

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

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

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

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of 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# **23-312-AC**

License # St DOB/Age Reg # 3082522 Reg Type AP Reg State IN

Sex M Lic. Class A 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year 2022 Veh Make VOLVO Veh Config. 8 21

Operator **LYTCH, RONALD E** Owner **NATIONAL FREIGHT INC**

Address **3001 RTE 130 S APT 87J** Address **510 S ENTERPRISE BLVD**

City **DELRAN** State **NJ** Zip **08075** City **LEBANON** State **IN** Zip **46052**

Insurance Company Vehicle Action Prior to Crash 1 22 Damaged Area Code: 97 27 27 27

Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 35 23 23 23 23 Test Status: 1 28

Citation # (If Issued) Most Harmful Event 35 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 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	DOB/Age	Sex	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 Reg # Reg Type Reg State

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Veh Year Veh Make Veh Config. 21

Operator Owner

Address Address

City State Zip City State Zip

Insurance Company Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

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

Citation # (If Issued) Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 25 25 BAC Test Result: 30

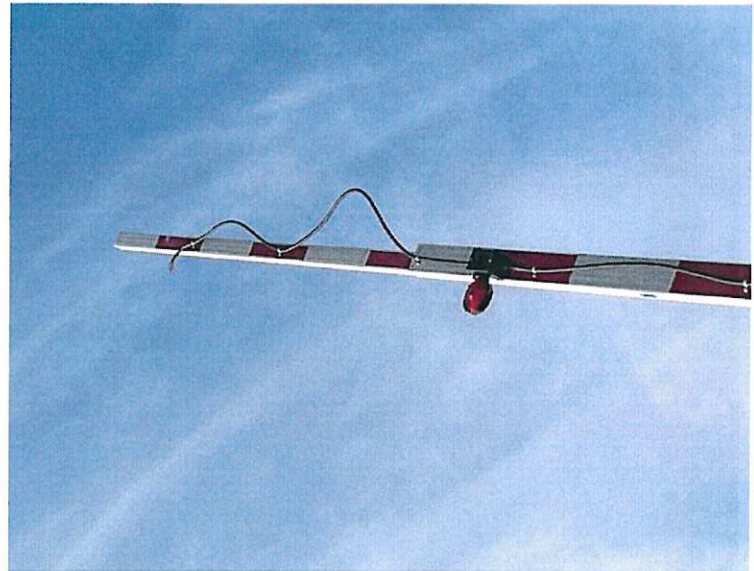
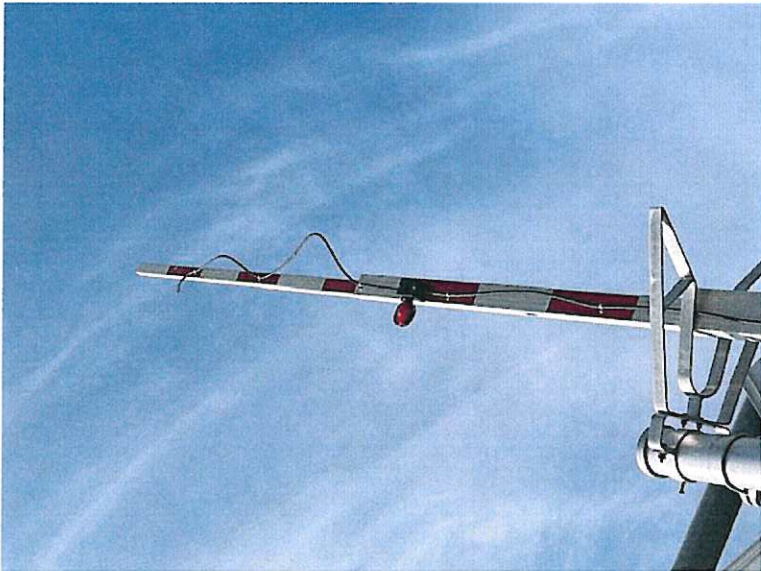
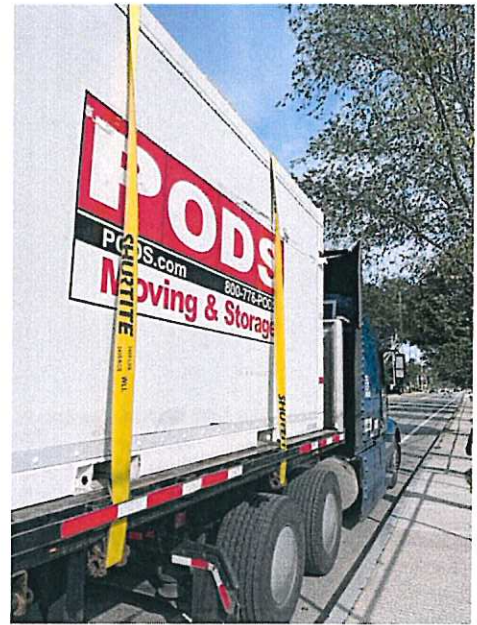
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 26 Susp. Alcohol 31 Susp. Drug 32

