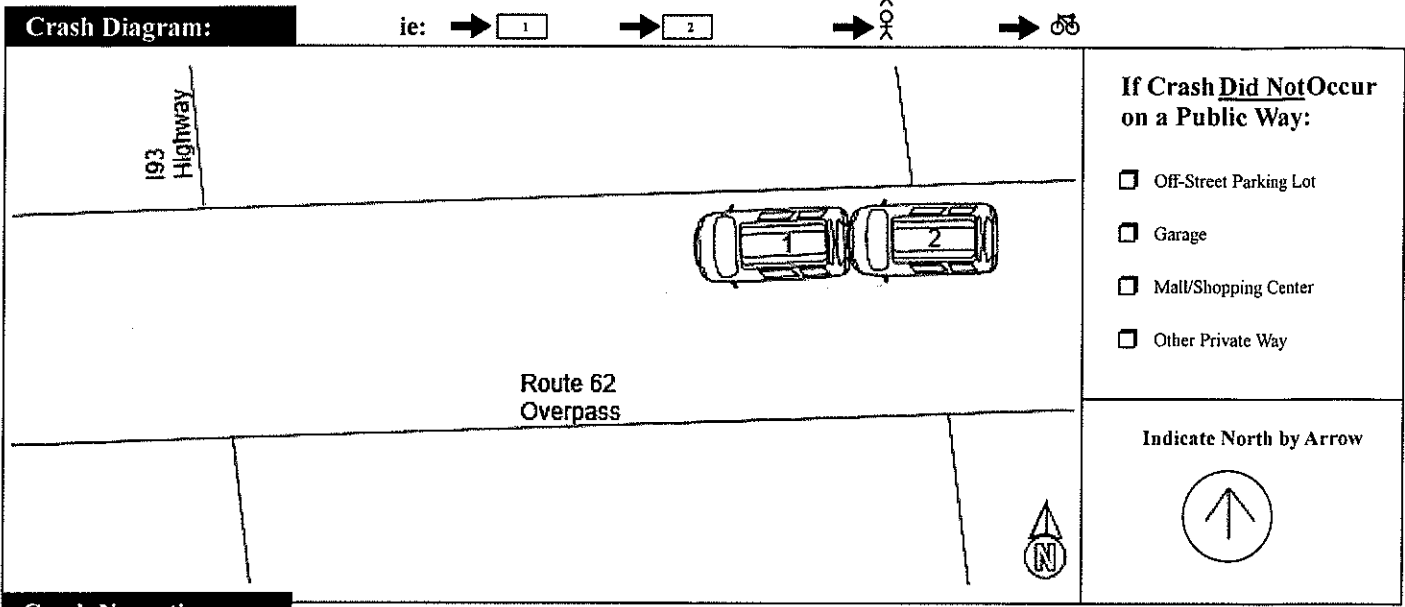
License # \_\_\_\_\_ Reg # **4HPH41** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL Endorsement \_\_\_\_\_  
 Veh Year **2018** Veh Make **Jeep** Veh Config. **1**  
 Operator **JULIANO, STEPHEN CHARLES** Owner **JULIANO, STEPHEN CHARLES**  
 Address **10 FOREST LN** Address **10 FOREST LN**  
 City **BOXFORD** State **MA** Zip **01921-2644** City **BOXFORD** State **MA** Zip **01921-2644**  
 Insurance Company **THE COMMERCE INSURANCE CO**  
 Vehicle Travel Direction:  N  S  E  W Responding to Emergency? **2**  
 Event Sequence **1** **23** **23** **23** **23**  
 Most Harmful Event **1** **24**  
 Driver Contributing Code **99** **25** **25**  
 Driver Distracted by **99** **26**  
 Damaged Area Code: **1** **27** **27** **27**  
 Test Status: **1** **28**  
 Type of Test: **29**  
 BAC Test Result: **1** **30**  
 Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **33**

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

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

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

ie: →  1    →  2    →    →



**Crash Narrative:**

MV1 WAS TRAVELLING WESTBOUND ON THE ROUTE 62 OVERPASS OF I93. MV2 WAS TRAVELLING WESTBOUND BEHIND MV1. MV1 STARTED TO STOP FOR TRAFFIC IN FRONT OF HER, AS SHE WAS SLOWING DOWN MV2 COLLIDED INTO THE BACK OF MV1.

