

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>		
Date of Crash 07/02/2024	Time of Crash 1910 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u>	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>
				Latitude _____	Longitude _____		MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

<b>AT INTERSECTION:</b>	<b>LOCATION</b>	<b>NOT AT INTERSECTION:</b>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>GLEN RD</b>  Route# _____ Direction _____ Name of Roadway/Street _____  At _____  <b>BRATTLE ST</b>  Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  Also at Intersection with _____  Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ </td> <td style="width: 50%; vertical-align: top;"> 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 _____ or _____  Mile Marker _____ Exit Number _____  ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____  Route# _____ Intersecting Roadway/Street _____  ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____  Landmark _____ </td> </tr> </table>			<b>GLEN RD</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>BRATTLE ST</b> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
<b>GLEN RD</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ <b>BRATTLE ST</b> 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <u>    </u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Crash Report ID# <b>24-191-AC</b>
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License # _____ St _____ DOB/A _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <b>MERLAIN, GERVIN</b> Last First Middle Address <b>107 GLEN RD</b> City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887</b> Insurance Company <b>PLYMOUTH ROCK ASSURANCE C</b> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4YJH69</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2019</b> Veh Make <b>TOYOTA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>MEAN-MERLAIN, MIRIAME</b> Last First Middle Address <b>20 RICHARDSON ST</b> City <b>WOBURN</b> State <b>MA</b> Zip <b>01801-5535</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <u>29</u> Driver Contributing Code <u>4</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> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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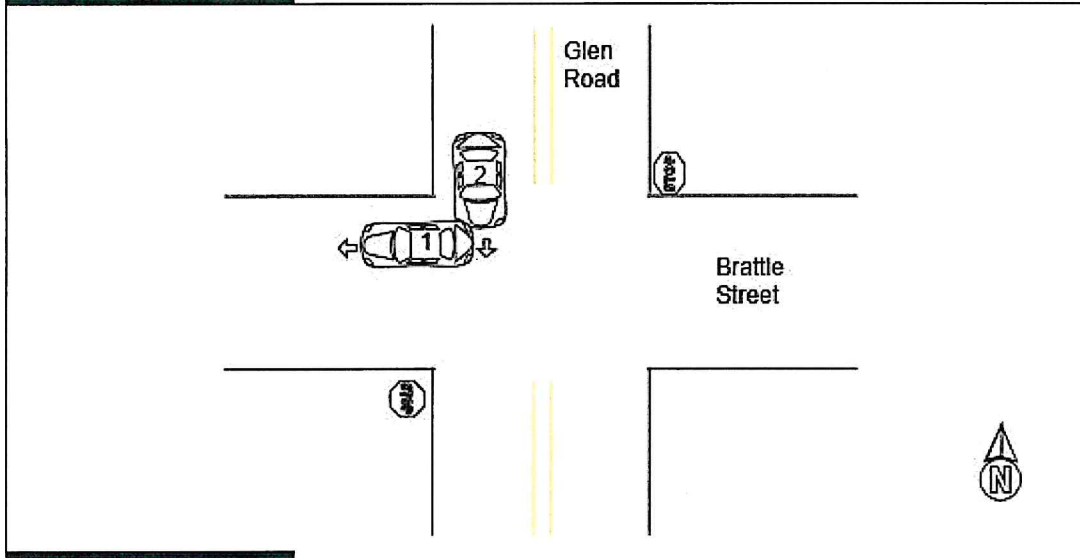
Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <u>    </u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
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License # _____ St _____ DOB/A _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____ Operator <b>HELM, LOGAN WILLARD</b> Last First Middle Address <b>29 WIGHTMAN RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4440</b> Insurance Company <b>UNITED SERVICES AUTOMOBIL</b> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <b>4EYG37</b> Reg Type <b>PC</b> Reg State <b>MA</b> Veh Year <b>2010</b> Veh Make <b>TOYOTA</b> Veh Config. <u>1</u> <u>21</u> Owner <b>HELM, CHARLES HENRY</b> Last First Middle Address <b>29 WIGHTMAN RD</b> City <b>TEWKSBURY</b> State <b>MA</b> Zip <b>01876-4440</b> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</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> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>0</u> <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> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>2</u> <u>33</u>
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Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>	See Above	<del>    </del>	<del>    </del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</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 stopped at the stop sign on Brattle Street. Vehicle 2 was traveling on Glen Road. Vehicle 1 proceeded through the stop sign across Glen Road thinking he had enough time to clear the intersection before vehicle 2 arrived at the intersection. Vehicle 2 struck the rear right side of vehicle 1. No airbags were deployed and both operators declined injuries. Both vehicles were driven 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      07/02/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

