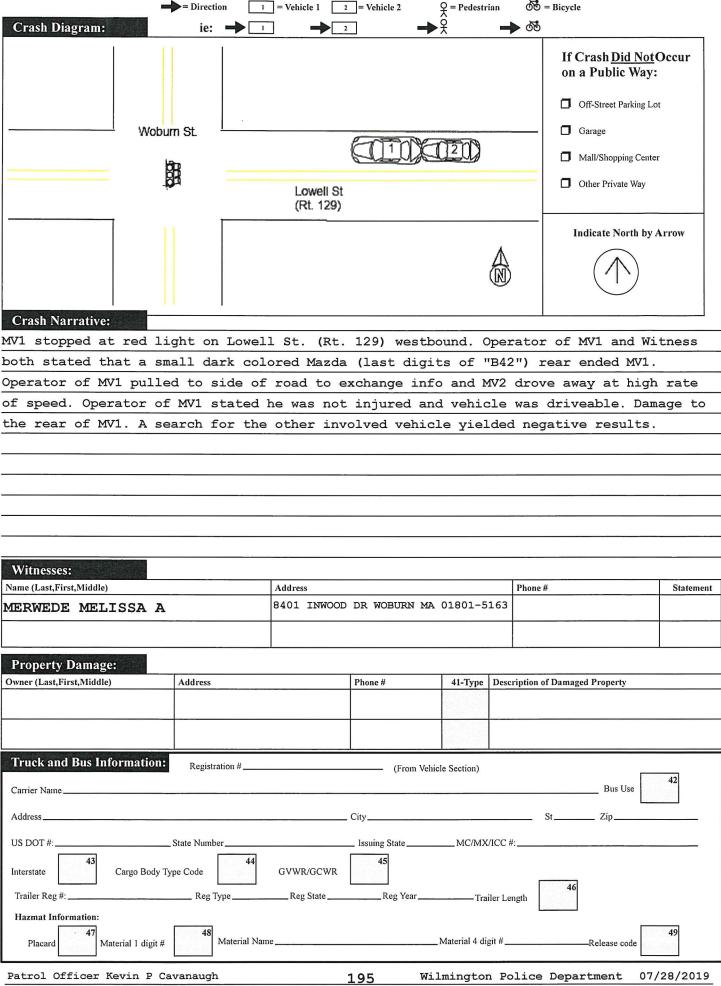
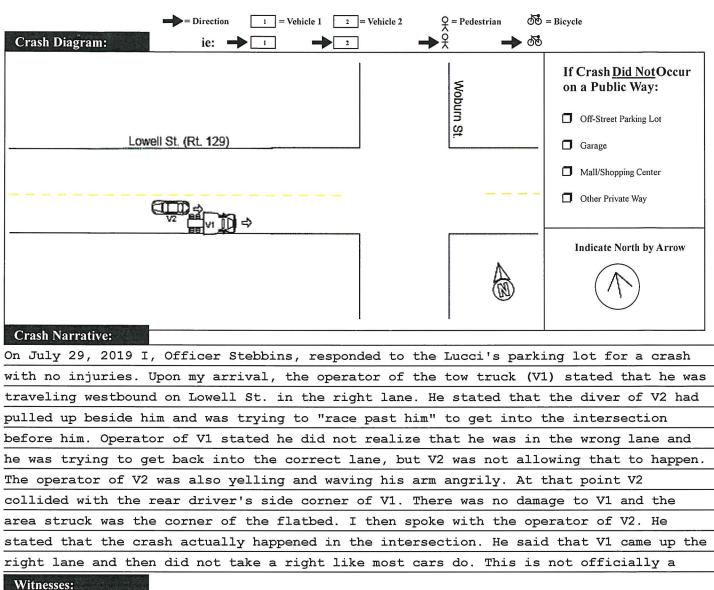
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Name (Last, First, Middle) Statement Address Phone # **Property Damage:** Owner (Last,First,Middle) Address Phone # 41-Type | Description of Damaged Property Truck and Bus Information: Registration #______ (From Vehicle Section) Carrier Name_ ___ City___ Address_ US DOT #: _____MC/MX/ICC #:_ ___ State Number ___Issuing State____ GVWR/GCWR Interstate Cargo Body Type Code Trailer Reg #:_ Reg State_____ Reg Year____ Reg Type -Trailer Length Hazmat Information: Material Name_ _____Material 4 digit #_ Material 1 digit #