<b>Witnesses:</b>			
Name (Last,First,Middle)	Address	Phone #	Statement

<b>Property Damage:</b>				
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**          **08/08/2023**  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

Date of Crash **08/08/2023** Time of Crash **1736** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **1** Speed Limit **45** State Police  Local Police  MBTA Police  Campus Police  Other

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

**ROUTE 62 HWY**  
Route# Direction Name of Roadway/Street  
At  
**I93 NB34**  
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  
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 **13** #Occupants  Hit/Run  Moped Crash Report ID# **23-247-AC**

License S: \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **VT7D62** Reg Type **PC** Reg State **MA**  
Sex **M** Lic. Class **D** Lic. Restrictions **B** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **TOYOTA** Veh Config. **1**  
Operator **KENNEY, JAMES RYAN** Owner **KENNEY, JAMES RYAN**  
Address **738 WOBURN ST** Address **738 WOBURN ST**  
City **WILMINGTON** State **MA** Zip **01887-3423** City **WILMINGTON** State **MA** Zip **01887-3423**  
Insurance Company **USAA GENERAL INDEMNITY CO** Vehicle Action Prior to Crash **2** Damaged Area Code: **6 27 5 27 4 27**  
Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1 24** Type of Test: **29**  
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1 25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0 26** Susp. Alcohol **2 31** Susp. Drug: **2 32**  
Towed from scene? **2 33**

Please fill out for operator and all occupants involved		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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>B</b>	<b>1</b>
<b>ASHLEY KENNEY</b>	738 WOBURN ST WILMINGTON, MA 01887-3423	02/24/1986	F	6	1	4	0	0	10	1	
			M	4	4	4	0	0	10	1	

Please Select One of the Following:  Vehicle **11** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

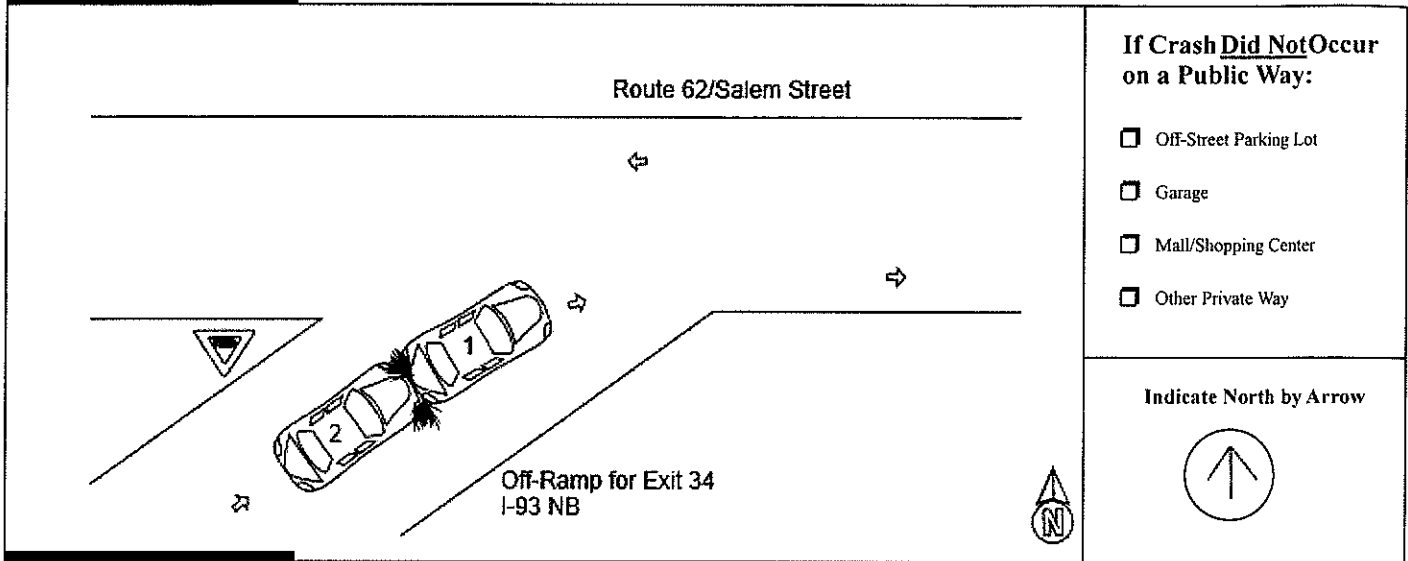
License # \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **2JZW28** Reg Type **PC** Reg State **MA**  
Sex **F** Lic. Class **D** Lic. Restrictions \_\_\_\_\_ CDL \_\_\_\_\_ Veh Year **2020** Veh Make **MERCEDES-BENZ** Veh Config. **1**  
Operator **CURTIN, JENNY LYNN CALDWELL** Owner **CURTIN, JENNY LYNN CALDWELL**  
Address **8 TARBOX LN** Address **8 TARBOX LN**  
City **NORTH READING** State **MA** Zip **01864-2987** City **NORTH READING** State **MA** Zip **01864-2987**  
Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 27 1 27 2 27**  
Vehicle Travel Direction: **N S X 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 **5 25 19 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99 26** Susp. Alcohol **2 31** Susp. Drug: **2 32**  
Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved		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>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>

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

**Crash Diagram:**

ie: → 1 → 2 → ○ → ☯



**Crash Narrative:**

MV1 was stopped in traffic on the off ramp for Exit 34 of I-93 northbound. MV1 was stopped and waiting to merge onto Route 62/Salem Street eastbound towards Woburn Street. MV2 was also stopped in traffic on the off ramp, behind MV1, and was also waiting to merge onto Route 62 eastbound. MV1 was monitoring eastbound traffic on Route 62 to his left when MV2 began traveling straight ahead and collided with the rear of the stopped MV1. Both vehicles pulled off the ramp and onto Salem Street after the crash. MV1 suffered minor damage to the rear end and tow hitch. MV2 suffered minor front end damage. Both vehicles were able to be driven from the scene. The WFD responded and obtained a medical refusal from the operator of MV1, and the operator of MV2 claimed to be uninjured.

