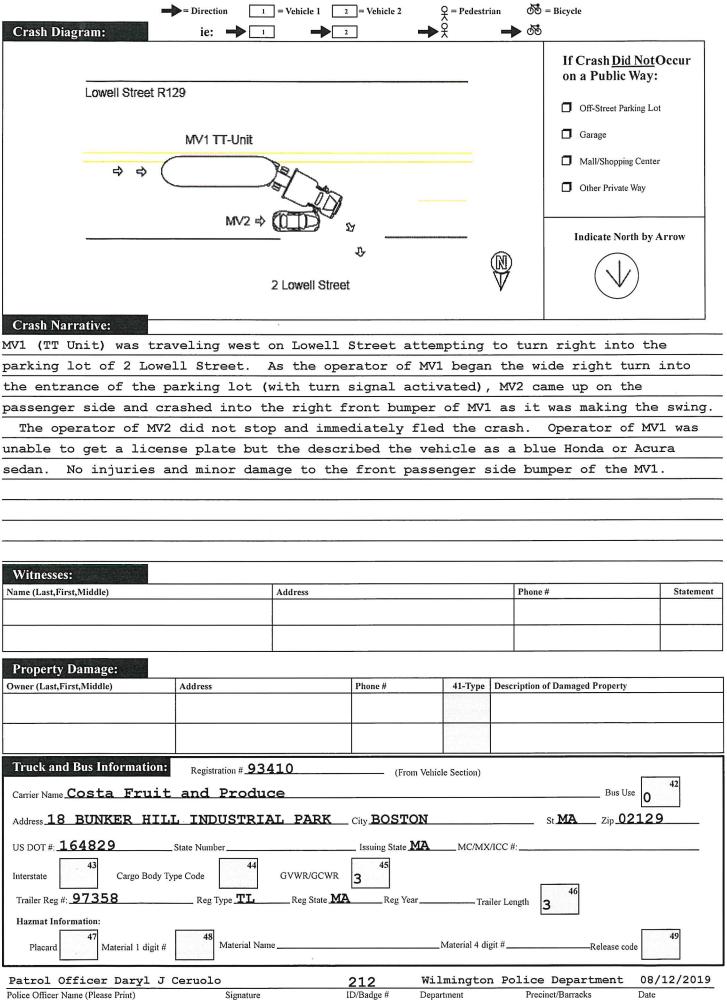
Police Use Only	Commo	nwealth o	of Massach	usetts		RMV Docu	ıment Number	_
Date of Crash Time of Crash 08/12/2019 0550 V	City/Town Milmington		icle Crash	Number Vehicles	Industrial	ed Limit <u>30</u>	MBTA Police	
24HR	3	Police I		2	0 Lor	igitude	Other:	4
AT INTERS	ECTION:	< LOCA	TION >		NOT AT I	NTERSEC'	ΓΙΟΝ:	<u> </u>
Route# Direction	Name of Roadway/Street		Route# Direction	Address #	LOWEL	L ST Name of Roadw	'ay/Street	2 10
Route# Direction	At Name of Intersecting Roadway/St	treet	Feet NS		Mile Marke	• — or _	Exit Number	3 ¹¹
	Also at Intersection with		Feet N S		Route#	Intersecting F	Roadway/Street	<u> </u>
Route# Direction	Name of Intersecting Roadway/St	treet	Feet NS	E W of	***************************************	Landmark	ζ	-
of the Ponowing:	11 #Occupants Hit/Run				-268·			
License # <u>\$50497136</u>	St_MA_ DOB/Age		93410				1 21	1 12
Sex M Lic. Class A 19 19	Lic. Restrictions 1 CDL_ Endorse	ement	'ear 2015				Config. 10	
Operator MOORE, ROB	ERT L First Midd	Owne	er RYDER TRI	JCK RE	NTAL L'	T	iddle	
Address 64 TEMPLE A	VE APT 2	Addre	ess 329 JEFF	ERSON				
City WINTHROP	_ State MA _ Zip 02152-1	.539 City	ROCHESTER				4623-0000	
Insurance Company PILGRI	M INSURANCE	Vehic	le Action Prior to Crasl	ı 3		ged Area Code:		
Vehicle Travel Direction: NS	E Responding to Emergency	/? 2 Event	Sequence 23	23 23	23	Status:	28 29	
Citation # (If Issued)		Most	Harmful Event 1	24		of Test: Test Result:	30	
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	Alcohol: 2 31	Susp. Drug: 2 32	1 13
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		<u> </u>	2 33	
Please fill out fo	or operator and all occupants involved	d	<u> </u>	34 35 Seat Safety	Airbag Eject Ti	18 39 40 rap Injury Transp.		1
Name (Last First Middle)	Addre		DOB/Age Sex	Pos. System	Status Code Co	ode Status Code	Medical Facility	1
Operator	See Ab	oove		1 1	4 0 0	10 1		4
Please Select One of the Following:	21 #Occupants Non-Mot	torist A Type	15 Action 16	Location	17 Condition	18	Hit/Run Moped	
License #	St DOB/Age	_	£				21	
Sex Lic. Class Properator unknown	Lic. Restrictions CDL_Endors	ement	/ear	Velı Make	First			
Address	• nex pylice		ESS		5.Hor	M		
City	State Zip	City_			State_	Zip		1 14
Insurance Company		Vehic	le Action Prior to Crasl	n	22 Dama	iged Area Code:		
Vehicle Travel Direction: N S	E W Responding to Emergency	y? Event	Sequence 23	23 23	23	Status:	28	
Citation # (If Issued)		Most	Harmful Event	24	••	of Test:	30	
	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	25	25	Test Result: Alcohol: 31		
1	Viol. 4: Ch/Sec/Sub		r Distracted by	26		d from scene?	33 33	