Patrol Officer Emily L Stebbins

210

Wilmington Police Department

07/29/2019

Department

Wilmington Police Department Crash Narrative Case # 19-253-AC

On July 29, 2019 I, Officer Stebbins, responded to the Lucci's parking lot for a crash with no injuries. Upon my arrival, the operator of the tow truck (V1) stated that he was traveling westbound on Lowell St. in the right lane. He stated that the diver of V2 had pulled up beside him and was trying to "race past him" to get into the intersection before him. Operator of V1 stated he did not realize that he was in the wrong lane and he was trying to get back into the correct lane, but V2 was not allowing that to happen. The operator of V2 was also yelling and waving his arm angrily. At that point V2 collided with the rear driver's side corner of V1. There was no damage to V1 and the area struck was the corner of the flatbed. I then spoke with the operator of V2. He stated that the crash actually happened in the intersection. He said that V1 came up the right lane and then did not take a right like most cars do. This is not officially a lane, but the ...

Wilmington Police Department

Page: 1

SUPPLEMENTAL NARRATIVE FOR PATROL OFFICER EMILY L STEBBINS

Ref: 19-253-AC

(cont.) majority of commuters use this lane to turn right onto Woburn St. The operator of V2 said that V1 was trying to continue straight and then V1 collided with V2. V2 had minor paint damage on the upper passenger side door. The mirror was facing inwards, and the rain guard was cracked.

Upon looking at the damage it appears that the operator of V2's story is implausible. Had V1 hit V2, there would have been much more damage due to the durability of the tow truck's flatbed. Also, the mirror would have been crushed, rather than folded inward. In addition, the passenger of V1 had the same exact story at the driver of V1.

Both parties were advised to fill out their own crash forms and follow up with insurance. There were no injuries and no vehicles were towed.

Respectfully,

Officer Emily L. Stebbins

Attachments for 19-253-AC

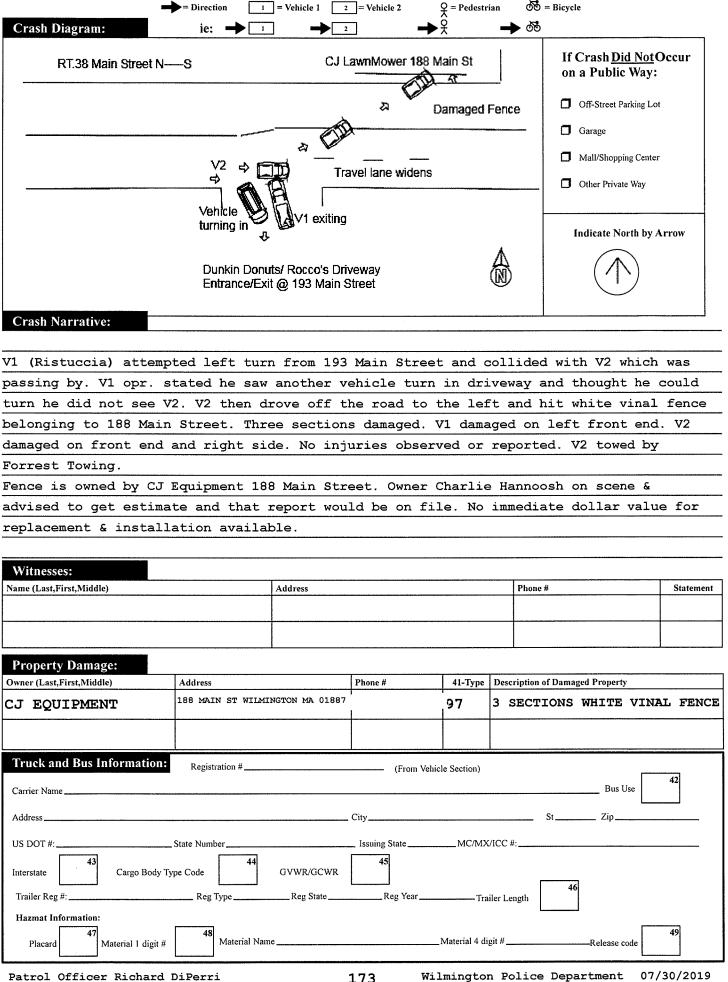
Description

JJMIDDLETONOPERCRASHRPT

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PDF

	Police Use Only	Comn	nonwealth (of Massa	chus	etts			RMV	V Docu	ment Number			
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173