**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 Michael A Wilson      209      Wilmington Police Department      08/08/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Date of Crash 08/09/2023	Time of Crash 0651 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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>205</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# **23-248-AC**

License # _____ S _____ DOB/A1 _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>HENRIQUEZ, HENRY GRACE</u> Address <u>34B ROCKINGHAM ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-4821</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2SFF39</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> Owner <u>MAGUIRE, SHANNON MARIE</u> Address <u>34B ROCKINGHAM ST</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852-4821</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> <u>26</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

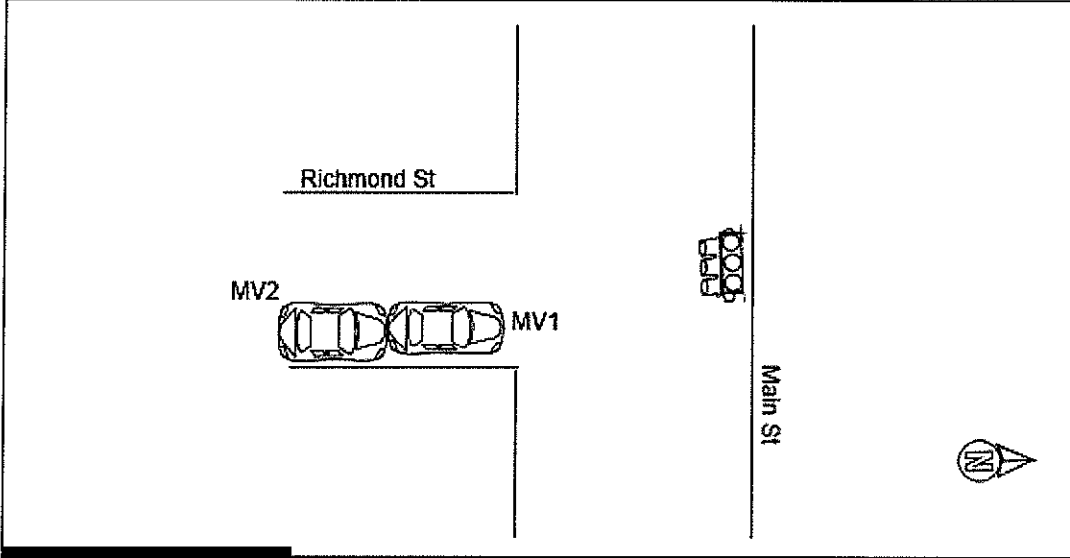
License # _____ S _____ DOB/Age _____ Sex _____ Lic. Class <u>D</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>3LND56</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2023</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> Owner <u>PARR, LYNNE M</u> Address <u>27 JACQUITH RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2211</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>25</u> Driver Distracted by <u>4</u> <u>26</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above	<del>XXXX</del>	<del>XX</del>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**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:**

MV 1 was travelling on Richmond Street toward the intersection at Main Street in usual morning traffic. MV 2 rear ended MV 1 in traffic while rolling forward. MV 1 operator stated she had picked up her phone while waiting in traffic.

**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  <sup>42</sup>  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
US DOT #: \_\_\_\_\_ 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 #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  <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 Katlyn M Finn      226      Wilmington Police Department      08/09/2023  
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

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

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

Please Select One of the Following:  Vehicle 12 #Occupants  Hit/Run  Moped | Crash Report ID# **23-249-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Ag \_\_\_\_\_ Reg # **W79978** Reg Type **CO** Reg State **MA**

Se \_\_\_\_\_ Lic. Class **D** **D** Lic. Restrictions **99** **20** CDL \_\_\_\_\_ Veh Year **2019** Veh Make **FORD** Veh Config: **1** **21**

Operator \_\_\_\_\_ Owner **BRUNO BROTHERS PLUMBING AND HVAC INC**

Address: \_\_\_\_\_ Address **10 PATRICK AVE**

City \_\_\_\_\_ State **MA** Zip **01821-5503**

Insurance Company **SAFETY INSURANCE COMPANY** | Vehicle Action Prior to Crash **1** **22** | Damaged Area Code: **0** **27** **27** **27**

Vehicle Travel Direction: **N S E**  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		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>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
			<b>M</b>	<b>3</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 # \_\_\_\_\_ Reg # **2TKW42** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **D** Lic. Restrictions **1** **20** CDL \_\_\_\_\_ Veh Year **2023** Veh Make **HYUNDAI** Veh Config: **1** **21**