	ator/non-motorist and all occupants i			34 35 Sont Safetty	36 37	38 39 40		-
Name (Last First Middle)	Addre		DOB/Age Sex	Seat Safety Pos. System	Airbag Eject T Status Code C	rap Injury Transp. ode Status Code	Medical Facility	-
Operator/Non-Mot	orist See Ab	oove	\times	1				
		***************************************						7
		, ,			 			1



	Police Use Only	Comr	nonwealth	of Massac	husett	S	F	RMV Doc	ument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Numbe Vehicle		Speed Li	mit 30	O State Police Local Police MBTA Police	1
	08/12/2019 1524 Wil:	mington	Police	Report	2	0	Latitude.	+042.53	MBTA Police Campus Police Other:	
	AT INTERSECT	ION:	< LOCA			NOT A				7
									***************************************	2 10
	129 LOWELL Direction	ST Name of Roadway/Str	eet	Route# Direction	Address #		Name	of Roady	vav/Street	
1		At						- CI Roudi	vay/bacca	-
	WEST ST			Feet N	S E W of	Mile M		— or _	Exit Number	
	Route# Direction Na	Also at Intersection w		Feet N	S E W of				*******	3 11
					S E W of	Route#	Int	ersecting l	Roadway/Street	
² 1	Route# Direction Name	me of Intersecting Roadw	ay/Street	100	<u> </u>			Landmari	k	-
	Please Select One Vehicle 1 1	#Occupants Hit/	Run Moped	Crash Pana	rt ID# 1 S	1-26	0 _ 7			1
3	or the Following.									4
	License # S76811484 St M	20	_	# 9ACL20					21	1 12
	Sex E Lic. Class D Lic. 1	Restrictions C	ndorsement	Year <u>2007</u>				Vel:	1 Config. 2	
4	Operator MCLAUGHLIN, A	First	TE Own	er MCLAUGHI Last	IN, M	ICHAEI	S	м	fiddle	
⁴ 3	Address 71 HEIDENRICH			ess 71 HEIDI	ENRICH	RD				.
	City TEWKSBURY Stat	e MA Zip 01876	City	TEWKSBURY					1876-3500	,
	Insurance Company CITIZENS	INSURANCE	Vehic	cle Action Prior to Cra	sh 4			Area Code:		
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Even	t Sequence 23	23 23	23	est Status:		28 29	
⁵ 1	Citation # (If Issued) T1682545		Most	Harmful Event 1	24		ype of Tes AC Test F		30	
	Viol. 1: Ch/Sec/Sub 90 10	Viol. 2: Ch/Sec/Sub 8	9 8 Drive	er Contributing Code	4 25	25		hol: 2 31	Susp. Drug: 2 32	1 13
6	Viol. 3: Ch/Sec/Sub 90 11	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed fron		2 33	
⁶ 1	· ·	ator and all occupants inv	olved		34 35 Seat Safet	36 37 Airbag Eject		39 40 njury Transp.		7
	Name (Last First Middle)		Address	DOB/Age Se	x Pos. System	n Status Code	Code St	tatus Code	Medical Facility	4
	Operator	36	e Above		1 1	4 0	0 1	0 1		4
7	Please Select One Vehicle 21	#Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion	18	Hit/Run Moped	7
⁷ 2	of the Following:						<u> </u>			4
	10 10	DOB/Age	_	# <u>7WH534</u>					leg State MA 21	•
		E ₁	dorsement	Year 2001				Veh	Config.	
