

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/25/2024	Time of Crash 0937 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 LOWELL ST			2				10			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
1 WOBURN ST			3				11			
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							
2 Route# Direction Name of Intersecting Roadway/Street			Landmark							
3 Please Select One of the Following:			Crash Report ID# 24-328-AC							
☒ Vehicle 13 #Occupants			☐ Hit/Run				☐ Moped			
License #, S, DOB/Age			Reg # 4RE127 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21							
Operator HORLANDER, DANIEL PAUL			Owner HORLANDER, DANIEL PAUL							
Address 65 TEW MAC TER			Address 65 TEW MAC TER							
City TEWKSBURY State MA Zip 01876-4268			City TEWKSBURY State MA Zip 01876-4268							
Insurance Company LM GENERAL INSURANCE COMP			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 1 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) 027007AD			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 3 25 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			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			1 1 3 0 0 10 1							
			5 4 3 0 0 10 1							
			6 4 3 0 0 10 1							
7 Please Select One of the Following:			Complete the Vulnerable User section.							
☒ Vehicle 21 #Occupants			☐ Hit/Run				☐ Moped			
☐ Vulnerable User										
License # 1 St. B/Age			Reg # 8WJ371 Reg Type PC Reg State MA							
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2020 Veh Make SUBARU Veh Config. 1 21							
Operator BOESSNECK, KIRSTEN ROSE			Owner BOESSNECK, KIRSTEN ROSE							
Address 18 GEORGE BROWN ST			Address 18 GEORGE BROWN ST							
City BILLERICA State MA Zip 01821-2104			City BILLERICA State MA Zip 01821-2104							
Insurance Company USAA CASUALTY INSURANCE C			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 11 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: 0 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 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Please fill out for operator and all occupants involved			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/Occupants See Above			1 1 3 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

226 Lowell Street		230 Lowell Street
Lowell Street	Woburn Street	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 (V1) was traveling north on Woburn Street approaching the intersection with Lowell Street. Vehicle 2 was stationary at the red traffic light on Lowell Street traveling eastbound. V2's light turns green and proceeds east into the intersection and in the middle of the intersection she is struck on the right front door by V1. The momentum of this collision causes V2 to rotate clockwise and flip over, coming to rest on its roof in eastbound travel lane. According to an identified witness, and the operator of V2, V1 is stated to have ran the red light. Review of video footage from 230 Lowell St shows that V1's traffic light was red for 4-5 seconds prior to him entering the intersection. All airbags deployed in both vehicles, and all parties signed medical refusals with the Wilmington Fire Department. Both vehicles were towed by Forrest Towing. The operator of V1 was mailed a citation for red light violation (89/9).

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HALVADJIAN VARTAN	7 LAUREL ST WATERTOWN MA 02472-4212		

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

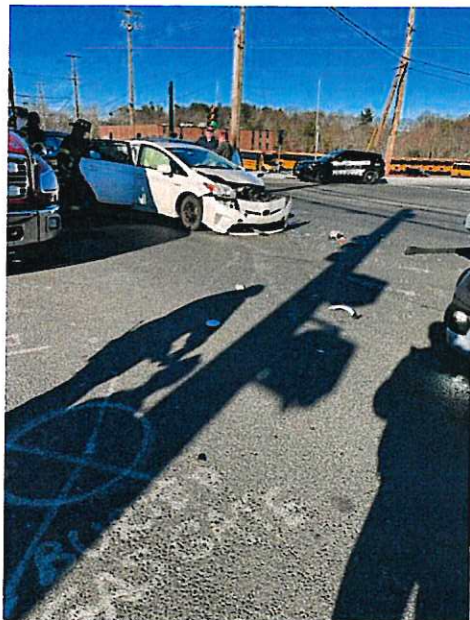
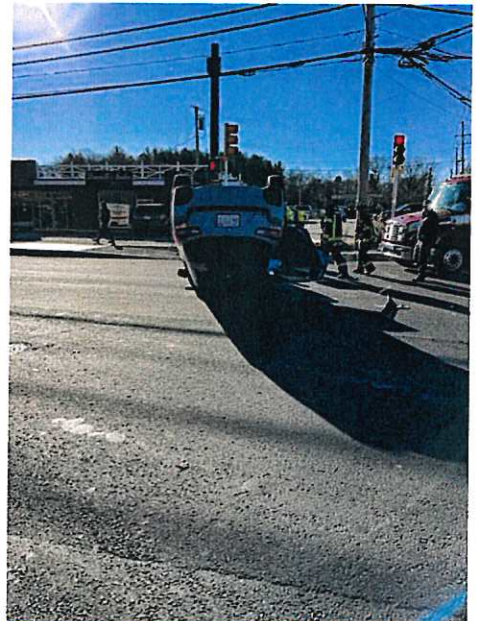
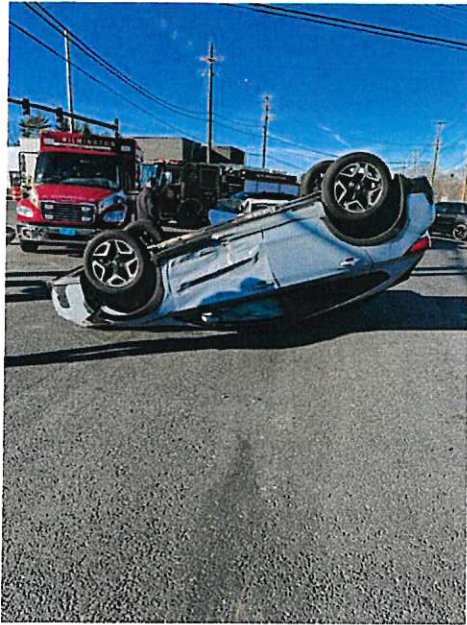
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