Operator **OBRIEN, KENNETH JOSEPH** | Owner **OBRIEN, KENNETH JOSEPH**

Address: **109 DEMINGWAY EXT** | Address **109 DEMINGWAY EXT**

City **WILMINGTON** State **MA** Zip **01887-3645** | City **WILMINGTON** State **MA** Zip **01887-3645**

Insurance Company **GOVERNMENT EMPLOYEES INSU** | Vehicle Action Prior to Crash **4** **22** | Damaged Area Code: **7** **27** **27** **27**

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

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

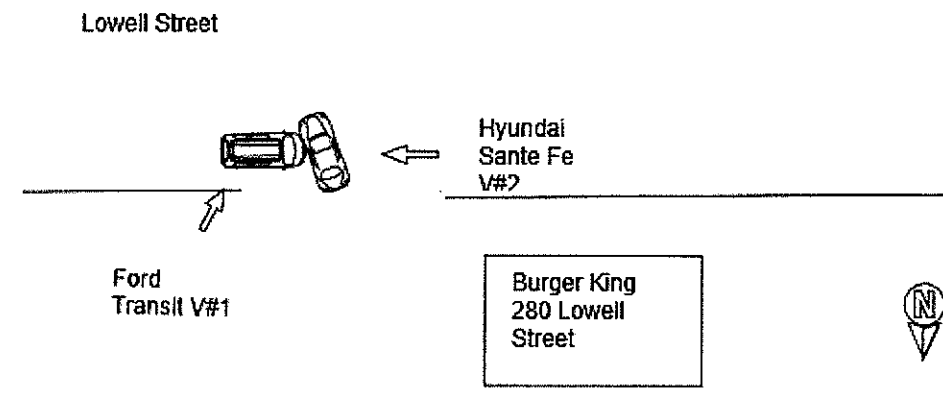
Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ | Driver Contributing Code **4** **25** **25** | BAC Test Result: **1** **30**

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

Towed from scene? **1** **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			<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>1</b>	

**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:**

Vehicle # 1 was traveling westbound on Lowell Street when Vehicle # 2 took a left hand turn out of Burger King onto Lowell Street. Vehicle #1 struck Vehicle # 2 on the driver side front and rear door. Vehicle #1 sustained front end damage, and vehicle #2 sustained driver side damage. Operator #1 and #2 both sustained no injury from the crash and declined medical treatment. Vehicle # 2 was towed from the scene by Forest Towing. Operator #1 and the passenger from vehicle # 1 contacted their parents to obtain verbal refusals for medical treatment due to being juveniles.

**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 Jonathan L Morales      224      Wilmington Police Department      08/09/2023  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date



Wilmington Police Department  
Images Associated with 23-249-AC



<b>Police Use Only</b>		<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>							
Date of Crash 08/09/2023	Time of Crash 1803 24HR	City/Town <b>Wilmington</b>		<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <b>40</b>	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 # <b>280</b> Name of Roadway/Street <b>LOWELL ST</b>									
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 _____ or _____ 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 <b>1</b> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Crash Report ID# <b>23-250-AC</b>									
License # _____ ; DOB/Age _____ Sex <b>M</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>1</b> 20 CDL _____ Operator <b>HOPKINS, WILLIAM T</b> Address <b>34 MASON AVE</b> City <b>NORTH BILLERICA</b> State <b>MA</b> Zip <b>01862-1145</b> Insurance Company <b>PROGRESSIVE DIRECT INSURA</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>1SNS68</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21 Owner <b>HOPKINS, WILLIAM T</b> Address <b>34 MASON AVE</b> City <b>NORTH BILLERICA</b> State <b>MA</b> Zip <b>01862-1145</b> Vehicle Action Prior to Crash <b>1</b> 22 Damaged Area Code: <b>1</b> 27 <b>8</b> 27 <b>2</b> 27 Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b> Driver Contributing Code <b>97</b> 25 <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>1</b> 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>DOB/Age</del>	<del>Sex</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>1</b>	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <b>2</b> #Occupants <input type="checkbox"/> Non-Motorist A Type <b>15</b> Action <b>16</b> Location <b>17</b> Condition <b>18</b> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St _____ DOB/Age _____ Sex <b>F</b> Lic. Class <b>D</b> 19 19 Lic. Restrictions <b>B</b> 20 CDL _____ Operator <b>ACKERMANN, KATE R</b> Address <b>56 CHESTNUT ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3907</b> Insurance Company <b>MAIN STREET AMERICA PROTE</b> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" 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>228FWO</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b> 21 Owner <b>ACKERMANN, BRIAN BERNHARD</b> Address <b>56 CHESTNUT ST</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-3907</b> Vehicle Action Prior to Crash <b>2</b> 22 Damaged Area Code: <b>6</b> 27 <b>27</b> <b>27</b> Event Sequence <b>1</b> 23 <b>23</b> <b>23</b> <b>23</b> Test Status: <b>1</b> 28 Most Harmful Event <b>1</b> 24 Type of Test: <b>29</b> Driver Contributing Code <b>1</b> 25 <b>25</b> BAC Test Result: <b>30</b> Driver Distracted by <b>0</b> 26 Susp. Alcohol: <b>2</b> 31 Susp. Drug: <b>2</b> 32 Towed from scene? <b>2</b> 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>DOB/Age</del>	<del>Sex</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