Wilmington Police Department  
Images Associated with 24-191-AC



Police Use Only			<b>Commonwealth of Massachusetts</b>				RMV Document Number		
Date of Crash 07/03/2024	Time of Crash 0907 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	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; LOCATION &gt;</b>	<b>NOT AT INTERSECTION:</b>	
Route# _____ Direction _____	Name of Roadway/Street _____		Route# <u>38</u> Direction <u>S</u>	Address # <u>335</u> Name of Roadway/Street <u>MAIN ST</u>
At _____			_____ 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 _____	
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  Vulnerable User Complete the Vulnerable User section.

Crash Report ID# **24-192-AC**

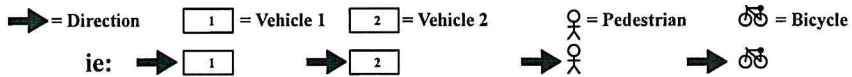
License # _____ St _____ DOB/Age _____	Reg # <u>X21706</u> Reg Type <u>CO</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL _____ Endorsement _____	Veh Year <u>2022</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> 21
Operator <u>RAMON, EUSEBIO MIGUEL</u> Last First Middle	Owner <u>ARI FLEET LT</u> Last First Middle
Address <u>107 FLETCHER ST APT 10</u>	Address <u>4001 LEADENHALL RD</u>
City <u>LOWELL</u> State <u>MA</u> Zip <u>01854-4176</u>	City <u>MOUNT LAUREL</u> State <u>NJ</u> Zip <u>08054-4611</u>
Insurance Company <u>ACE AMERICAN INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> 22 Damaged Area Code: <u>2</u> 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> 25 25 BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> 26 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32
	Towed from scene? <u>2</u> 33

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

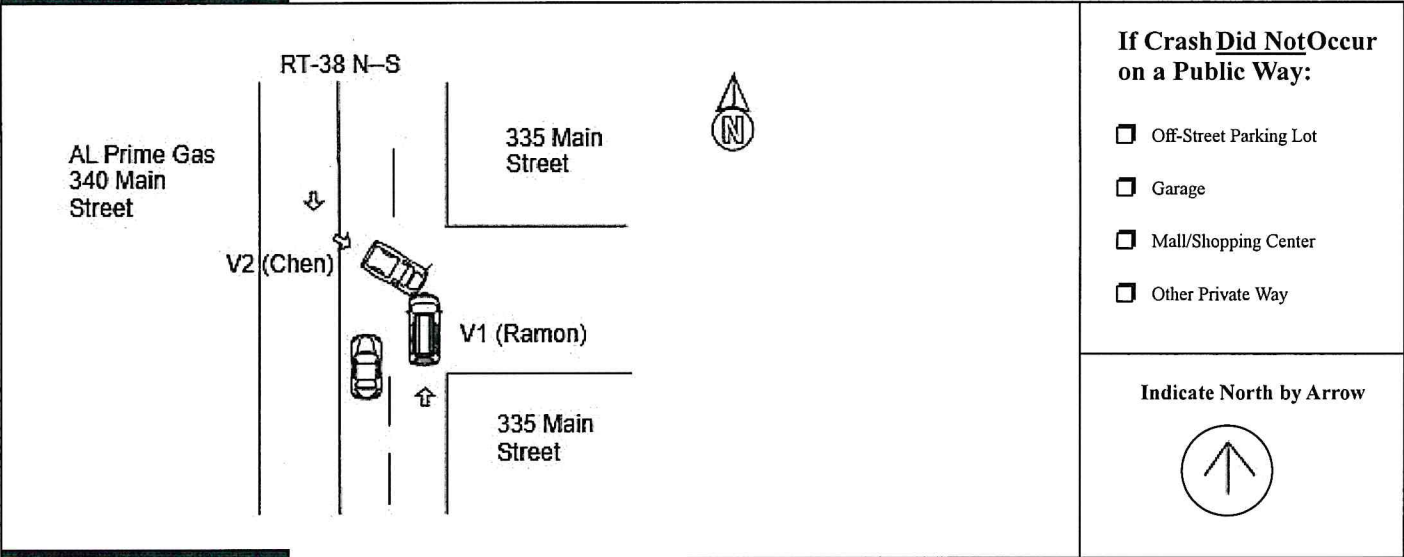
Please Select One of the Following:  Vehicle 2 #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # _____ St _____ DOB/Age _____	Reg # <u>3PPB38</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> 19 19 Lic. Restrictions <u>1</u> 20 CDL _____ Endorsement _____	Veh Year <u>2017</u> Veh Make <u>MAZDA</u> Veh Config. <u>2</u> 21
Operator <u>CHEN, XIUBIN</u> Last First Middle	Owner <u>CHEN, XIUBIN</u> Last First Middle
Address <u>5 GREENLEAF PL</u>	Address <u>5 GREENLEAF PL</u>
City <u>MELROSE</u> State <u>MA</u> Zip <u>02176-1815</u>	City <u>MELROSE</u> State <u>MA</u> Zip <u>02176-1815</u>
Insurance Company <u>PROGRESSIVE DIRECT INSURA</u>	Vehicle Action Prior to Crash <u>4</u> 22 Damaged Area Code: <u>2</u> 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>1</u> 23 23 23 23 Test Status: <u>1</u> 28
Citation # (If Issued) _____	Most Harmful Event <u>1</u> 24 Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>18</u> 25 <u>4</u> 25 BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> 26 26 Susp. Alcohol: <u>2</u> 31 Susp. Drug: <u>2</u> 32
	Towed from scene? <u>2</u> 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/Occupants</b>	See Above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	