⁸ 1	Operator RUFF, TIFFANY	First	Middle	er RUFF, DA		First		М	liddle	
_	Address 120 PARKER ST	267 01007		ess 120 PARI						14
	City WILMINGTON State	·	•	WILMINGTO				Zip _ U . .rea Code:	1887-2920	
	Insurance Company CITIZENS			cle Action Prior to Cras	sh 1 23 23		est Status:		28	
	Vehicle Travel Direction: NSE	Responding to Emerg	ency? 2 Even	t Sequence 1 23		23	ype of Tes		29	İ
⁹ 2	Citation # (If Issued)		Most	Hamful Event 1	24		AC Test F	Result:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	25 S	usp. Alcol	nol: 2 31		
	Viol, 3; Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		owed from		2 33	
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	nts involved Address	DOB/Age Sea	34 35 Seat Safety x Pos. System		Trap In	39 40 njury Transp. tatus Code	Medical Facility	
	Operator/Non-Motoris	t Se	e Above	\rightarrow	1 1	4 0	0 1	0 1		
	Mary 4 (4) (4) (4) (4) (4) (4) (4) (4) (4) (1
										1
							+-+			4
							1		1	

=	= Direction	ı = Vehi	cle 1 2	= Vehicle 2	Q = Pedestr	ian 📆	= Bicycle	
Crash Diagram:	ie: 👈	i	2	→	Ŷ	→ ॐ		
#316 Mobil On The Run West Street	Lowell V2	2			^		If Crash Did No on a Public Wa Off-Street Parking Garage Mall/Shopping Cer	y: Lot
		及 及 仓 仓			⋖	2	Indicate North b	y Arrow
Crash Narrative:								
V1 was traveling east	t on Lowel	1 Street	t. V2 wa	as traveli	ng west	on Lov	vell Street. A	s they
approached the West S								
green light. V1 turne								.,
sustained minor front								es
complained of injury								
Operation, & No Licer				CICEG IOI	rarrur		Leia, Ollifoella	
operation, a no nice	ise III FOS	Session	•					
					MILES TO THE REAL PROPERTY OF THE PERSON OF			
Witnesses:								
Name (Last, First, Middle)		Addres	SS			Phone	#	Statement
							<u> </u>	
Property Damage:	1	· · · · · · · · · · · · · · · · · · ·	I _		T	T=		
Owner (Last,First,Middle)	Address		P	hone #	41-Type	Description of	of Damaged Property	
Truck and Bus Information:	Registration #			— (From Vehic	le Section)			
Carrier Name	_			(2.1011.14111			Bus Use	42
Address			Ci	ty			St Zip	
US DOT #:	_State Number		· · · · · · · · · · · · · · · · · · ·	Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body 1	Type Code	44 GVW	R/GCWR	45		_		
Trailer Reg #:	Reg Type	Reį	g State	 Reg Year	Tra	iler Length	46	
Hazmat Information:						Ş [
Diamed 47								
Placard Material 1 digit #	48 Materi	ial Name			Material 4 di	git #	Release code	49

ID/Badge #

	Police U	Jse Only	Commonwealth of Massac			achusetts RMVD				V Docu	iment Number		
	1	me of Crash	City/Town	Motor Vel	nicle Cras	h [Number /ehicles	Numb	a Dece	Limit	25	Local Police	
	08/14/2019 12	218 Wil:	mington	Police	Report	2		0	Latitu Longi			MBTA Police Campus Police Other:	
	A.	T INTERSECT	ION:	< LOCA	ATION >			NOT	AT IN	TER	SEC	TION:	1
									,				2 10
	Route# Direction		Name of Roadway/S	treet	Route# Direction	18	37 dress #	MI	DDLE:			E ay/Street	
¹ 1			At										1
					Feet N	SEV	V of	— — Mile	• Marker		or _	Exit Number	
	Route# Direction	Nan	Also at Intersection v		Feet N	SEV	V of						2 11
			. noo ut intersection t	•••••	1 =	SEV	_	Route#		Interse	cting R	Roadway/Street	
² 2	Route# Direction	Nan	ne of Intersecting Road	way/Street	reet [101211	.j 01			La	ndmark		