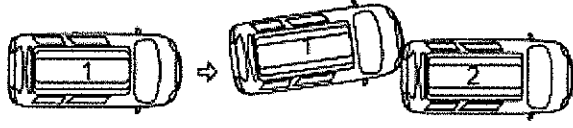
**Crash Diagram:**

ie: → 1 → 2 → ○ → 🚲

Burger King  
280 Lowell St

If Crash Did Not Occur  
on a Public Way:

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



Traffic from  
Stop Light

Lowell St/MA-129

Indicate North by Arrow



**Crash Narrative:**

On 08/09/23 @ 1803hrs, dispatched to 280 Lowell St for report of 2-car MVC, no injuries. MVs able to pull into BK lot prior to arrival. OP2 stated stopped in traffic in SB lane. Was rear ended by MV1. OP1 stated attempted to slow/stop behind MV2 when accidentally hit gas not brake. OP1 admitted he panicked and cut wheel to left. MV2 damage to rear, driveable. MV1 heavy damage to engine block, towed by Forrest. Both OPs reported no injures. OP2 later stated very faint shoulder/lower neck pain, and refused medical multiple times. MV2 left under own power. Assisted with info exchange.

**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 Joseph A Fitzgerald

215

Wilmington Police Department

08/09/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

**Police Use Only**

Date of Crash: 08/10/2023 Time of Crash: 1527 24HR City/Town: **Wilmington**

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# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

Route# Direction Name of Roadway/Street

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

Crash Report ID# **23-251-AC**

Licent: S DOB/Age: Reg # **593XY9** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Veh Year **2004** Veh Make **NISSAN** Veh Config. **1**

Operator **MEROLA, THOMAS A** Owner **MEROLA, THOMAS A**

Address **30 KING ST** Address **30 KING ST**

City **WILMINGTON** State **MA** Zip **01887-1940** City **WILMINGTON** State **MA** Zip **01887-1940**

Insurance Company **THE HANOVER INSURANCE COM**

Vehicle Action Prior to Crash **6** Damaged Area Code: **1 27 27 27**

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

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

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **19 25 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**

Driver Contributing Code \_\_\_\_\_ 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			<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 # **4HVR71** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement

Veh Year **2020** Veh Make **KIA** Veh Config. **1**

Operator **MCMAHON, MARYELLEN THERESA** Owner **MCMAHON, MARGARET ANN**

Address **43 CHURCH ST** Address **43 CHURCH ST**

City **WILMINGTON** State **MA** Zip **01887-2701** City **WILMINGTON** State **MA** Zip **01887-2701**

Insurance Company **THE COMMERCE INSURANCE CO**

Vehicle Action Prior to Crash **1** Damaged Area Code: **3 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: 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**

Driver Contributing Code \_\_\_\_\_ Towed from scene? **2 33**

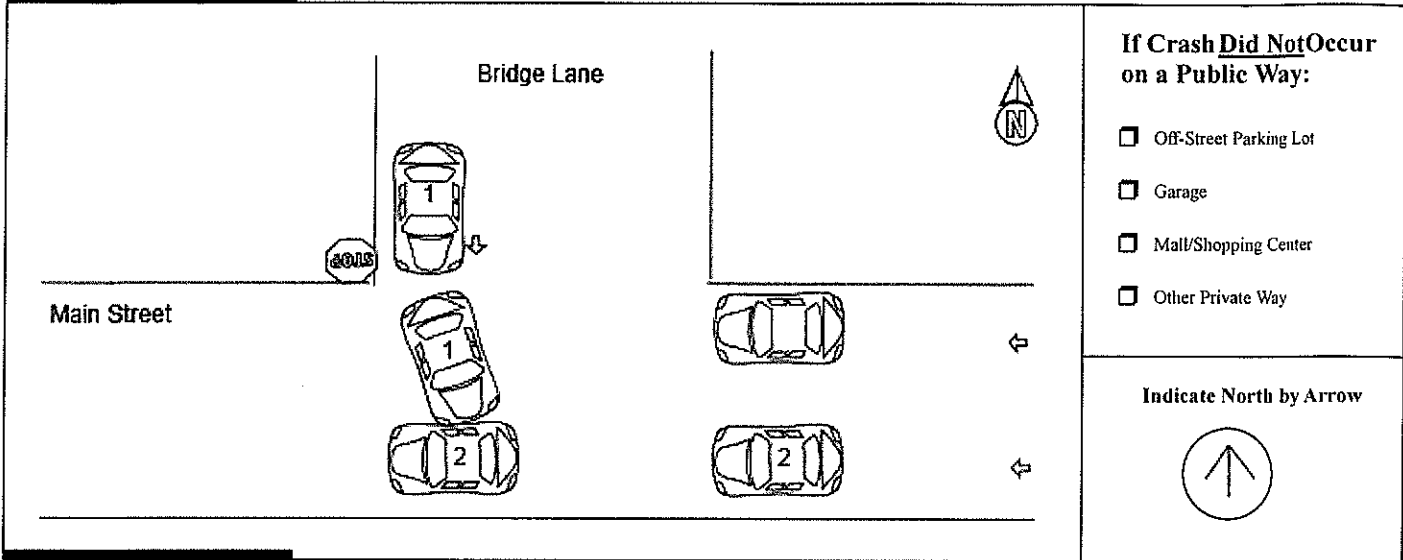
Please fill out for operator/non-motorist and all occupants involved

