

Date of Crash **08/29/2023** Time of Crash **1314** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Campus Police Other:

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

1	Route# _____ Direction _____ Name of Roadway/Street _____	2 10
	At _____	
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	2 11
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____	
	_____ 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: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-271-AC**

3	License # _____ St. _____ DOB/Age _____	Reg # LWMN13 Reg Type PC Reg State MA
	Sex M Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2023 Veh Make Jeep Veh Config. 1
4	Operator ANGLE, PETER F	Owner ANGLE, PETER F
	Address 44 HOLT RD	Address 44 HOLT RD
5	City ANDOVER State MA Zip 01810-4122	City ANDOVER State MA Zip 01810-4122
	Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 7
6	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 2 27 27 27
	Citation # (If Issued) _____	Event Sequence 2 23 23 23 23
1	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 2 24
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 19 25 25
1		Susp. Alcohol: 2 31 Susp. Drug: 2 32
		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
Operator	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	

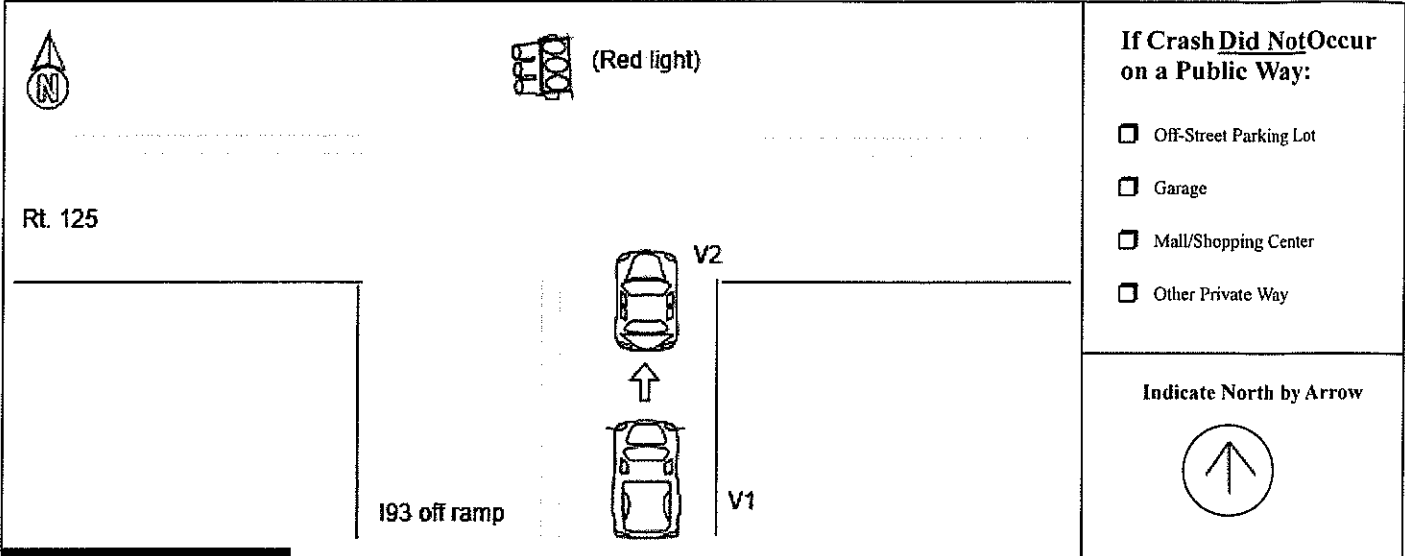
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

7	License # _____ St. _____ DOB/Age _____	Reg # UM387 Reg Type PC Reg State RI
	Se. Lic. Class D Lic. Restrictions 1 CDL _____	Veh Year 2020 Veh Make HYUNDAI Veh Config. 1
8	Operator _____	Owner VITI, DENISE A
	Address _____	Address 40 COVE AVE APT 4
9	City _____ State _____ Zip _____	City WARWICK State RI Zip 02889
	Insurance Company _____	Vehicle Action Prior to Crash 2
2	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Damaged Area Code: 5 27 6 27 4 27
	Citation # (If Issued) _____	Event Sequence 1 23 23 23 23
2	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Most Harmful Event 1 24
	Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Contributing Code 1 25 25
2		Susp. Alcohol: 2 31 Susp. Drug: 2 32
		Driver Distracted by 0 26 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
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	99	4	0	0	10	1	
ASHLEY MCGANN			F	3	99	4	0	0	10	1	

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

Crash Diagram:



Crash Narrative:

V2 was stationary at the red light at the intersection of Rt 125/I93 off ramp when V1 collided with it (rear-end collision). The operator of V1 stated that he was looking away for potential traffic coming from Rt 125 and was not paying attention to the vehicle in front of him. Operator 1 stated that he believed V2 had already accelerated prior to the collision. Both operators suffered no apparent injuries and both denied medical treatment. There was also a passenger of V2 and she also suffered no apparent injuries. V2 sustained major rear-end damage and V1 sustained minor scratches on the front-end. Neither vehicle was towed.