	Please Select One	N Valida 11	_#Occupants	/Run Moped	Crash Rej	ID#	1 0	-2'	71				1
3	of the Following:	venicie 11	Hit										1
	License # <u>S349</u>	10 10	A DOB/Age	Reg	# <u>931JJ1</u>			Reg	Гуре <u>РС</u>	!	Re	eg State MA 21	1 12
	Sex.M Lic. Clas	s D 19 Lic. F	Restrictions 1 20 C	CDL Veh	Year 2012	Veh 1	Make <u>D</u>	ODG	<u> </u>		_ Veh	Config. 1	
4	Operator BOTT	E, ERNEST		Owi	ner BOTTE	ERNI	ST	A I	II		Mic	ddle	
⁴ 3	Address 38 BU	JRNAP ST			ress 38 BURI	NAP	ST				1410		
	City WILMIN	GTON State	MA Zip 0188	7-3712 City	WILMINGT	ON			State M	A _ z	ip 01	L887-3712	
	Insurance Company	COMMERCE	INSURANCE	Vehi	cle Action Prior to C	Crash	2	22	Damage	d Area	Code:		
	Vehicle Travel Direc	tion: NSE	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23	3 23	23	23	Test Sta			1 28	
⁵ 1	Citation # (If Issued)			Mos	t Harmful Event	1 24			Type of			29 - 30	
	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	e 1	25	25	BAC Te Susp. A	ī			1 13
			Viol. 4: Ch/Sec/Sub —		er Distracted by	D 26			Towed f	1		2 33	
⁶ 1			ator and all occupants in			34	35	36 Airbug	37 38	39	40	4	1
	Name (Last First Middle)		· - 1	Address	DOB/Age	Sex Pos	System	Status	Eject Trap Code Code		Transp. Code	Medical Facility	-
	Operator		S	See Above		$X \mid 1$	1	4 0	0	10	1		
				·			1						1
	Please Select One	574 1			15	16	┸┲	17		18	ļ,		1
⁷ 1	of the Following:	Vehicle 2.1	_#Occupants No	n-Motorist A Type	Action	Locat	ion	Co	ndition			Hit/Run Moped]
	License # <u>\$804</u>		A DOB/Age.	_ Reg	# 4TL985			Reg	Гуре <u>РС</u>	;	Re	eg State MA	ŀ
	Sex F Lic. Class	s D 19 Lic. F	Restrictions 1 20 C	CDL Veh	Year 2014	Veh 1	Aake H	OND	Α		Veh	Config. 1 21	
8	Operator LOPE	Z, GENARA			ner LOPEZ,	GEN	ARA	First			Mic	ddle	
81	Address 36 EU	TAW STREE	T 1ST FLO	OR Add	ress 36 EUTZ	AW S	TRE			LOC			
	City LAWREN	CE State	MA Zip 0184	1-0000 City	LAWRENCE	L			State M	A _ z	ip 01	L841-0000	1 14
	Insurance Company	CITIZENS	INSURANCE	Vehi	cle Action Prior to C	Crash	2	22	Damage	d Area	Code:		
	Vehicle Travel Direc	tion: NSE	Responding to Emer	rgency? 2 Even	nt Sequence 1 23	3 23	23	23	Test Sta			1 28 29	
9 _	Citation # (If Issued)			Mos	t Harmful Event	1 ²⁴			Type of BAC Te		ıltı	30	
⁹ 2	Viol. 1: Ch/Sec/Sub		Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	e 19	25	25	Susp. A		- 24		
	Viol. 3: Ch/Sec/Sub		Viol. 4: Ch/Sec/Sub —		er Distracted by	0 26			Towed f	ı	-	1 33	
			n-motorist and all occup			34 Sea	35 Safety	36 Airbag	37 38 Eject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)			Address	DOB/Age	Sex Pos		Status 4	Code Code	Status	Code	Medical Facility	-
	Operator/.	Non-Motorisi	\$	See Above		$X \mid 1$	1			10	1		-
	,												1
							1	$oxed_{-}oldsymbol{igl}$					
													-

Cook Diagram	= Direction	1 = Vehicle 1	_	Y = Pedestrian		
Crash Diagram:	ie: → [¥ æ	on a Publi Off-Street Garage Mall/Shop Other Priv	Parking Lot ping Center
-						
Crash Narrative:					I	
MV 1 and 2 were	stopped at a red	d light on N	Middlesex A	ve. Op of	MV 1 and 2 sta	ted that MV
2 rearended MV	1 while they were	e stopped at	t the red l	ight. Min	or damage to ea	ch
vehicle's bumpe	rs. No injuries.					