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

→ = Direction     [1] = Vehicle 1     [2] = Vehicle 2     ○ = Pedestrian     ☹️ = Bicycle

**Crash Diagram:**

ie: → [1]     → [2]     → ○     → ☹️



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

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

**Indicate North by Arrow**



**Crash Narrative:**

MV 1 was stopped at the stop sign attempting to turn left onto Main St. MV 2 was traveling straight on Main St. MV 1 struck the passenger side/rear of MV 2. MV 1 was unable to stay on scene due to an emergency at their residence with their dogs. MV 1 provided his license to MV 2 before leaving. Information exchange was completed. No injuries. No 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 Kevin J Skinner     200     Wilmington Police Department     08/10/2023  
 Police Officer Name (Please Print)     Signature     ID/Badge #     Department     Precinct/Barracks     Date

<b>Police Use Only</b>	Date of Crash 08/11/2023	Time of Crash 1212 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>15</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>586</u> Name of Roadway/Street <u>MAIN ST</u>				2 10
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 _____ or _____ Mile Marker _____ Exit Number _____				3 11
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 _____				3 11

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

Crash Report ID# **23-252-AC**

License # _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>99</u> <u>19</u> <u>19</u> Lic. Restrictions <u>Z</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>NESTICO, FRANCIS KENNETH</u> Last First Middle Address <u>101 SALEM ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3011</u> Insurance Company <u>GOVERNMENT EMPLOYEES INSU</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>2DXK88</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>NESTICO, JUDITH MARIE</u> Last First Middle Address <u>101 SALEM ST</u> City <u>WOBURN</u> State <u>MA</u> Zip <u>01801-3011</u> Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <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>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>99</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>	7 12
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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>XX</del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

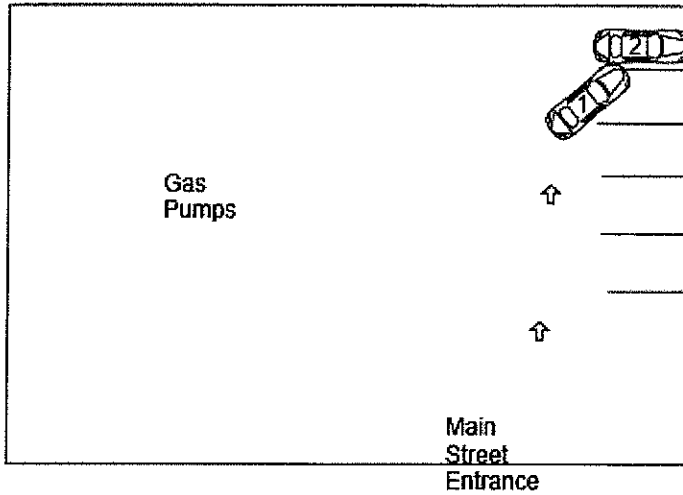
License # _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____ Endorsement _____ Operator <u>SERAFINO, LAURA EVELYN</u> Last First Middle Address <u>1 DUBLIN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3205</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> 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> 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>2810ZJ</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>MERCEDES-BENZ</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SERAFINO, LAURA EVELYN</u> Last First Middle Address <u>1 DUBLIN AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3205</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>2</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>2</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>	1 14
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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>XX</del>	<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**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:**

Vehicle 2 was parked in the parking spot out front of the store. Vehicle 1 entered the lot from the Main Street Entrance and made its way to the parking spot next to vehicle 2. While making the swing into the parking spot, vehicle 1 side swiped vehicle 2. Vehicle 1 struck vehicle 2 with its front left side. Vehicle 2 sustained damage to its right side. No airbags were deployed and all parties declined medical attention. Both vehicles were able to be operated from the scene.