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

	Police Use Only	Commo	onwealth o	of Massach	ıusetts		RM	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	30	Local Police	
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¹ 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	Address #		Name of F	Roadway/Street		
4		A		Feet NS	E W of		- •			
	Route# Direction Na	me of Intersecting Roady	vay/Street			Mile Ma	rker	Exit Numb	er	2 11
		Also at Intersection w	rith	Feet N S		Route#	Intersec	cting Roadway/Stree	t t	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N S	E W of					
1							Lan	ndmark		
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Report	1D# 19	-25	5-AC	•		
		A DOB/Age	<u> </u>	# RS466X		D T	PC	Dan State MZ		
	10 10	20	_					_	21	1 12
	<u> </u>	г		Year 2009						\vdash
⁴ 1	Operator BENARD, SCOTI	First	Middle Own	ner BENARD,	EDWARD	Pirst		Middle		
1	Address 22R EDSON ST		Add	ress 22 ALLGR	OVE LI	7				
	City LOWELL Sta	te MA Zip 0185 1	L-2403 City	WILMINGTON	1			ip 01887-2	I	
	Insurance Company LM GENERA	<u>/</u> L	Velui	cle Action Prior to Crasl	1 4		amaged Area		27	
5	Vehicle Travel Direction: NSWW	Responding to Emer	gency? 2 Ever	nt Sequence 1 23	23 23	20	est Status:	1 28 29		
⁵ 1	Citation # (If Issued)		Mos	t Hannful Event 1	24	•	/pe of Test: AC Test Resul			
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19 25	25	isp. Alcohol:		32	1 13
	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		owed from sce			H
⁶ 1		rator and all occupants in			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code Medical Fac	ality	
	Operator	S	ee Above		1 1	4 0	0 10	1		
	·	1		м	6 4	4 0	0 10	1		
										1
	Please Select One			15 16		17	18			1
⁷ 1	of the Following:	#Occupants Non	-Motorist A Type	Action	Location	Condi	tion	Hit/Run	Moped	
	License #St	DOB/Age	Reg	#		Reg Type	·	Reg State		
	Sex Lic. Class 19 19 Lic.	Restrictions 20 C		Year	Veh Make			_ Veh Config.	21	İ
	Operator		ndorsement Own	ier						
⁸ 1	l.ast Address	First	Middle Add	Last ress		First		Middle		
	City Sta	te Zin	City			Sta	ite Zi	ip		1 14
	Insurance Company	·	•	cle Action Prior to Crasl	,		amaged Area		27	\vdash
	Vehicle Travel Direction: NSEW			nt Sequence 23	23 23		est Status:	28		
		Responding to Emer		· ——	24	T ₃	pe of Test:	29		
⁹ 2	Citation # (If Issued)			t Harmful Event	25	25 B.	AC Test Resu		<u> </u>	
	Viol. 1: Ch/Sec/Sub ————			er Contributing Code	26	Sı	isp. Alcohol:	31 Susp. Drug:	32	
	Viol. 3: Ch/Sec/Sub			er Distracted by			owed from sce		-]
	Please fill out for operator/no Name (Last First Middle)	on-motorist and all occup	ants involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	Transp. Code Medical Fac	cility	
	Operator/Non-Motoris	st s	ee Above	\times	1					
										1
										1
										-