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 11/25/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-328-AC



Wilmington Police Department
Images Associated with 24-328-AC



Attachments for 24-328-AC	
Description	Type
VIDEO OF CRASH	MP4
Attachment#: 98555E947F5A47FAAC8C82D0D626ACA7	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/26/2024	Time of Crash 1537 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit <u>5</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Campus Police Other: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>159</u> Direction _____ Address # <u>CHURCH ST</u> Name of Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <u>N S E W</u> of _____ Mile Marker _____ Exit Number _____				7 11			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
Please Select One of the Following: ☒ Vehicle <u>1</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped			Crash Report ID# <u>24-329-AC</u>							
License # _____ St _____ DOB/Age _____ Se: _____ Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator _____ Address _____ C _____ State _____ Zip _____			Reg # <u>3CNZ74</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2021</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>MCCAULEY, JOSEPH M</u> Last First Middle Address <u>56 ASHWOOD AVE</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-4425</u>							1 12
Insurance Company <u>THE COMMERCE INSURANCE CO</u> Vehicle Travel Direction: <u>N X E W</u> 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 _____			Vehicle Action Prior to Crash <u>10</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>5</u> <u>27</u> <u>6</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>1</u> <u>29</u> Driver Contributing Code <u>99</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> <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>							2 13
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			<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 <u>2</u> #Occupants <u>1</u> ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ S _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Operator <u>SHAPIRO, ROBERT D</u> Last First Middle Address <u>8 WEBBER ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3636</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <u>N X E W</u> 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>5547FJ</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2022</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SHAPIRO, ROBERT D</u> Last First Middle Address <u>8 WEBBER ST</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3636</u> Vehicle Action Prior to Crash <u>11</u> <u>22</u> Damaged Area Code: <u>4</u> <u>27</u> <u>5</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>1</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>							4 14
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/Occupants _____ See Above			<u>1</u> <u>0</u> <u>4</u> <u>0</u> <u>0</u> <u>10</u> <u>1</u>							

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/26/2024

Time of Crash
1537
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number
Vehicles
3

Number
Injured
0

Speed Limit
5

Latitude

Longitude

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 Address # Name of Roadway/Street

159 CHURCH 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 31 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 24-329-AC

License # St DOB/Age

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator MACDONALD, BRIAN JAMES

Address 3 BAKER ST

City WILMINGTON State MA Zip 01887-2008

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: N S E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 5FCX19 Reg Type PC Reg State MA

Veh Year 2019 Veh Make HYUNDAI Veh Config. 1 21

Owner MACDONALD, BRIAN JAMES

Address 3 BAKER ST

City WILMINGTON State MA Zip 01887-2008

Vehicle Action Prior to Crash 11 22

Event Sequence 2 23 23 23 23

Most Harmful Event 2 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 2 27 1 27 8 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
Operator	See Above			1	0	4	0	0	10	1	

Please Select One
of the Following:

☐ Vehicle 4 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator and all occupants involved

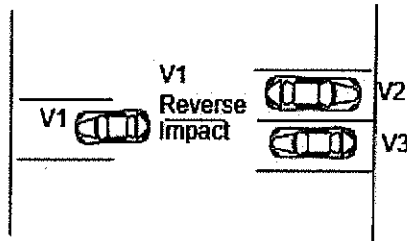
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Teachers Parking Lot
159 Church St
Wilmington High



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:

*** JUVENILES***

Sir, responded to a report of a motor vehicle crash in the Teachers Lot of the High School. On arrival I (Officer MacGilvray) spoke to the operator of V1. V1 stated he backed into parked vehicles V2 and v3. V1 stated he stepped on the gas instead of stepping on the brake by accident causing the crash. No injury reported on scene. No vehicles towed on 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:

