

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/20/2026	Time of Crash 1316 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:					
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			Feet N S E W of Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 12 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-124-AC	
License #, St DOB/Age			Reg # P73622		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2012		Veh Make CHEVROLET		Veh Config. 2		21	
Operator CASO, MAXWELL A			Owner BROOKS, KEITH ALAN							
Address 1 DERRYFIELD AVE			Address 4 WESTLAND DR							
City BURLINGTON State MA Zip 01803-4703			City TEWKSBURY State MA Zip 01876-1245							
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 8 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			Driver Contributing Code 1 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address				36 Airbag Status		37 Eject Code	
Operator			See Above				38 Trap Code		39 Injury Status	
JUSTIN BROOKS			4 WESTLAND DR TEWKSBURY, MA 01876		M		40 Transp. Code		Medical Facility	
Please Select One of the Following:			☒ Vehicle 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License #, St DOB/Age			Reg # Y11894		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2023		Veh Make GMC		Veh Config. 2		21	
Operator BARRETO, CLAUDIO ALVES			Owner BARRETO, CLAUDIO ALVES							
Address 34 GAGE ST APT 3R			Address 34 GAGE ST APT 3R							
City WORCESTER State MA Zip 01605-3084			City WORCESTER State MA Zip 01605-3084							
Insurance Company PROGRESSIVE CASUALTY INSU			Vehicle Action Prior to Crash 3 22		Damaged Area Code: 3 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			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 2 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved			DOB/Age		Sex		34 Seat Pos.		35 Safety System	
Name (Last First Middle)			Address				36 Airbag Status		37 Eject Code	
Operator/Occupants			See Above				38 Trap Code		39 Injury Status	
					1		40 Transp. Code		Medical Facility	

→ = 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



316 Lowell St



Crash Narrative:

Vehicle 1 was traveling east on Lowell Street as it passed the entrance of 316 Lowell Street. Vehicle 2 was traveling along side vehicle 1 originally heading towards the left lane when it suddenly began to turn right into the entrance of 316 Lowell Street in front of vehicle 1. Vehicle 1 could not slow down in time and collided with the rear right side of vehicle 2. all parties involved claimed no injuries. Neither vehicle suffered airbag deployment and both vehicles were still in driveable condition.

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 Thomas Lawrenson

222

Wilmington Police Department

04/20/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/21/2026	Time of Crash 1217 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit _____ 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 _____ Address # 316 LOWELL ST Name of Roadway/Street _____ ____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet N S E W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
Please Select One of the Following: ☒ Vehicle 14 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-125-AC							
License # _____ St _____ DOB/Age _____ Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator WYMAN, NANCY A Address 234 CAUSEWAY ST APT 914 City BOSTON State MA Zip 02114-2137 Insurance Company THE STANDARD FIRE INSURAN Vehicle Travel Direction: ☒ 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 # 8039XG Reg Type PC Reg State MA Veh Year 2021 Veh Make AUDI Veh Config. 1 21 Owner WYMAN, LISA A Address 69 COOLIDGE ST City BROOKLINE State MA Zip 02446-5805 Vehicle Action Prior to Crash 11 22 Event Sequence 2 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 8 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							
			M 3 1 4 0 0 10 1							
			F 6 1 4 0 0 10 1							
			M 4 1 4 0 0 10 1							
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License # _____ St _____ DOB/Age _____ Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Operator DA VEIGA SOARES DA C, CARLOS MOISES Address 140 NORMAN ST APT 2 City NEW BEDFORD State MA Zip 02744-2266 Insurance Company FEDERAL INSURANCE COMPANY Vehicle Travel Direction: ☒ N ☒ 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 # Z15569 Reg Type CO Reg State MA Veh Year 2008 Veh Make GMC Veh Config. 8 21 Owner LIGHTHOUSE MASONRY INC Address 150 JOHN VERTENTE BLVD City NEW BEDFORD State MA Zip 02745-1207 Vehicle Action Prior to Crash 10 22 Event Sequence 1 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 18 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 0 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/Occupants See Above			1 1 4 0 0 10 1							