	= Direction 1	= Vehicle 1	= Vehicle 2	오 = Pedestri	ian OO:	= Bicycle	
Crash Diagram:	ie: -	→	→	}	→ ₩		
205 Middlesex Ave.						If Crash <u>Did Not</u> (on a Public Way:	Occur
FILMEREN	TEM ST	S				Off-Street Parking Lot	
L'IN L'IN	Tim s	A					
	~ √					☐ Garage	
	8	3 2			1	■ Mall/Shopping Center	
	T		Charles and the second of the		and the second s	Other Private Way	
		'હેં	2				
		Gien Koao				Indicate North by A	Arrow
		oad					
					A	(V)	
	1		'				
Crash Narrative:							
MV 1,2, and 3 were tr							
rearended MV 2 which							
to the intersection a							g the
accident. No injuries	were report	ed. No Tow	. Denied med	lical t	reatmen	ıt.	

Witnesses:							
Name (Last, First, Middle)		Address			Phone	¥	Statement
Property Damage:	T		T	T	Γ		
Owner (Last,First,Middle)	Address	***************************************	Phone #	41-Type	Description of	f Damaged Property	
Truck and Bus Information:	Registration #		T Mili	1.0.45	<u> </u>		
	Registration #		(From Vehic	ie Section)		Bus Use	42
Carrier Name							
Address			_ City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	/pe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	46	
Hazmat Information:	— 5 -> F -			11d	Dongill		
Placard 47 Material 1 digit #	48 Material Nam	ne		Material 4 di	git #	Release code	49
Patrol Officer Kevin J	Skinner		200 Wil	mingto	n Police	Department 07/	30/2019

Police Officer Name (Please Print)