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 08/29/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash **08/30/2023** Time of Crash **1344** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other

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

Route# _____ Direction _____ Name of Roadway/Street _____	Route# 280 Direction _____ Address # LOWELL ST Name of Roadway/Street _____
At _____	_____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____	_____ Feet N S E W of _____ Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped **Crash Report ID# 23-272-AC**

License _____ S DOB/Age _____ Reg # 3BSY78 Reg Type PC Reg State MA	Veh Year 2006 Veh Make NISSAN Veh Config. 1
Sex M Lic. Class D Lic. Restrictions 99 CDL _____ Endorsement _____	Owner WOODMAN, JACQUELINE
Operator DIADAMO, PETER JAMES	Address 43 MARION ST
Address 43 MARION ST EXT	City WILMINGTON State MA Zip 01887-3172
City WILMINGTON State MA Zip 01887-3172	Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27
Insurance Company THE COMMERCE INSURANCE CO	Event Sequence 1 23 23 23 23 Test Status: 1 28
Vehicle Travel Direction: N S E X Responding to Emergency? 2	Most Harmful Event 1 24 Type of Test: 29
Citation # (If Issued) _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 Towed from scene? 1 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
Operator	See Above	XXXX	X	1	1	1	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

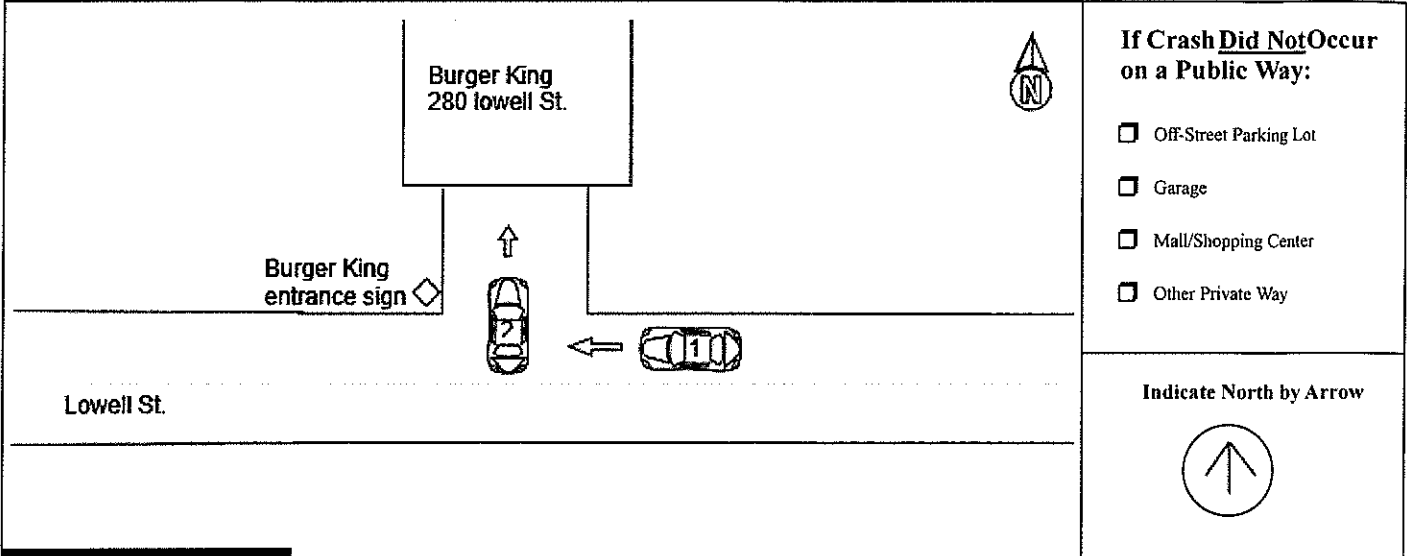
License # _____ St _____ DOB/Age _____ Reg # 6NA924 Reg Type PC Reg State MA	Veh Year 2017 Veh Make TOYOTA Veh Config. 1
Sex F Lic. Class D Lic. Restrictions 20 CDL _____ Endorsement _____	Owner NAGLE, MICHELE A
Operator NAGLE, MICHELE A	Address 11 SCHOOL ST APT 1
Address 11 SCHOOL ST APT 1	City BEVERLY State MA Zip 01915-4894
City BEVERLY State MA Zip 01915-4894	Vehicle Action Prior to Crash 4 Damaged Area Code: 4 27 27 27
Insurance Company THE COMMERCE INSURANCE CO	Event Sequence 1 23 23 23 23 Test Status: 1 28
Vehicle Travel Direction: N S X W Responding to Emergency? 2	Most Harmful Event 1 24 Type of Test: 29
Citation # (If Issued) _____	Driver Contributing Code 1 25 25 BAC Test Result: 1 30
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Susp. Alcohol: 2 31 Susp. Drug: 2 32
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 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
Operator/Non-Motorist	See Above	XXXX	X	1	99	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV 1 was traveling east on Lowell St. While approaching Burger King, MV 2 was turning into the lot. MV 1 struck MV 2 in the right rear passenger side, which caused MV 2 to spin and hit the Burger King entrance sign causing damage to it. All operators refused medical treatment offered to them by the Fire Department. MV 1 was towed by Cains Towing to their tow facility while MV 2 was able to be driven away 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
BURGER KING	280 LOWELL ST WILMINGTON MA 01897			BURGER KING ENTRANCE SIGN