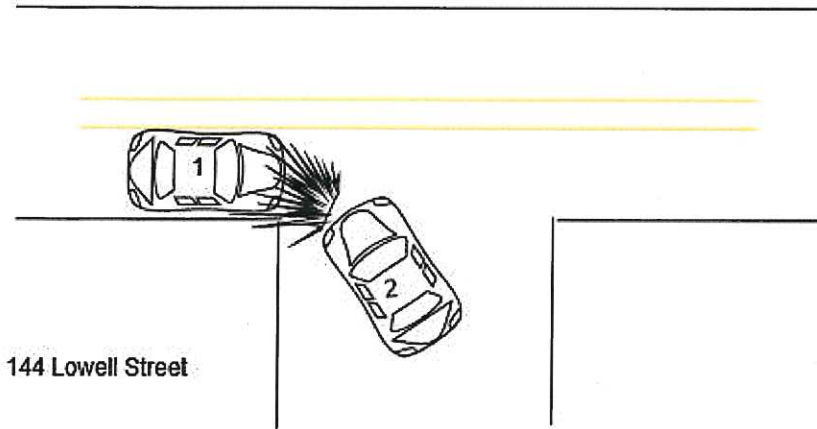
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Paul Macgilvray 221 Wilmington Police Department 11/26/2024
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/26/2024	Time of Crash 1718 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 40	State Police ☐
									Local Police ☒	
									MBTA Police ☐	
									Campus Police ☐	
									Other ☐	
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 or Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 24-330-AC	
License # St DOB/Age			Reg # 4PCH42		Reg Type ZZ		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 1992		Veh Make PLYMOUTH		Veh Config. 1 21			
Operator COOK, EVAN HENRY			Owner COOK, EVAN HENRY							
Address 101 MIDDLESEX TPKE APT 11			Address 101 MIDDLESEX TPKE APT 11							
City BURLINGTON State MA Zip 01803			City BURLINGTON State MA Zip 01803							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 1 22		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: 0 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 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					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			1 1 1 0 0 7 2		Winchester Hospital					
Please Select One of the Following:			☒ Vehicle 2 1 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # 7 St DOB/Age			Reg # Y29717		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017		Veh Make CHEVROLET		Veh Config. 1 21			
Operator DEOLIVEIRA, ANGELO A			Owner DEOLIVEIRA, ANGELO A							
Address 3 WARREN RD			Address 3 WARREN RD							
City WOBURN State MA Zip 01801-4923			City WOBURN State MA Zip 01801-4923							
Insurance Company NATIONAL CONTINENTAL INSU			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 7 27 27 27					
Vehicle Travel Direction: N S E X 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: 0 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 26		Susp. Alcohol: 1 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved					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/Occupants See Above			1 1 2 0 0 10 1							

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:

Motor vehicle 1 was traveling East on Lowell Street when Motor vehicle 2 took a left out of 144 Lowell Street without yielding to oncoming traffic and collided with motor vehicle 1. The operator of motor vehicle 1 was injured in the crash and was transported to Lahey Hospital by the Wilmington Fire Department. The operator of motor vehicle 2 was not injured and signed a refusal with the Wilmington Fire Department. Motor vehicle 1 had significant damage to the center front with air bag deployment from the steering wheel. Motor vehicle 2 had significant damage to the left side as well as air bag deployment from both sides. Both vehicles were towed off scene by A&S Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FAMOLARE NICHOLAS JAMES	22 ELIZABETH RD BILLERICA MA 01821-4406		

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 Zachary A Leighton

227

Wilmington Police Department

11/26/2024

Police Officer Name (Please Print)

Signature

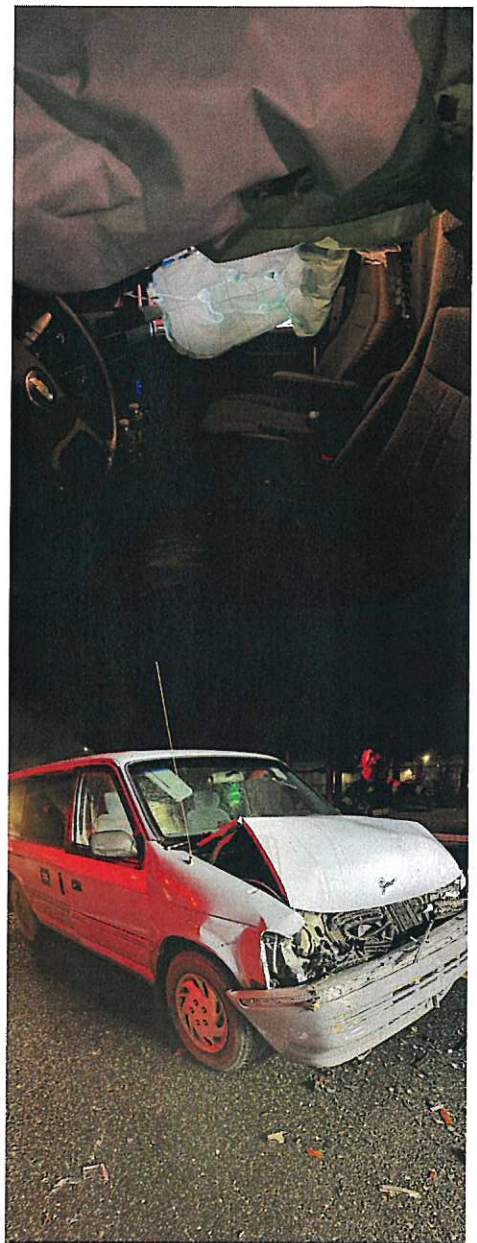
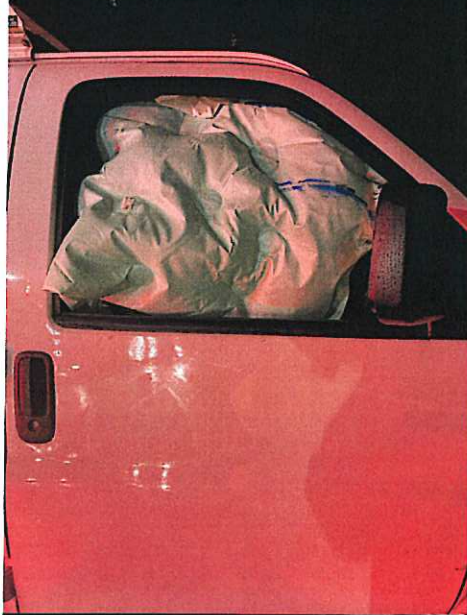
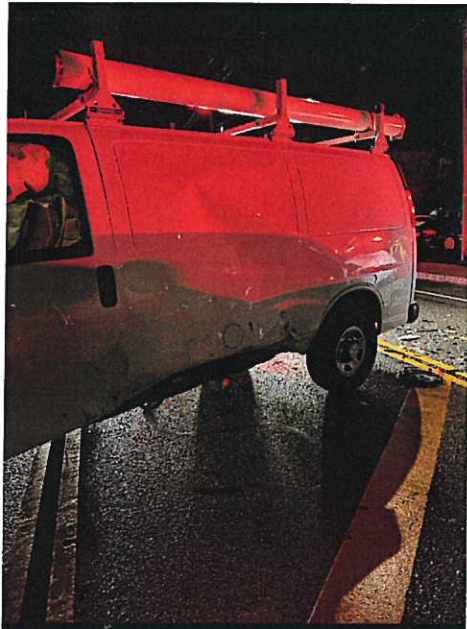
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-330-AC