**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 Michael R DiLorenzo

217

Wilmington Police Department

08/11/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department  
Images Associated with 23-252-AC





<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>				
Date of Crash 08/10/2023	Time of Crash 1510 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other

<b>AT INTERSECTION:</b>	<b>&lt;</b>	<b>LOCATION</b>	<b>&gt;</b>	<b>NOT AT INTERSECTION:</b>
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		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 _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  Non-Motorist A

Crash Report ID# **23-253-AC**

License # _____ S _____ DOB/Age _____	Reg # <u>1KYV60</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>B</u> CDL _____	Veh Year <u>2011</u> Veh Make <u>BMW</u> Veh Config. <u>1</u>
Operator <u>MEDELSON, KYLE W</u>	Owner <u>MEDELSON, PATTI JENKINS</u>
Address <u>112 FEDERAL ST</u>	Address <u>112 FEDERAL ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2554</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2554</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>3</u> <u>27</u> <u>4</u> <u>27</u> <u>27</u>
Citation # (If Issued) _____	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>0</u> <u>26</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

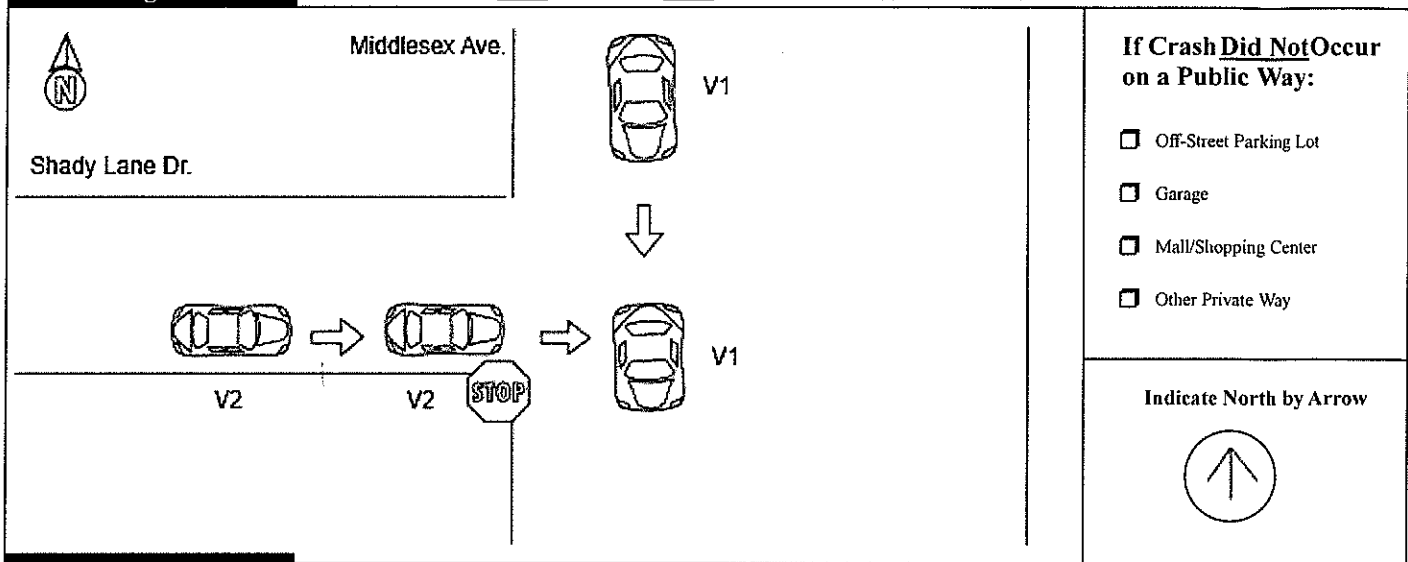
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ S _____ DOB/Age _____	Reg # <u>3KXD27</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____	Veh Year <u>2003</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u>
Operator <u>CALVO, DEVIN JOSEPH</u>	Owner <u>CALVO, DEVIN JOSEPH</u>
Address <u>23 CHESTNUT ST</u>	Address <u>23 CHESTNUT ST</u>
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3911</u>	City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3911</u>
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>6</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>
Citation # (If Issued) <u>121449AC</u>	Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>
Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____	Most Harmful Event <u>1</u> <u>24</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code <u>4</u> <u>25</u> <u>25</u>
	Driver Distracted by <u>99</u> <u>26</u>
	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
	Towed from scene? <u>2</u> <u>33</u>

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Non-Motorist</b>	See Above			<u>1</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	
EMMELYN STONE	6 CEDARCREST RD WILMINGTON, MA 01887-4006		F	<u>3</u>	<u>99</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

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

**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:**

V1 was traveling south on Middlesex Ave was it was struck by V2. V2 was coming out of Shady Lane Dr (traveling east) and failed to yield into oncoming traffic. The operator of V2 stated that he did, in fact, stop at the stop sign at this intersection but did not wait enough time for V1 to fully pass him so that he could enter this lane of traffic. Operator 2 took full responsibility and admitted fault for this crash. V1 sustained damage to the right side near the rear right wheel well. V1 sustained minor damage to the front end. Both operators suffered no apparent injuries and denied medical treatment. There was one passenger of V2 and she also suffered no apparent injuries and denied medical treatment. Neither vehicle was towed. Operator 2 was issued MA Uniform Citation #121449AC for failure to yield (Ch. 89/Sec. 9).