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 Alec S Masiello 229 Wilmington Police Department 08/30/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only | **RMV Document Number**

Date of Crash: 08/31/2023 | Time of Crash: 1528 24HR | City/Town: **Wilmington** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 25 | State Police: | Local Police: | MBTA Police: | Campus Police: | Other:

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

MIDDLESEX AVE | **GLEN RD**

Crash Report ID# **23-273-AC**

Please Select One of the Following: Vehicle 13 #Occupants | Hit/Run | Moped

Licens. _____ DOB/A _____ | Reg # **395RP3** | Reg Type **PC** | Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____ | Veh Year **2018** | Veh Make **CHEVROLET** | Veh Config. **1**

Operator **PRUYNE, KAREN E** | Owner **PRUYNE, KAREN E**

Address **11 FORBES AVE** | Address **11 FORBES AVE**

City **BURLINGTON** State **MA** Zip **01803-3043** | City **BURLINGTON** State **MA** Zip **01803-3043**

Insurance Company **PROGRESSIVE DIRECT INSURA** | Vehicle Action Prior to Crash **1** | 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 _____ | Driver Contributing Code **19 25 25** | BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub _____ | Driver Distracted by **6 26** | Susp. Alcohol: **2 31** | Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub _____ | Towed from scene? **1 33**

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
				4	4	4	0	0	10	1	
				6	4	4	0	0	10	1	

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

License _____ DOB/A _____ | Reg # **34BG30** | Reg Type **PC** | Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL _____ | Veh Year **2021** | Veh Make **HONDA** | Veh Config. **1**

Operator **TERRANOVA, PAUL J** | Owner **TERRANOVA, DEBRA LOUISE**

Address **1 CLORINDA RD** | Address **1 CLORINDA RD**

City **WILMINGTON** State **MA** Zip **01887-2301** | City **WILMINGTON** State **MA** Zip **01887-2301**

Insurance Company **THE COMMERCE INSURANCE CO** | Vehicle Action Prior to Crash **3** | Damaged Area Code: **6 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 _____ | Driver Contributing Code **1 25 25** | BAC Test Result: **1 30**

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

Viol. 3: Ch/Sec/Sub _____ | Towed from scene? **1 33**

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
DEBRA TERRANOVA	1 CLORINDA RD WILMINGTON, MA 01887-2301		F	3	1	4	0	0	10	1	

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

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

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

Route# Direction Name of Intersecting Roadway/Street

273 MAIN ST

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 23-274-AC

License # S DOB/Ag Reg # 5081053 Reg Type PC Reg State NH

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2015 Veh Make NISSAN Veh Config. 1 21

Operator MCKENNA, JOHN E Owner MCKENNA, JOHN E

Address 3 WINDSOR DR Address 3 WINDSOR DR

City LITCHFIELD State NH Zip 03052 City LITCHFIELD State NH Zip 03052

Insurance Company Vehicle Action Prior to Crash 2 22 Damaged Area Code: 8 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

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
Operator	See Above			1	1	4	0	0	10	1	
RENEE BOWERS	79 ARLINGTON RD WOBURN, MA 01801		F	3	1	4	0	0	10	1	

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

License # St DOB/A Reg # SRN610 Reg Type CO Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2009 Veh Make GMC Veh Config. 8 21