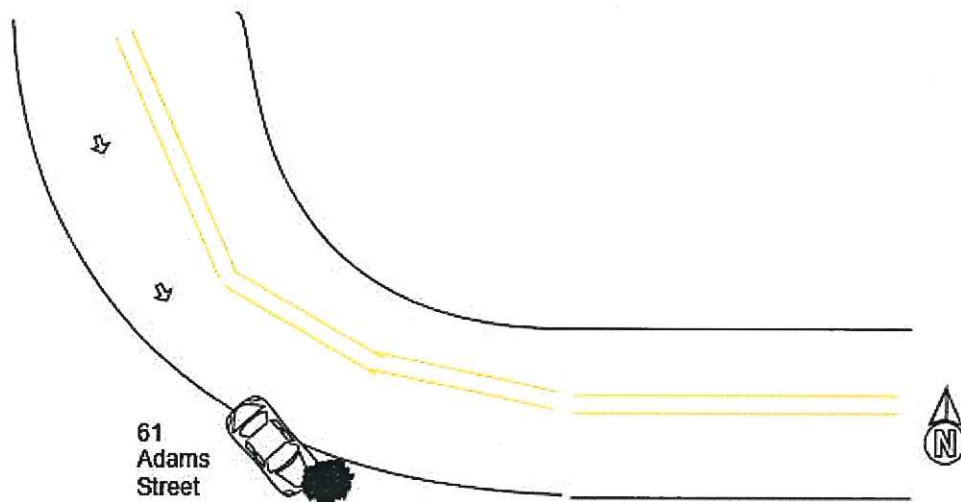


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/27/2024	Time of Crash 0743 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 25	State Police ☐ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other ☐	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street			61 ADAMS ST					
At			Feet N S E W of			Mile Marker			Exit Number		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street			1		
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# 24-331-AC								
License # St DOB/Age			Reg # 5063656 Reg Type PC Reg State NH								
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2016 Veh Make FORD Veh Config. 1 21								
Operator ASKLUND, MARK JOSEPH			Owner ASKLUND, MARIE LOUISE								
Address 116 DANIS PARK RD			Address 116 DANIS PARK RD								
City GOFFSTOWN State NH Zip 03045			City GOFFSTOWN State NH Zip 030452685								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 27 8 27 27					
Vehicle Travel Direction: N X E W Responding to Emergency? 2			Event Sequence 30 23 23 23 23			Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 30 24			Type of Test: 0 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 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address DOB/Age Sex			34 Sent 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			☐ Hit/Run			☐ Moped		
			☐ Vulnerable User Complete the Vulnerable User section.								
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 26			Susp. Alcohol: 31 Susp. Drug: 32					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address DOB/Age Sex			34 Sent Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility								
Operator/Occupants See Above			1								

→ = 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 was traveling south on Adams Street approaching the sharp curve in the road. The operator began to navigate the turn when he hits a large patch of black ice in the roadway. This causes him to loose control of the vehicle sliding off the right side of the road striking a rock, fence, and tree stump. The vehicles airbags did not deploy and the operator declined injuries. The vehicle was winched out by A&S Towing and was able to be 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

11/27/2024

Police Officer Name (Please Print)