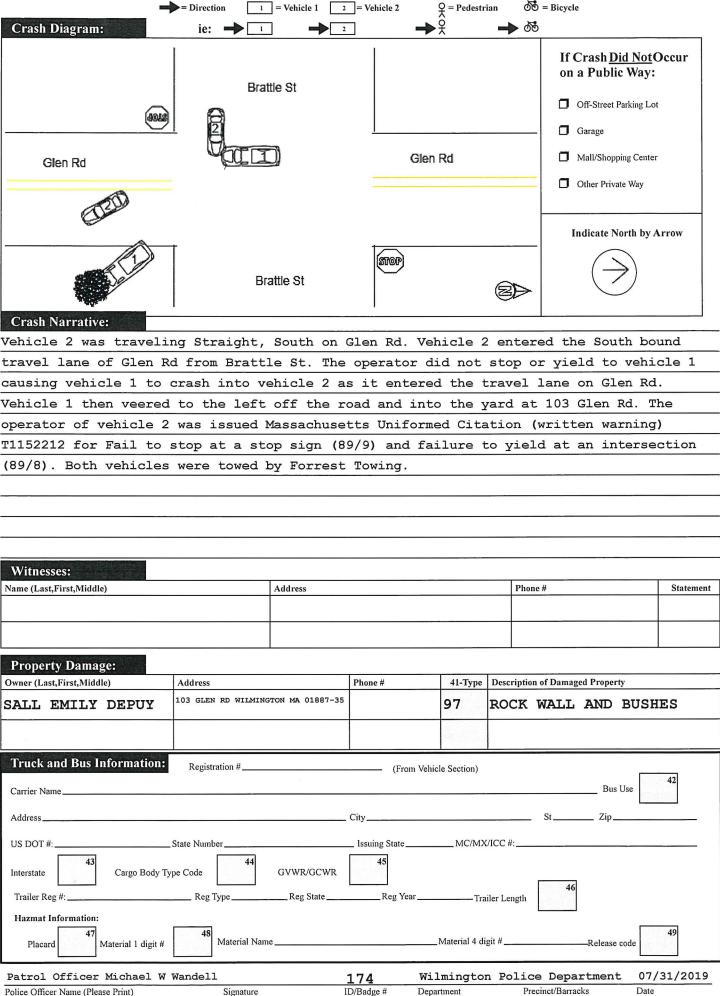
Signature

ID/Badge #

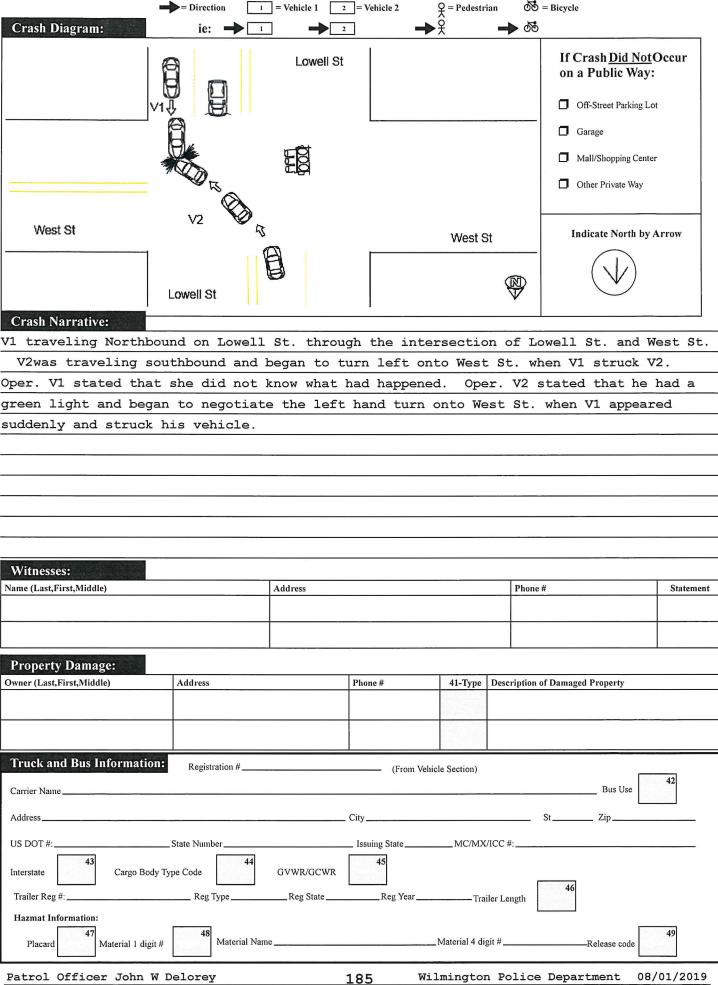
Department Precinct/Barracks

Date

	Pol	ice Use Only		Com	monweal	th o	of Massa	ach	use	tts		Γ		RMV	/ Docu	ıment Number	
	Date of Crash 07/31/2019	Time of Crash	1	City/Town	Motor \	Vehi	icle Cra	sh		mber	Num Injur	-ad 5	•	Limit_	25	State Police Local Police MBTA Police	
	07,31,2013	24HR	AATTII	Liig coii	Poli	ice I	Report		2		o Î	l,	atitud ongitu			Campus Police Other:	5
		AT INTER	SECTIO	ON:	< L	OCA.	ΓΙΟΝ	>			TON	AT	INT	ERS	SEC	TION:	10
		GLEI	N RD														1 10
¹ 1	Route# Direc	ction		Name of Roadway/S	treet	.	Route# Direct	tion	Addr	ess#			Nan	ne of I	Roadw	ray/Street	
		BRA	TTLE	ST		1	Feet [N S	E W	of ·			- •	_	or _	E VAL 1	_
	Route# Direc	ction		of Intersecting Road Also at Intersection			Feet	N S	E W		Mil	e Marl	сег	·····		Exit Number	3 11
				Also at intersection	with		Feet				Route	# -	I	nterse	cting R	Roadway/Street	-
² 1	Route# Direc	etion	Name	of Intersecting Road	way/Street									Lar	ndmark	C	
3	Please Select (of the Followi		e 1 2	Occupants Hi	t/Run	oped	Crash R	leport	ID#	19	-2	56	5-2	AC) ,		
	License # S3	9624582	St. M A	_ DOB/Age		Reg#	3XL696				Reg	Туре	PC		Re	eg State MA	- 12
	Sex M Lic. (Class D		strictions 20	CDL Endorsement	Veh Y	ear 2016		Veh Ma	ke F	ORD				_ Veh	Config. 21	
4	Operator BE	ANE, DO	NALD	F	Middle	Owne	r BEANE,	DC Last	ONA:	LD	Fire	st			Mie	ddle	-
⁴ 2		SOUTHWI					ss 69 SOU		WIC	K F	D.						-
				MA Zip 0186		City 1	N READI	NG			22					1864-2113	3 I
				TUAL INS			e Action Prior to	Crash 23	23	23	23		naged t Statu		Code:	1 27 10 27 27 1 28	
⁵ 1		Direction: N	.WI.	Responding to Eme	rgency?_2		Sequence 1	1	24			Тур	e of T	est:		29	