Operator SPINOS, MATTHEW PAUL Owner SPINOS, MATTHEW PAUL

Address 2 LT. BUCK DR Address 2 LT. BUCK DR

City WILMINGTON State MA Zip 01887-2279 City WILMINGTON State MA Zip 01887-2279

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27

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

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 9 25 25 BAC Test Result: 1 30

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

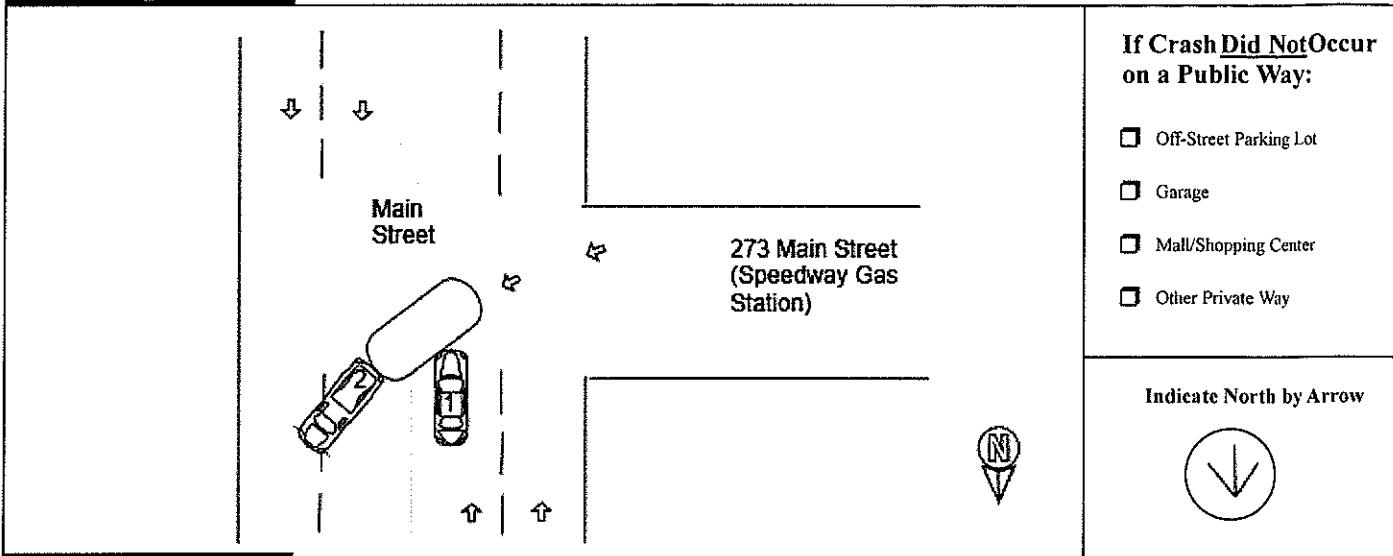
Towed from scene? 2 33

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

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

Vehicle 1 was traveling south on Main Street when he stopped to allow vehicle 2 to exit the driveway of 273 Main Street (Speedway). Vehicle 2 exited the driveway and proceeded to turn left to travel north on Main Street. Vehicle 2 was a normal pickup truck with a trailer attached to it. As vehicle 2 was turning, the left fender of the trailer struck the front left panel of vehicle 1. Vehicle 2 didnt initially realize that he had struck vehicle 1 and continued traveling. Speedway employee was able to identify the operator and when contacted he was cooperative with police, and apologetic. Vehicle 1 sustained scratches to the front left panel, no airbags were deployed and no injuries reported. Vehicle 1 was operated from the scene. Vehicle 2 came to the police station some time later. There was very minor damage to the left fender on the trailer. No airbags were deployed and no injuries were reported. This vehicle was operable.

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 # SRN610 (From Vehicle Section)

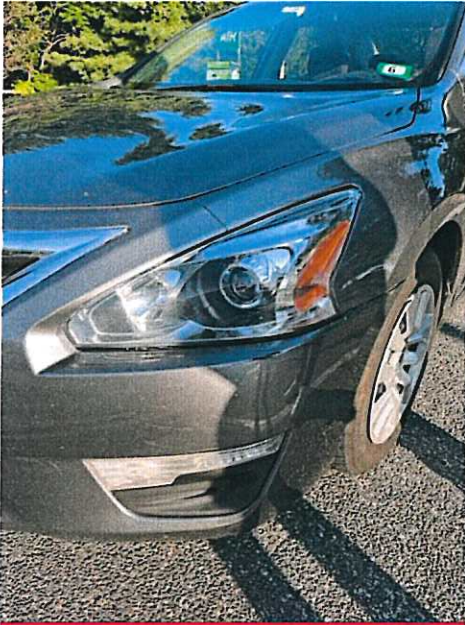
Carrier Name _____ Bus Use 42
 Address _____ City _____ St _____ Zip _____
 US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____
 Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45
 Trailer Reg #: TZ35512 Reg Type TR Reg State MA Reg Year 2021 Trailer Length 46