					•	
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Tume (Ensi, 11st, 11tdie)		Address			- 10000	
			_			
Property Damage:			_			
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Proper	ty
Truck and Bus Infor	mation: Registration #			Tata STREET STREET		
			(From V		Bus	42
Carrier Name					Dus	Ose
Address			_ City		St Zip_	
US DOT #:	State Number		Issuing State	MC/MX/IC	CC #:	
Interstate 43	argo Body Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year_	——Trailer	Length 46	
Hazmat Information:						
Placard 47 Mater	ial 1 digit # 48 Material	Name		Material 4 digit	#Release	code 49
Patrol Officer Ke	evin J Skinner		200 V	Vilmington	Police Departmen	t 08/14/2019

Department

	Police Use Only	Comr	nonwealth (of Massa	chus	etts		ŀ	RMV	V Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	sh N	lumber	Numbe		Limit.	25	State Police Local Police	
	l l	mington	Police ?	Report	2	ehicles	Injure 0	Lann			MBTA Police Campus Police	3
	24HR	ION						Longi		OE CO	Other:	_
	AT INTERSECT	ION:	< LOCA	TION >	`		NOT.	AT IN	LEK	SEC	HON:	_ 10
					2.4		~~ *					2 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	on Add	ress #	GLE			Roadwa	ay/Street	- $ -$
¹ 1		At				_						
				Feet	NSEW	of				or	Exit Number	
	Route# Direction Na	me of Intersecting Roadw	/ay/Street		1 1 1		iville	Marker			Exit Number	- 5 11
		Also at Intersection w	rith	Feet [N S E W	of of	Route#		Interse	cting R	Loadway/Street	-
2	Description No.	S. S. A. S. A. B. A.	154	Feet [N S E W	of of						
² 1	Route# Direction Na	me of Intersecting Roadw	/ay/Street						La	ndmark		
	Please Select One Vehicle 11	_#Occupants Hit/	Run Moped	Crash Ra	eport ID#	1 Q	-2'	72-	A C	•		
³ 97	of the Following:		Kun Woped	Crasii Ke	:port 1D#	<u> </u>			<u> </u>			
	License # <u>\$59971525</u> St N	A DOB/Age	Reg	56VW82			Reg T	ype PC		Re		12
	Sex M Lic. Class D Lic.	Restrictions 1 20 C	DL Veh `	Year 2004	Veh N	lake T	'OYO	'A		Veh	Config. 1	1
		Е:	ndorsement	er LAFOLLI						•		
⁴ 1	Operator LAFOLLETTE, S	First	Middle	La	ast		First			Mic	ddle	-1
1	Address 875 MAIN ST			ess <u>875 MA</u>								-
	City WILMINGTON State	e MA Zip 01887	7-3311 City	WILMINGT	ON						L887-3311	¬ I
	Insurance Company ARBELLA M	UTUAL INS	Vehic	le Action Prior to (Crash	1	22	Damage	d Area	Code:		<u>'</u>
	Vehicle Travel Direction: NXEW	Responding to Emer	gency? 2 Even	t Sequence 1	3 23	23	23	Test Sta	tus:		1 28	
⁵ 2				<u>-</u>	1 24			Type of	Test:		29	
	Citation # (If Issued)		Most	Harmful Event				BAC Te	st Resu	ılt:	1 30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Cod	le 9	²⁵ 5	25	Susp. Al	cohol:	2 ³¹	Susp. Drug: 2 32	² 1 '
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	0 26			Towed f	rom sc	ene?	2 33	-
⁶ 1	Please fill out for oper	ator and all occupants in	volved		34 Seat	35 Safety	36 Airbag I	37 38 jeet Trap	39 Injury	40 Transp.		