Signature

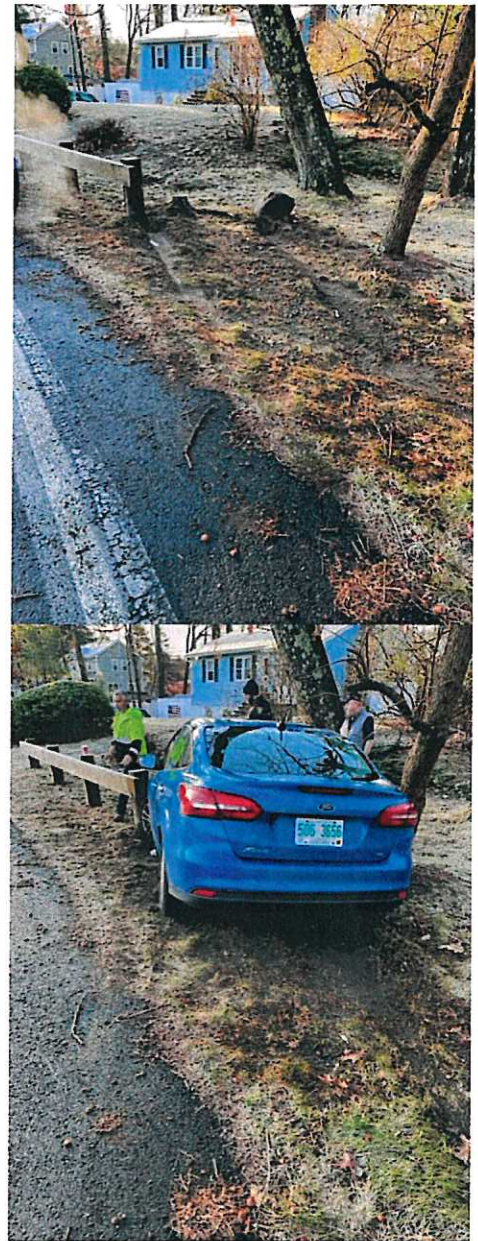
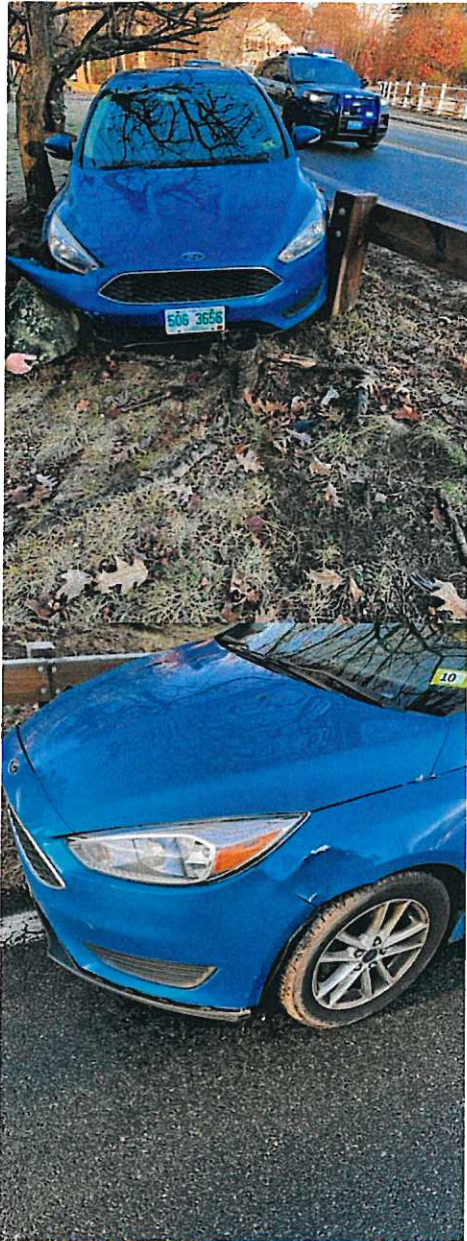
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-331-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/27/2024

Time of Crash
1720
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
0

Speed Limit
30

Latitude

Longitude

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 Address # Name of Roadway/Street

Feet ☒ S ☒ W of Mile Marker or Exit Number

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

Feet ☒ S ☒ E ☒ W of Landmark

Please Select One of the Following:

☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 24-332-AC

License # S DOB/Age

St Lic. Class ☒ 19 ☒ 19 Lic. Restrictions ☒ 20 CDL Endorsement

Operator Last First Middle

Address City Stat Zip

Reg # 2ARS98 Reg Type PC Reg State MA

Veh Year 2012 Veh Make VOLKSWAGEN Veh Config. 1 21

Owner CHESBROUGH, SAMUEL REGINALD Last First Middle

Address 33 MARCUS RD

City WILMINGTON State MA Zip 01887-1508

Insurance Company GARRISON PROPERTY & CASUA

Vehicle Travel Direction: ☒ N ☒ S ☒ W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Vehicle Action Prior to Crash 1 22

Event Sequence 6 23 23 23 23

Most Harmful Event 6 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

Damaged Area Code: 7 27 27 27

Test Status: 1 28

Type of Test: 0 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
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class ☒ 19 ☒ 19 Lic. Restrictions ☒ 20 CDL Endorsement

Operator Last First Middle

Address City State Zip

Insurance Company

Vehicle Travel Direction: ☒ N ☒ S ☒ E ☒ W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner Last First Middle