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

Crash Diagram:

ie: →

1

→

2

→

○

→

○

Mobile on the Run
Parking lot

V2

V1

Pump

Pump

Pump

Pump

Pump

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 April 21, 2026, Vehicle 1 pulled into the Mobile on the Run gas station between two gas pumps. Vehicle 1 stopped between the two gas pumps while waiting for a spot. Vehicle 2 was attempting to pull into a gas pump, making multiple turns to fit. Vehicle 2 reversed and struck Vehicle 1's front driver's side. The operator of Vehicle 2 stated that the car was in a blind spot and that they did not see it. Vehicle 2 did not sustain any damage during this incident. Both operators exchanged information, and vehicles were able to drive.

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 Kyle P Collins

239
ID/Badge #

Wilmington Police Department
Department

04/21/2026
Date

Wilmington Police Department
Images Associated with 26-125-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/24/2026	Time of Crash 0727 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 # Name of Roadway/Street							
At			Feet N S X W of 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							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
Please Select One of the Following:			☒ Vehicle 11 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-126-AC	
License: St. DOB/Ag			Reg # S90256		Reg Type CO		Reg State MA			
Sex M Lic. Class B 19 19 Lic. Restrictions M 20 CDL P Endorsement			Veh Year 2016		Veh Make FORD		Veh Config. 2			
Operator BEECHER, BRIAN PATRICK JR			Owner BEECHER, BRIAN PATRICK JR							
Address 7 COMANCHE CIR			Address 7 COMANCHE CIR							
City BILLERICA State MA Zip 01821-3052			City BILLERICA State MA Zip 01821-3052							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 2		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 13 25 6 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 7 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 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 21 #Occupants		☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Ag			Reg # 4YY511		Reg Type PC		Reg State MA			
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2013		Veh Make CHEVROLET		Veh Config. 1			
Operator KENNEY, JENNIFER ANNE			Owner KENNEY, JOHN MICHAEL							
Address 400A ANDOVER ST			Address 400A ANDOVER ST							
City WILMINGTON State MA Zip 01887-1005			City WILMINGTON State MA Zip 01887-1005							
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1		Damaged Area Code: 5 27 6 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										
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 4 0 0 10 1					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Lowell 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:

On Friday, April 24th, 2026, MV1 was traveling East on Lowell Street in the town of Wilmington. At this time, there was a separate motor vehicle accident in the same area of Lowell Street. While MV1 was slowing down due to traffic in the area MV2 was traveling behind MV1 when they rear-ended MV1. MV2 stated the glare from the sun effected their vision and did not see MV1 was stopping. Both vehicles sustained minor damage and airbags did not deploy in either vehicle. Both operators denied any injury and denied medical treatment. MV1 and MV2 were able to drive 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

Truck and Bus Information:

Registration # S90256 (From Vehicle Section)

Carrier Name Brian Beecher

Bus Use 0 ⁴²

Address 7 COMANCHE CIR City BILLERICA St MA Zip 01821

US DOT #: 3378187 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 0 ⁴⁴ GVWR/GCWR 2 ⁴⁵

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

Hazmat Information:

Placard 3 ⁴⁷ Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Joshua I DeBarros

234

Wilmington Police Department

04/24/2026

Police Officer Name (Please Print)