**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 (Ramon) traveling RT.38S on right side of split lane in area of business entrance to 335 Main Street. V2 (Chen) was approaching opposite on RT.38N. V2 attempted right turn into driveway entrance and minor collision occurred with V1. V1 damaged left front end and headlight assembly. V2 had scuff damage on right front bumper. No injuries observed or reported. V1 opr. (Ramon) stated V2 attempted sudden turn in front of him when crash occurred. V2 opr. was not initially on scene and was located at her place of employment at nail salon in 335 Main Street Plaza. Significant Chinese language barrier. V2 opr called son (Ma-OLN S53014404) who translated into English. Advised mother was turning into business when left south bound travel lane stopped for her. She attempted turn and collided w/ V1 in right portion of lane. Son advised mother on filing crash report and remaining on scene for police. V2 Obstructed view & fail to yield probable cause of crash

**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 Richard DiPerri      173      Wilmington Police Department      07/03/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

<b>Police Use Only</b>			<b>Commonwealth of Massachusetts</b>				<b>RMV Document Number</b>					
Date of Crash 07/05/2024	Time of Crash <b>1258</b> 24HR	City/Town <b>Wilmington</b>	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles <b>2</b>	Number Injured <b>0</b>	Speed Limit <b>25</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"/>

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

<p><b>1</b> 1</p> <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><b>2</b> 1</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p><b>2</b> 10</p> <p>Route# _____ Direction _____ Address # <b>470</b> Name of Roadway/Street <b>MAIN ST</b></p> <p>_____ Feet <b>N S E W</b> of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p><b>2</b> 11</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p>_____ Feet <b>N S E W</b> of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following:  Vehicle **1** #Occupants  Hit/Run  Moped  Vulnerable User