Address City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

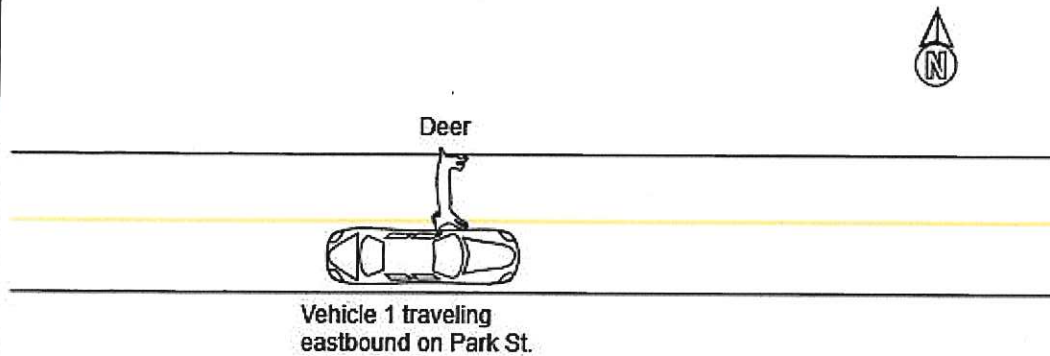
Towed from scene? 33

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/Occupants	See Above			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 traveling eastbound, in front of 40 Park St. Vehicle 1 operator stated deer ran into drivers side of the vehicle and destroyed drivers side mirror, dented drivers side front and rear door. Operator pulled over in front of 61 Park St. to notify the police. Operator stated no injuries. Vehicle 1 operator pointed out blood from deer located near the mirror. (pictures attached to report).

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 Seth A Mucha-Kangas

235

Wilmington Police Department

11/27/2024

Police Officer Name (Please Print)

Signature

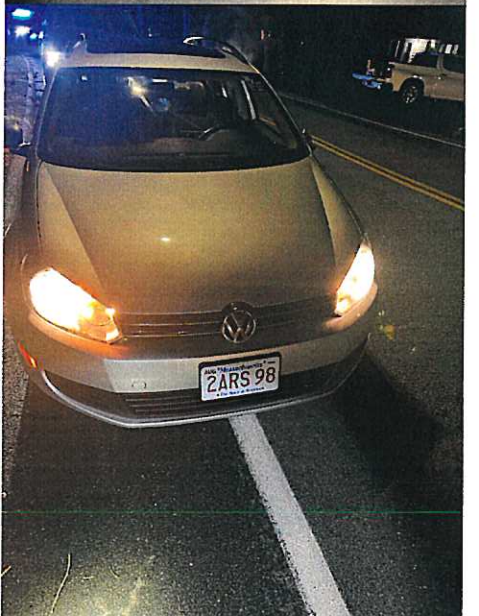
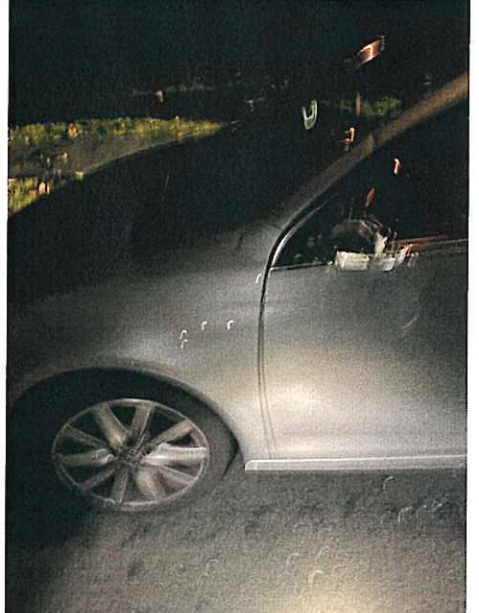
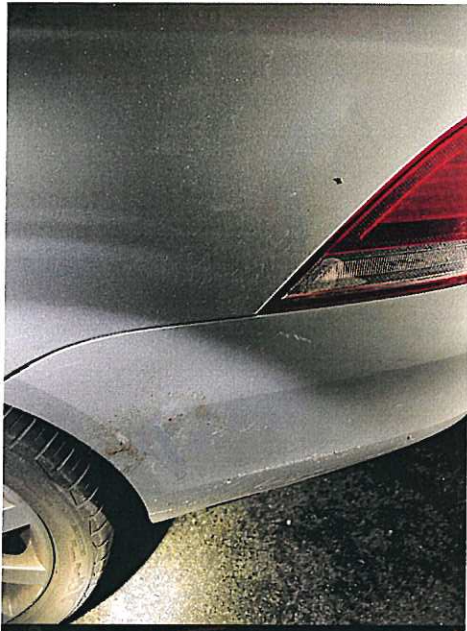
ID/Badge #

Department

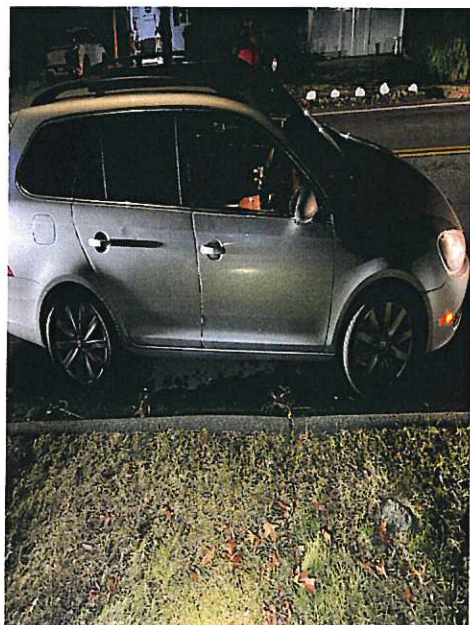
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 24-332-AC



Wilmington Police Department
Images Associated with 24-332-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/29/2024

Time of Crash
0148
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
1

Number Injured
0

Speed Limit 30
Latitude
Longitude

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 Address # Name of Roadway/Street
104 ALDRICH RD