Towed from scene? 33

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

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

Wilmington Police Department
Images Associated with 23-312-AC



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

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

At Feet N S E W of Mile Marker or Exit Number

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W of Route# Intersecting Roadway/Street

Route# Direction Name of 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# **23-313-AC**

License # S YOB/Ag: Reg # 2PGD77 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2016 Veh Make SUBARU Veh Config. 1 21
 Operator DARRIGO, SHANE Owner PALUMBO-DARRIGO, ANATASHIA
 Address 69 VALLEY RD Address 69 VALLEY RD
 City TEWKSBURY State MA Zip 01876-3170 City TEWKSBURY State MA Zip 01876-3170
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 4 22 Damaged Area Code: 4 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? 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	

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 YOB/Ag: Reg # SDS659 Reg Type PC Reg State MA
 Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Veh Year 2016 Veh Make GMC Veh Config. 1 21
 Operator DETOMASI, MICHELLE DONNA Owner DETOMASI, MICHELLE DONNA
 Address 11 NORTH ST Address 11 NORTH ST
 City WILMINGTON State MA Zip 01887-2136 City WILMINGTON State MA Zip 01887-2136
 Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 22 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 5 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	
			M	4	4	4	0	0	10	1	
			F	6	4	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-313-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 09/27/2023	Time of Crash 0959 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>1</u> Direction _____ Address # <u>FORDHAM RD</u> Name of Roadway/Street _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 <u>1</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 23-314-AC													
Licenses _____ DOB/Age _____			Reg # <u>2VSZ74</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year <u>2022</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>1</u> <u>21</u>													
Operator <u>JN BAPTISTE, KENLEY</u> Last First Middle			Owner <u>JN BAPTISTE, KENLEY</u> Last First Middle													
Address <u>104 TRIMOUNT AVE</u>			Address <u>104 TRIMOUNT AVE</u>													
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451-3047</u>			City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451-3047</u>													
Insurance Company <u>GEICO GENERAL INSURANCE C</u>			Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u>													
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>													
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>													
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			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>													
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				<input checked="" type="checkbox"/>									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A Type _____			Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License _____ DOB/Age _____			Reg # <u>5285187</u> Reg Type <u>PC</u> Reg State <u>NH</u>													
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year <u>2003</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u>													
Operator <u>JAMES, HARRISON JEFFREY</u> Last First Middle			Owner <u>JAMES, HARRISON JEFFREY</u> Last First Middle													
Address <u>32 KESSLER FARM DR APT 487</u>			Address <u>32 KESSLER FARM DR APT 487</u>													
City <u>NASHUA</u> State <u>NH</u> Zip <u>03063</u>			City <u>NASHUA</u> State <u>NH</u> Zip <u>03063</u>													
Insurance Company <u>GIECO INS</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>1</u> <u>27</u> <u>27</u> <u>27</u>													
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>													
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u>													
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			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>													
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				<input checked="" type="checkbox"/>									