Crash Report ID# **24-193-AC**

<p><b>3</b> License # _____ St. _____ DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>MCNEIL, CIARA M</b> Last First Middle</p> <p><b>4</b> 3 Address <b>5 LLOYD RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1730</b></p> <p>Insurance Company <b>FARMERS PROPERTY &amp; CASUAL</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p><b>5</b> 1 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>528EE1</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2016</b> Veh Make <b>DODGE</b> Veh Config. <b>2</b> <b>21</b></p> <p>Owner <b>MCNEIL, CIARA M</b> Last First Middle</p> <p>Address <b>5 LLOYD RD</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-1730</b></p> <p>Vehicle Action Prior to Crash <b>2</b> <b>22</b> Damaged Area Code: <b>5</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>1</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>0</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</b></p>
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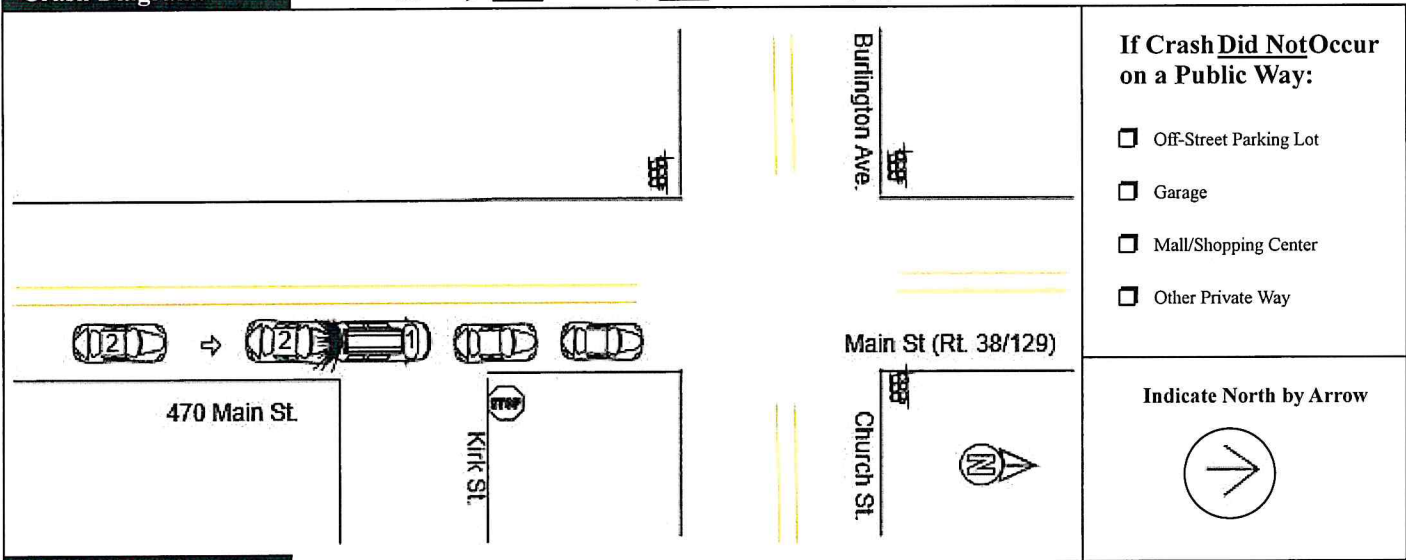
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>	See Above	<del>XXXX</del>	<del>XX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**7** 2 Please Select One of the Following:  Vehicle **2** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

<p><b>8</b> 1 License # _____ St. _____ DOB/Age _____</p> <p>Sex <b>F</b> Lic. Class <b>D</b> <b>19</b> <b>19</b> Lic. Restrictions <b>20</b> CDL _____ Endorsement _____</p> <p>Operator <b>PURCELL, ANDREA CHRISTINE</b> Last First Middle</p> <p>Address <b>7302 POULIOT PL</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6231</b></p> <p>Insurance Company <b>THE COMMERCE INSURANCE CO</b></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> <b>S E W</b> Responding to Emergency? <b>2</b></p> <p><b>9</b> 2 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>VT44054</b> Reg Type <b>PC</b> Reg State <b>MA</b></p> <p>Veh Year <b>2021</b> Veh Make <b>Jeep</b> Veh Config. <b>1</b> <b>21</b></p> <p>Owner <b>PURCELL, ANDREA CHRISTINE</b> Last First Middle</p> <p>Address <b>7302 POULIOT PL</b></p> <p>City <b>WILMINGTON</b> State <b>MA</b> Zip <b>01887-6231</b></p> <p>Vehicle Action Prior to Crash <b>1</b> <b>22</b> Damaged Area Code: <b>1</b> <b>27</b> <b>27</b> <b>27</b></p> <p>Event Sequence <b>1</b> <b>23</b> <b>23</b> <b>23</b> <b>23</b> Test Status: <b>28</b></p> <p>Most Harmful Event <b>1</b> <b>24</b> Type of Test: <b>29</b></p> <p>Driver Contributing Code <b>19</b> <b>25</b> <b>25</b> BAC Test Result: <b>30</b></p> <p>Driver Distracted by <b>99</b> <b>26</b> <b>26</b> Susp. Alcohol: <b>31</b> Susp. Drug: <b>32</b></p> <p>Towed from scene? <b>2</b> <b>33</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
<b>Operator/Occupants</b>	See Above	<del>XXXX</del>	<del>XX</del>	<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>6</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

**Crash Diagram:**



**Crash Narrative:**

On 07/5/24 car 2 while travelling NB on Rt. 38 Main St. crashed into the rear of Car 1. Car 1 was slowing and in traffic at the intersection with Rt. 62. Both parties stated no injuries and no tows required.

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**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 Dillon Halliday      205      Wilmington Police Department      07/05/2024  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date