L	Name (Last First Middle)		Address	DOB/Age	Sex Pos.	System	Status C	jeet Trap ode Code	Status	Code	Medical Facility	
	Operator	Se	ee Above	\sim	$X \mid 1$	1	4 0	0	10	1		
						-	 	_	-	ļi		_
							 			ļ		
	Please Select One Vehicle 21	#Ossusants Day		15	16	<u>.</u> Г	17	ndition	18		Hit/Run Mope	7
⁷ 1	of the Following:	Non	-Motorist A Type	Action	Locat	ion		naition		<u> </u>	HIT/Kun Wiope	20
L	License # S10568547 St N	DOB/Age	Reg	9KN168			Reg l	уре РС		R	eg State MA	<u>.</u>
	Sex M Lic. Class D 19 Lic.	Restrictions 1 20 C	DL Veh	Year 2012	Veh N	/lake H	OND	1		Veh	Config. 1	
	Operator HO, BRENDAN S	E E	ndorsement	er HUNTER								'
⁸ 1	4,44.11	First	Middle	L	ast		First			Mi	ddle	-
	Address 7 VIRGINIA RD	6166		ess 7 VIRG							1007 610	14
	City WILMINGTON Stat	e MA Zip 0188 7	7-4124 City.	WILMINGT	ON	<u></u>					L887-4124	¬ l
	Insurance Company GARRISON		Vehic	cle Action Prior to	Crash	1	22	Damage		Code:		ك
	Vehicle Travel Direction: SEW	Responding to Emer	gency? 2 Even	t Sequence 1 2	23 23	23	23	Test Sta			1 28	
	Citation # (If Issued)		Most	Harmful Event	1 24			Type of			29	
⁹ 2	, , ,			I		25	25	BAC Te			1 30	a
L	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Coc				Susp. A	1			ا ك
	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub —	Drive	er Distracted by	0 26			Towed f		·/·········	2 33	
	Please fill out for operator/no	on-motorist and all occup	ants involved Address	DOB/Age	Sex Pos.	35 Safety System	Airbag I	37 38 iject Trap lode Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	4	ee Above	БОЛИТЕ	1	1	4 0		10	1		-
	Operator/1 von-motoris	2 3	00 x 100 y 0		/\ <u>'</u>	1	-	- -	ļ-~			
						+-	\vdash		╂			—
									I			

	= Direction 1	= Venicle 1 2	= venicie 2	美 = Pedestri	an OO = Bicycle		
Crash Diagram:	ie: 👈 🗓	→ 2	→	ዷ	→ №		
					3	rash <u>Did Not</u> (Public Way:	Decur
						Off-Street Parking Lot	t I
	24 Clon Ed					Garage	
	34 Glen Rd.					· ·	
	M	VI DO	√ 2			Mall/Shopping Center	
Spirit rath with type wast, was profit outs total after four week	AT.	B	lis annin - andrina (1775/000), na Barantin (Mahanlin Assansin			Other Private Way	
	MV :	3					
	l				In	dicate North by A	Arrow
	Lawrence St			(2 ⊳	(\rightarrow)	
				`			
Crash Narrative:		1					
MV 1 was travelling i	northbound on	Glenn Rd.	behind MV 3	B. MV	3 stopped to	allow MV	2 to
take a left hand turn							
swerve into the onco	ning traffic :	lane in or	der to not m	rear en	d MV 3. MV	2, travel	ling
southbound on Glenn 1	Rd was prepare	ed to take	a left hand	l turn	on Lawrence	St. As M	V 2
was taking the left	turn they were	e side swi	ped by MV 1.				

	· · · · · · · · · · · · · · · · · · ·						
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
D							
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damage	d Property	· · · · · · · · · · · · · · · · · · ·
Truck and Bus Information:	Registration #		(From Vehic	le Section)			
Carrier Name						Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44		45		· · · · · · · · · · · · · · · · ·		
Interstate Cargo Body		GVWR/GCWR			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ler Length		
Hazmat Information:	48						49
Placard Material 1 digit #					git #	<u> </u>	
Patrol Officer Shane	A Folev		211 Wil	mingtor	n Police Depar	tment 08/	16/2019

Department