**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

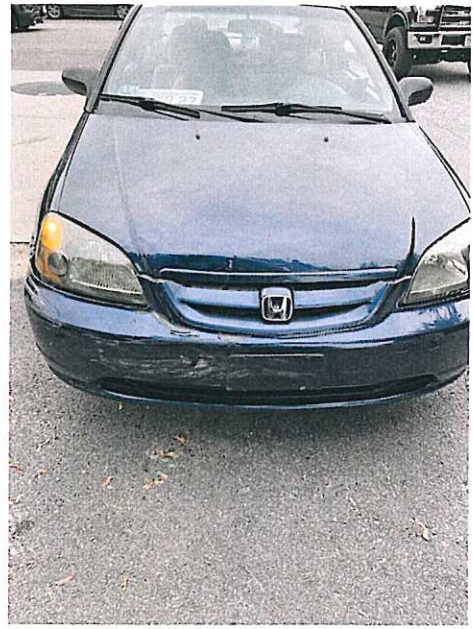
Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

**Patrol Officer Michael W Powers**          **231**          **Wilmington Police Department**    **08/11/2023**  
 Police Officer Name (Please Print)          Signature          ID/Badge #          Department          Precinct/Barracks          Date

Wilmington Police Department  
Images Associated with 23-253-AC



Date of Crash **08/12/2023** Time of Crash **1342** City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **1** Number Injured **2** Speed Limit **25** State Police  Local Police  MBTA Police  Campus Police  Other:

**Police Report**

**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>5</b> Name of Roadway/Street <b>BAY ST</b></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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# **23-254-AC**

<p>License # _____ DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>99</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>GODSOE, THERESA ANN</b></p> <p>Address <b>5 WILLIAMS ST</b></p> <p>City <b>SALEM</b> State <b>NH</b> Zip <b>03079</b></p> <p>Insurance Company <b>SAFETY INSURANCE</b></p> <p>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <b>2</b></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <b>4703693</b> Reg Type <b>PC</b> Reg State <b>NH</b></p> <p>Veh Year <b>2017</b> Veh Make <b>HONDA</b> Veh Config. <b>1</b></p> <p>Owner <b>GODSOE, THERESA ANN</b></p> <p>Address <b>5 WILLIAMS ST</b></p> <p>City <b>SALEM</b> State <b>NH</b> Zip <b>03079</b></p> <p>Vehicle Action Prior to Crash <b>1</b></p> <p>Event Sequence <b>35</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>35</b> <b>24</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	<del>XXXX</del>	<del>X</del>	1	1	4	0	0	10	1	

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **1** Action **7** Location **5** Condition **1**  Hit/Run  Moped

<p>License # _____ DOB/Age _____</p> <p>Sex <b>M</b> Lic. Class <b>99</b> Lic. Restrictions <b>20</b> CDL _____</p> <p>Operator <b>TOPPI, BRUNO</b></p> <p>Address <b>10 CAMBRIA ST APT 1</b></p> <p>City <b>SOMERVILLE</b> State <b>MA</b> Zip <b>02143-1502</b></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. <b>21</b></p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash <b>97</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b></p> <p>Most Harmful Event <b>1</b> <b>24</b></p> <p>Driver Contributing Code <b>97</b> <b>25</b> <b>25</b></p> <p>Driver Distracted by <b>0</b> <b>26</b></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	<del>XXXX</del>	<del>X</del>	1	0				9	2	Winchester Hospital

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>									
Date of Crash 08/12/2023	Time of Crash 1342 24HR	City/Town Wilmington	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 2	Speed Limit <u>25</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>5</u> Name of Roadway/Street <u>BAY 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 _____ of _____ or _____ 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 _____ of _____ Route# _____ Intersecting Roadway/Street _____				Landmark _____									
Please Select One of the Following: <input type="checkbox"/> Vehicle 3 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <b>23-254-AC</b>													
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____													
Sex _____ Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21													
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____													
Address _____			Address _____													
City _____ State _____ Zip _____			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 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>XXXX</del>	<del>X</del>	1										
Please Select One of the Following: <input type="checkbox"/> Vehicle 3 #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 1 <input type="checkbox"/> 15 Action <input type="checkbox"/> 7 <input type="checkbox"/> 16 Location <input type="checkbox"/> 5 <input type="checkbox"/> 17 Condition <input type="checkbox"/> 1 <input type="checkbox"/> 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License _____			Reg # _____ Reg Type _____ Reg State _____													
Sex <u>M</u> Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 20 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 21													
Operator <u>TOPPI, MARK NUNZIO</u> Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____													
Address <u>148 FLOWER LN APT 7</u>			Address _____													
City <u>DRACUT</u> State <u>MA</u> Zip <u>01826</u>			City _____ State _____ Zip _____													
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 97 <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"/> 1 <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"/> 1 <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																
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>XXXX</del>	<del>X</del>	1	0				9	2	Winchester Hospital			



Wilmington Police Department  
Images Associated with 23-254-AC