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# 24-333-AC

License # St DOB/Age
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator SCAPLEN, COLBY STEPHEN
Last First Middle

Address 36 BOUTWELL ST

City WILMINGTON State MA Zip 01887-2607

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: N S X W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 1CHT96 Reg Type PC Reg State MA

Veh Year 2007 Veh Make HONDA Veh Config. 1 21

Owner SCAPLEN, STEPHEN J
Last First Middle

Address 36 BOUTWELL ST

City WILMINGTON State MA Zip 01887-2607

Vehicle Action Prior to Crash 1 22

Event Sequence 24 23 23 23 23

Most Harmful Event 24 24

Driver Contributing Code 21 25 19 25

Driver Distracted by 0 26 26

Damaged Area Code: 1 27 2 27 10 27

Test Status: 1 28

Type of Test: 0 29

BAC Test Result: 1 30

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			1	99	3	0	0	10	1	

Please Select One of the Following:

☐ Vehicle 2 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St DOB/Age

Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement

Operator
Last First Middle

Address

City State Zip

Insurance Company

Vehicle Travel Direction: N S E W Responding to Emergency?

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State

Veh Year Veh Make Veh Config. 21

Owner
Last First Middle

Address

City State Zip

Vehicle Action Prior to Crash 22

Event Sequence 23 23 23 23

Most Harmful Event 24

Driver Contributing Code 25 25

Driver Distracted by 26 26

Damaged Area Code: 27 27 27

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 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/Occupants	See Above			1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Aldrich Road

V1



V1



Guardrail

105 Aldrich Road



If Crash Did Not Occur on a Public Way:

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

Indicate North by Arrow



Crash Narrative:

On Friday November 29, 2024 at approximately 2:00am I was dispatched to a single car motor vehicle crash with airbag deployment and unknown injuries in front of 105 Aldrich Road. Upon arrival I observed OP1 standing outside his vehicle bearing MA REG 1CHT96 (V1). I asked OP1 if he was injured to which he stated no. I then asked OP1 what happened to which he stated he was driving home from his girlfriends house in New Hampshire and started to fall asleep and lost control and drove through the guardrail. There was significant damage to the guardrail as well as to the property of 105 Aldrich Road (front lawn and rock garden). The guardrail was broken and a large piece of it was in front of 105 Aldrich Road. OP1 was evaluated by the fire department and signed a refusal. The vehicle was towed by Cain's towing and brought back to their yard. End of Report.

Witnesses:

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

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
MOURA MARIA M	105 ALDRICH RD WILMINGTON MA 01897		97	FRONT LAWN
TOWN OF WILMINGTON	105 ALDRICH RD WILMINGTON MA		3	GUARDRAIL

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

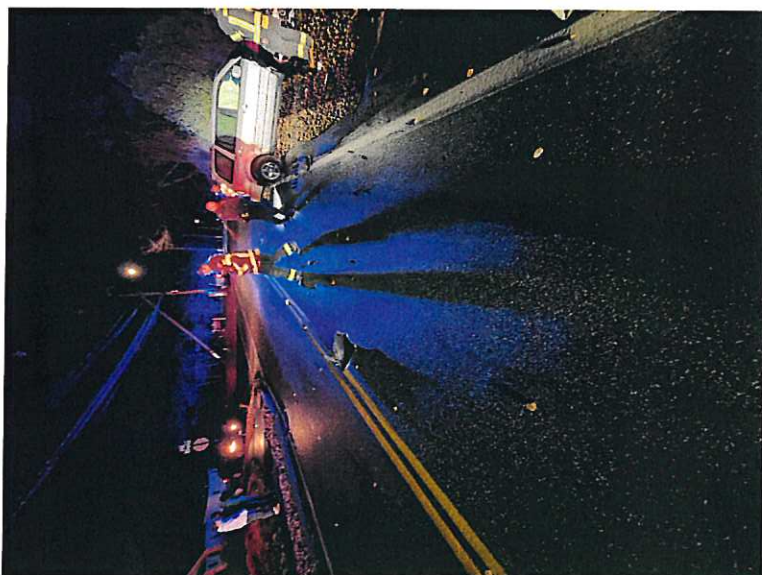
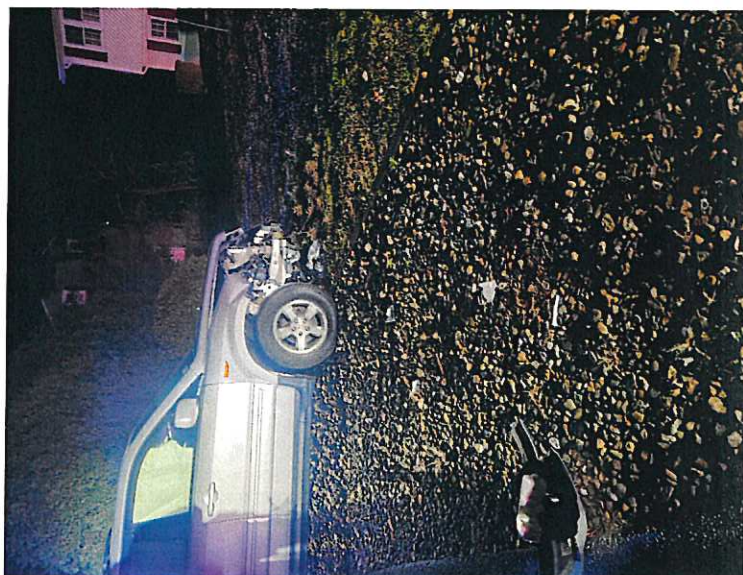
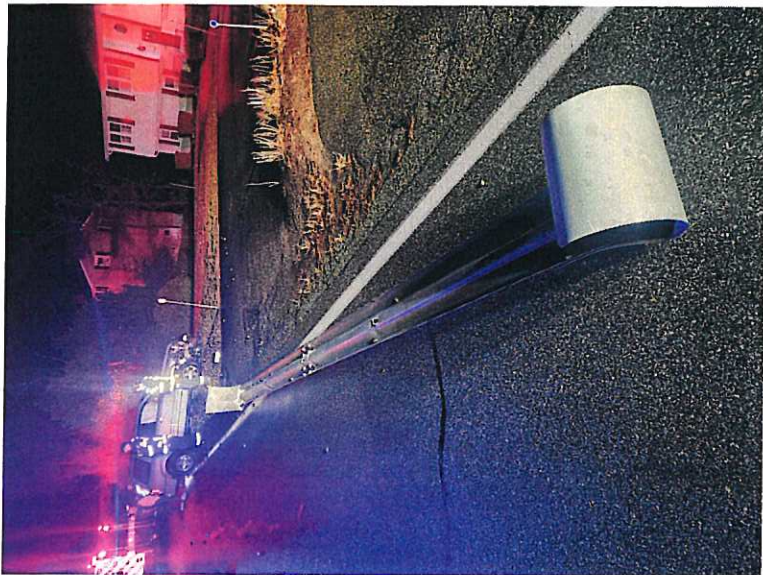
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