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 09/01/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-274-AC



Date of Crash **09/02/2023** Time of Crash **1132** City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **40** State Police Local Police MBTA Police Campus Police Other:

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

Route# Direction Name of Roadway/Street At

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

Route# Direction Name of Intersecting Roadway/Street

Route# Direction **52** **MAIN ST** Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-275-AC**

License **VT45592** OB/Ag. Reg # **VT45592** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2019** Veh Make **NISSAN** Veh Config. **1**

Operator **MARGESON, ROBERT ALAN** Owner **MARGESON, ROBERT ALAN**

Address **35 SOUTH ST** Address **35 SOUTH ST**

City **TEWKSBURY** State **MA** Zip **01876-4173** City **TEWKSBURY** State **MA** Zip **01876-4173**

Insurance Company **QUINCY MUTUAL FIRE INSURA** Vehicle Action Prior to Crash **4** Damaged Area Code: **2 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 **19 25 25** BAC Test Result: **1 30**

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

Towed from scene? **1 33**

Please fill out for operator 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
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	2	Lahey Clinic

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

License **3EKR14** DOB/A Reg # **3EKR14** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement Veh Year **2021** Veh Make **TOYOTA** Veh Config. **1**

Operator **BEATRICE, JOY ANNE** Owner **BEATRICE, DAVID**

Address **40 MCLAREN RD** Address **40 MCLAREN RD**

City **TEWKSBURY** State **MA** Zip **01876-3317** City **TEWKSBURY** State **MA** Zip **01876-3317**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **8 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 **1 25 25** BAC Test Result: **1 30**

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

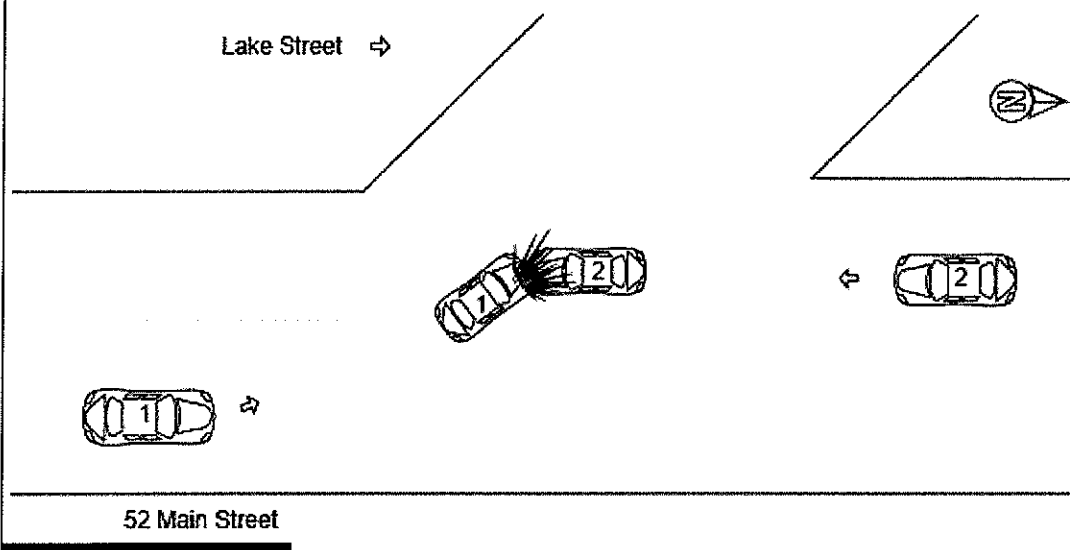
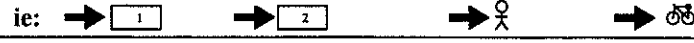
Towed from scene? **1 33**

Please fill out for operator/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
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

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

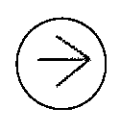
Crash Diagram:



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:

Vehicle 1 was traveling on Main Street when it slowed down to turn left onto Lake Street. Vehicle 2 was traveling south on Main Street going straight ahead. Vehicle 1 was unaware how close vehicle 2 was as it began to turn left. Vehicle 2 could not stop in time and both vehicles collided in the street causing damage to the front of both of these vehicles. Both Vehicles had to be towed from scene by Forrest Towing and the operator for vehicle 1 was transported to the hospital due to health concerns.

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

CDPI 11-24-00