	·	•		ol. 2: Ch/Sec/Sub —			Harmful Event Contributing Co	<u> </u>	1	25	25			t Resu		Susp Drug 2 32	1 13
	Viol. 3: Ch/Sec/s			ol. 4: Ch/Sec/Sub =			•	0	26	I				onoi:	2 31 ene?	Susp. Drug: 2 32	
⁶ 1				or and all occupants in			1		34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		-
	Name (Last First M Operate				Address See Above		DOB/Age	Sex	Pos.	System 1	Status	Code	Code	Status	Code 1	Medical Facility	
	ELIZABETH F			69 SOUTHWICK RE)			<u> </u>	3	1		-			1		
				NORTH READING,	MA 01864-2113			-	-	-					-		_
																	_
	Plana Salast (D. 57		<u> </u>			15	16			17			18			_
⁷ 3	Please Select C of the Followin	ng: Vehicl	e 21	Occupants No	n-Motorist A Ty		Action	I	Locatio			onditio			<u> </u>	Hit/Run Mope	:d
		7322334	St MA	DOB/Age.		-	243PY1									eg State MA	-
	Sex M Lic. C	Class D	Lic. Re	strictions 1	CDL Endorsement		ear 2011									Config. 1	
⁸ 1		Last WASHIN	F	NG, BONI) Great Great	Middle		r <u>AZEMZI</u> ss 630 WA	Last			Fire	st)NT	ŀΑ	Mi	iddle	-
				MA Zip 0183	2-4533		HAVERHI.		±41%	***	· · · · ·		MA	Z.	in 0 1	1832-4533	14
	·			NSURANCE		-	e Action Prior to			6	22					8 27 10 27 7 27	- I I
	Vehicle Travel D	Direction: N S	WW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		t Statu			1 28	
⁹ 2	Citation # (If Iss	ued) T1152	212			Most l	Harmful Event	1	24	*			e of T C Test	est: t Resu	ılt:	30	
2	Viol. 1: Ch/Sec/S	Sub 89 9	Vie	ol. 2: Ch/Sec/Sub	89 8	Driver	Contributing Co	de	3	²⁵ 4	25			_	2 31	Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/S	Sub	Vio	ol. 4: Ch/Sec/Sub _		Driver	Distracted by	99	26			Tov	ved fro	om sce	ene?	1 33	
	Ple Name (Last First M	•	erator/non-i	notorist and all occu	pants involved 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	
	Operate	or/Non-Mo	otorist		See Above		><	X	1	1	4	0	0	10	1		
									L								