Signature

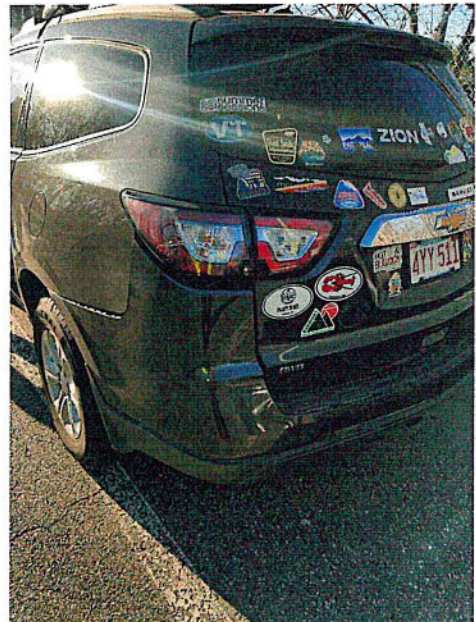
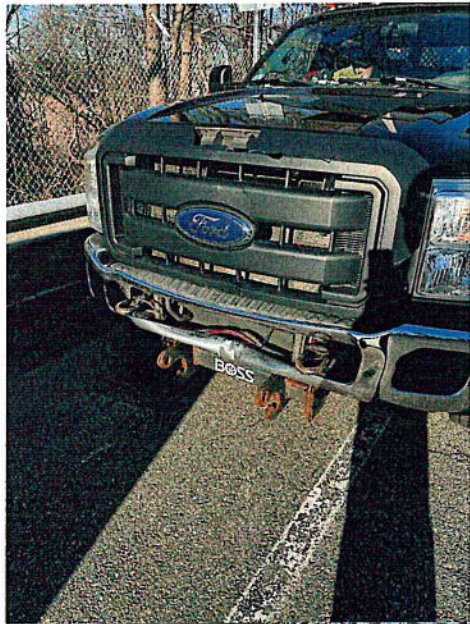
ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-126-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number																									
Date of Crash 04/24/2026	Time of Crash 0720 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			Route# Direction Address # Name of Roadway/Street				331 LOWELL 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				6																									
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 12 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-127-AC																				
License # St. DOB/Age			Reg # 4KGM31			Reg Type PC			Reg State MA			1 12																				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022			Veh Make AUDI			Veh Config. 1 21			1																				
Operator TWOMEY, JULIE KRISTIN			Owner TWOMEY, KEVIN J			Last First Middle			Address 34 PONDVIEW LN																							
Address 34 PONDVIEW LN			City READING			State MA			Zip 01867-1269																							
Insurance Company THE COMMERCE INSURANCE CO			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			Driver Contributing Code 1 25 25			BAC Test Result: 1 30																										
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32						1 13																				
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33																										
Viol. 4: Ch/Sec/Sub																																
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			X			1			1			4			0			0			10			0					
RYAN TWOMEY			34 PONDVIEW LN READING, MA 01867-1269			M			3			1			4			0			0			10			0					
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User			Complete the Vulnerable User section.																	
License # St. DOB/Age			Reg # 3MEA16			Reg Type PC			Reg State MA			1 14																				
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014			Veh Make SUBARU			Veh Config. 1 21																							
Operator PAVAN, LISA MICHELLE			Owner PAVAN, LISA MICHELLE			Last First Middle			Address 86 FELLSSWAY W APT 2																							
Address 86 FELLSSWAY W APT 2			City SOMERVILLE			State MA			Zip 02145-2047																							
Insurance Company PROGRESSIVE DIRECT INSURA			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 1 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: 0 29																										
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 4 25 25			BAC Test Result: 1 30																										
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32																										
Viol. 3: Ch/Sec/Sub						Towed from scene? 1 33																										
Viol. 4: Ch/Sec/Sub																																
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/Occupants			See Above			X			1			1			4			0			0			10			0					

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Lowell Street

I-93 Northbound On-Ramp

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1 was traveling straight ahead eastbound on Lowell Street. V2 was turning onto the I-93 Northbound On-ramp from Lowell Street. V2 turned into V1 as it continued straight and struck V1 head-on. Operator of V2 stated she was unable to see V1 due to glare from the sun. It should be noted that the sun was noticeably bright and created a blindspot at the turn on.

Both vehicles were towed by Cains to Cains. All parties were transported to 316 Lowell Street, Mobil on the Run, to await transportation.

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 Justin T Crowley

Police Officer Name (Please Print)

Signature

240

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/24/2026

Date

Wilmington Police Department
Images Associated with 26-127-AC