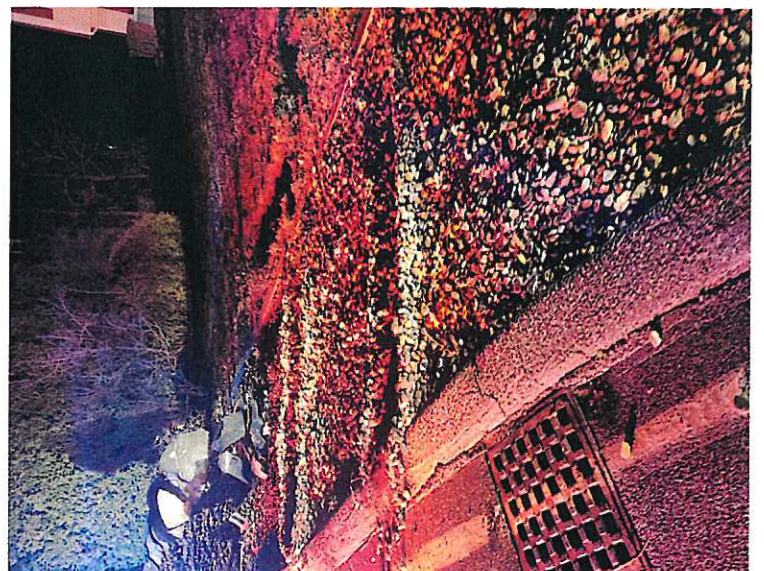
Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer John A Fortes 228 Wilmington Police Department 11/29/2024
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 24-333-AC



Wilmington Police Department
Images Associated with 24-333-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash
11/29/2024

Time of Crash
1111
24HR

City/Town
Wilmington

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 30
Latitude
Longitude

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 Address # Name of Roadway/Street

496 MAIN ST

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# 24-334-AC

License # S JOB/Ag

Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator FUOCO, CAROL A

Address 14D CARNATION CIR

City READING State MA Zip 01867-2776

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 2PPB99 Reg Type PC Reg State MA

Veh Year 2020 Veh Make HONDA Veh Config. 1 21

Owner FUOCO, CAROL A

Address 14D CARNATION CIR

City READING State MA Zip 01867-2776

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 1 25 25

Driver Distracted by 0 26 26

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
--------------------------	---------	---------	-----	--------------	------------------	------------------	---------------	--------------	------------------	-----------------	------------------

Operator

See Above

Please Select One of the Following:

☒ Vehicle 2 Occupants☐ Hit/Run☐ Moped☐ Vulnerable User Complete the Vulnerable User section.

License # S DOB/Age

Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator HUMPHREY, TYLER R

Address 47R BUTTERSROW

City WILMINGTON State MA Zip 01887-3340

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Travel Direction: N X E W Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # 4PXN49 Reg Type PC Reg State MA

Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21

Owner HUMPHREY, TYLER R

Address 47R BUTTERSROW

City WILMINGTON State MA Zip 01887-3340

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

Event Sequence 1 23 23 23 23

Most Harmful Event 1 24

Driver Contributing Code 19 25 25

Driver Distracted by 0 26 26

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
--------------------------	---------	---------	-----	--------------	------------------	------------------	---------------	--------------	------------------	-----------------	------------------

Operator/Occupants

See Above

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main Street



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 and MV 2 were driving south on Main St. MV 2 stated he rear-ended MV 1. 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

Police Officer Name (Please Print)

Signature

200

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

11/29/2024

Date