Wilmington Police Department
Images Associated with 23-314-AC



Date of Crash 09/27/2023 Time of Crash 1551 24HR 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 At Route# Direction Address # Name of Roadway/Street Church St 98

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped Crash Report ID# 23-315-AC

License # St OB/Ag Reg # 1TMZ41 Reg Type PC Reg State MA Sex F Lic. Class D Lic. Restrictions 1 CDL Endorsement Veh Year 2002 Veh Make FORD Veh Config. 1 Operator SHEA, BRENNA MARIE Owner SHEA, DEBRA L Address 53 ROCCO DR City BLACKSTONE State MA Zip 01504-1373

Table with columns: 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

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

License # OB/Ag Reg # EV85AE Reg Type PC Reg State MA Sex M Lic. Class D Lic. Restrictions B CDL Endorsement Veh Year 2020 Veh Make NISSAN Veh Config. 1 Operator MCCAFFERY, SEAN M Owner MCCAFFERY, SEAN M Address 2122 AVALON DR City WILMINGTON State MA Zip 01887-1158

Table with columns: 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

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 # **329 MAIN ST**
 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 **12** #Occupants Hit/Run Moped
 Crash Report ID# **23-316-AC**

Licens _____ JOB/Age _____ Reg # **321CW8** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1** 21
 Operator: **SOUSA, IRENE M** Owner: **SOUSA, IRENE M**
 Address **9 HART PL** Address **9 HART PL**
 City **WOBURN** State **MA** Zip **01801-2353** City **WOBURN** State **MA** Zip **01801-2353**
 Insurance Company **THE STANDARD FIRE INSURAN** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 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 **5** 25 **22** 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	XXXXXX	X	1	1	4	0	0	10	1	
ERME LINDA MOURA	9 HART PL 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. _____ JOB/Age _____ Reg # **886EV3** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____ Veh Year **2012** Veh Make **FORD** Veh Config. **1** 21
 Operator: **TULIN, MARIE REMANJON** Owner: **TULIN, MARIE REMANJON**
 Address **56 ALLEN ST** Address **56 ALLEN ST**
 City **LEXINGTON** State **MA** Zip **02421-7138** City **LEXINGTON** State **MA** Zip **02421-7138**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **6** 27 **4** 27 **5** 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 **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/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	

Wilmington Police Department
Images Associated with 23-316-AC



Date of Crash **09/29/2023** Time of Crash **0815** 24HR 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# _____ Direction _____ Address # 555 Name of Roadway/Street MAIN ST
At _____	_____ Feet <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ 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 _____
Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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# **23-317-AC**

License # _____ S DOB/Agr _____	Reg # W43813 Reg Type CO Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2021 Veh Make FORD Veh Config. 1 21
Operator GONZALEZ, VICTOR ALEXANDER	Owner AMERICAN FLOREST SUPPLY INC
Address 86 GILMAN ST	Address 1 PROGRESS WAY
City SOMERVILLE State MA Zip 02145-3938	City WILMINGTON State MA Zip 01887-4611
Insurance Company FEDERAL INSURANCE COMPANY	Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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: _____
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
Operator	See Above	XXXX	XX	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/Agr _____	Reg # 95AK54 Reg Type PC Reg State MA
Sex M Lic. Class B 19 19 Lic. Restrictions 1 20 CDL _____	Veh Year 2014 Veh Make HONDA Veh Config. 1 21
Operator MARSI, JOHN JOSEPH	Owner MARSI, JOHN JOSEPH
Address 1 WING RD	Address 1 WING RD
City WILMINGTON State MA Zip 01887-2530	City WILMINGTON State MA Zip 01887-2530
Insurance Company USAA GENERAL INDEMNITY CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 6 27 27 27
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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: _____
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? 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	XX	1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-317-AC