	Police Use Only	Comr	nonwealth -	of Massach	usetts		RM	IV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Limi	it <u>25</u>	- Local Police]
	08/01/2019 1516 Wil:	mington	Police 1	Report	2	1	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECT	ION:		TION >		NOT A	INTER			1
	**************************************		.:							2 10
	LOWELL									
¹ 1	Route# Direction	Name of Roadway/Str	eet	Route# Direction	Address #		Name o	f Roadwa	ay/Street	-
	WEST ST			Feet N S	E W of			- or _	E SAL A	
	Route# Direction Na	ne of Intersecting Roadw		[st] a		Mile M	arker		Exit Number	3 11
		Also at Intersection w	rith	Feet NS		Route#	Inter	secting R	Roadway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadw	vay/Street	Feet N S	E W of					
	Di Ciro		<u> </u>	L				andmark		4
3	Please Select One of the Following:	_#Occupants	Run Moped	Crash Report	1D# 19	-25	7-A	C		
	License # S46901640 St M	A DOB/Age.	. Reg	9KA616		Reg Typ	e PC	Re	eg State MA	12
	Sex F Lic. Class D 19 Lic. 1	Restrictions 20 C	DL Veh	Year 2014	Veh Make H	ONDA		Veh	Config. 21	1 12
	Operator PIERRE, JESSI		4	er PIERRE ,					<u></u>	
⁴ 3	Address 10 WING RD	First	Middle Addr	ess 10 WING	RD	First		Mid	ldle	
	City WILMINGTON Stat	MA 7in 01887		WILMINGTON		St	ata MA	7in 01	L887-2531	
	Insurance Company ALLSTATE	-		cle Action Prior to Crasl			amaged Are	-		
	Vehicle Travel Direction: X S E W				23 23		est Status:		28	
⁵ 1		Responding to Emerg			24	- 1	ype of Test:		29	
	Citation # (If Issued)	_		Harmful Event 1		B	AC Test Re	sult:	30	_ 13
	Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub —	Drive	er Contributing Code	99 25	s	usp. Alcoho	L	Susp. Drug: 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub			er Distracted by 99			owed from s	L	1 33	
т	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Sent Sofety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu	y Transp.	Medical Facility	
	Operator	Se	ee Above	X	1 0	1 0	0 8		Winchester Hospital	
	A							1-1		-
					1	 	-	+		
										-
⁷ 2	Please Select One of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Cond	tion 18		Hit/Run Moped	
2		7	<u>_</u>		<u> </u>		PC	71		-
	10 10	A DOB/Age	_	# <u>5ZG234</u>					eg State MA 21	
		E1	ndorsement	Year <u>2018</u>				Velı	Config.	
⁸ 2	Operator <u>BELKNAP</u> , <u>JORD</u>	AN DESHANE	Middle	er BELKNAP,		N DES	SHANE	Mic	ddle	
	Address 545 SCHOOL ST			ess <u>545 SCHO</u>	OL ST					_ 14
	City LOWELL Stat		2513 City	LOWELL					L851-2513	1
	Insurance Company GOVT EMPI	OYEE INS	Vehic	cle Action Prior to Crasl	1 4		amaged Are	a Code:	2 27 27 27 27 28	
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 1 23	23 23	23	est Status: ype of Test:		29	
⁹ 2	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re	ŀ	30	
2	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99 ²⁵	25	usp. Alcoho		Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	26	Т	owed from s	scene?	2 33	Ì
,	Please fill out for operator/no	n-motorist and all occup			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Inju	ry Transp.		1
	Name (Last First Middle)	4	Address	DOB/Age Sex	Pos. System	Status Code	O 10		Medical Facility	1
	Operator/Non-Motoris	Si	ee Above		1 0	4 0	1 110	+		4
									<u> </u>	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]
		1		1 1	1 1					-1



Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

	Police Use Only	monwealth	nonwealth of Massachusetts				RMV Document Number				
	Date of Crash Time of Crash	City/Town	Motor Ve	hicle Cras	h Nu	mber Num			Loc	re Police al Police ITA Police Inpus Police	
	08/01/2019 1900 Wil	mington	Police	Report	2	0	Latitu Longi			TA Police npus Police er:	
	AT INTERSECT	ION:		CATION >		NO	ΓAT IN				
											2 10
	Route# Direction	Name of Roadway/St	reet	Route# Directio	n Addre		EFFER:	SON 1	RD adway/Stre		
¹ 1		At At						0. 110			
	B	CI		Feet N	SEW	of — -	ile Marker	· — o	Exi	it Number	11
	Route# Direction Nat	ne of Intersecting Roady Also at Intersection v		Feet N	SEW	of					3 11
					SEW	Route	e#	Intersecti	ing Roadwa	ay/Street	
² 1	Route# Direction Nat	ne of Intersecting Roads	vay/Street					Landı	mark		
3	Please Select One Vehicle 11	#Occupants Hit	Run Mope	Crash Re	port ID#	19-2	258-	AC			
3	or the ronowing.									MA	
	10 10	DOB/Age		g# <u>8PZ557</u>						21	1 12
	Sex E Lic. Class D Lic. I	L E	ndorcement	h Year <u>2010</u>					Veh Config	3. L	
⁴ 1	Operator ROBARGE, MEGH	AN CHRISTI		wner ROBARGE	st	F	irst		Middle		
Τ	Address 24A PARKER ST	NA 0400		idress 24A PAI				_	0100	7 0010	
	City WILMINGTON Stat		<u>7-0000</u> Ci	ty WILMINGT	Γ	22				7-2918	
	Insurance Company METROPOLI			hicle Action Prior to C	<u>_</u>	<u> </u>	Damage Test Sta	d Area Co	ode: 1 27	-1 -1	
5	Vehicle Travel Direction: N S E	Responding to Emer	gency? 2 Ev	rent Sequence 1 23		23 23	Type of		29		
	Citation # (If Issued)		M	ost Harmful Event				st Result:	1 30		12
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Di	iver Contributing Code	<u> </u>	25 25	Susp. A	lcohol: 2		Drug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ————			iver Distracted by	0 26		,	rom scene			
Τ	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age	Sex Pos.	35 36 Safety Airbag System Status	37 38 Eject Trap Code Code	Injury Tr	40 ansp. Code N	Medical Facility	
	Operator	s	ee Above		X 1	99 4	0 0	10 1			1
											1
	:							+-+			1
								+			-
						<u> </u>					-
⁷ 1	Please Select One of the Following:	_#Occupants Nor	n-Motorist A Type	15 Action	Locatio	n 17	Condition	18	Hit/Ru	n Moped	
-		A DOB/Ag		g# <u>34ZY37</u>		Re	g Type PC		_ Reg State	e MA	1
	19 19	20		h Year 2007						2.1	
	Operator CARD, THOMAS		indorsement	wner CARD, I						<u> </u>	
⁸ 2	Address 4 WEST ST	First	Middle	Idress 4 WEST	si	F	ïrst		Middle		
	City WILMINGTON Stat	e <u>MA</u> Zip 0188'		ty WILMINGT			State M	A Zip	0188	7-3008	1 14
	Insurance Company COMMERCE	·		chicle Action Prior to C	1	1 22			ode: 8 27		
	Vehicle Travel Direction: X S E W	Responding to Emer		ent Sequence 23	 	23 23	Test Sta		1 28		
	Citation # (If Issued)		•	· · ·	1 ²⁴		Type of		29		
⁹ 2	Viol. 1: Ch/Sec/Sub	Viol 2: Ch/Saa/Sub		iver Contributing Code		25 25	5	est Result:		J	
			_	Ī	0 26	ال		lcohol: 2		21.08	
	Viol. 3: Ch/Sec/Sub Please fill out for operator/no	Viol. 4: Ch/Sec/Sub — on-motorist and all occur		Distracted by	34	35 36	37 38	39	40	J	4
	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	Safety Airbag System Status	Eject Trap Code Code		ransp. Code t	Medical Facility	4
	Operator/Non-Motoris	<i>t</i> S	ee Above		X 1	99 4	0 0	10 1			_
								and the second s			
											1
											1
	1	l l		1	- 1	1 1	1	1 I	ı		1

Coral Di				大 = Pedestr 〇		= Bicycle	
Crash Diagram:	ie: → 1	Je many no		<u>*</u>		If Crash Did Not on a Public Way Off-Street Parking L Garage Mall/Shopping Center Other Private Way Indicate North by	tot
Crash Narrative:				-	D - 1	TT-2-1-1-1	
Vehicle one was tra					Road.	Vehicle two wa	is
traveling on Jeffer	.son Road when	che venici	es collided.				
					<u> </u>		
					* 1 ****		

							<u>, , , , , , , , , , , , , , , , , , , </u>
Witnesses:							
Name (Last,First,Middle)		Address			Phone	#	Statement
				•			
Property Damage:				т	1		
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	of Damaged Property	
Truck and Bus Information				<u> </u>			
Truck and bus informatio	Registration #		(From Vehic	ele Section)			42
Carrier Name						Bus Use	
Address			. City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	:/ICC #:		
43	44		45				
Interstate Cargo Bo	dy Type Code	GVWR/GCWR			Г	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information:					-		40
Placard Material I dig		ne		·		Release code	49
Patrol Officer Rafa	el G Cruz		198 Wil	Lmington	n Police	Department 08	/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department