

Date of Crash 02/10/2020 Time of Crash 0759 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:

1

2 10

Route# Direction Name of Roadway/Street At

Route# Direction Address # Name of Roadway/Street 149 MAIN ST

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Feet NSEW of Mile Marker Exit Number

2 3

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Route# Intersecting Roadway/Street

2 11

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 20-46-AC

License # S65204953 St MA DOB/Age

Reg # 24837 Reg Type PC Reg State MA

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

Veh Year 2018 Veh Make VOLVO Veh Config. 1 21

Operator TUTTMAN, KATHE M Last First Middle

Owner TUTTMAN, KATHE M Last First Middle

4 1

Address 11 LEAH WAY

Address 11 LEAH WAY

City ANDOVER State MA Zip 01810-2908

City ANDOVER State MA Zip 01810-2908

Insurance Company LIBERTY MUTUAL INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 4 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: 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32

1 13

6 2

Please fill out for operator and all occupants involved

Table with columns: 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 row is filled with data.

7 1

Please Select One of the Following: Vehicle 21 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

Reg # 3615631 Reg Type PC Reg State NH

License # 08MHM65051 St NH DOB/Age

Veh Year 2015 Veh Make FORD Veh Config. 1 21

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

Owner MCDONOUGH, MICHAEL J Last First Middle

Operator MCDONOUGH, MICHAEL J Last First Middle

Address 17 SIROD RD

Address 17 SIROD RD

City WINDHAM State NH Zip 03087

City WINDHAM State NH Zip 03087

Insurance Company

Vehicle Action Prior to Crash 1 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: 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32

1 14

9 2

Please fill out for operator/non-motorist and all occupants involved

Table with columns: 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/Non-Motorist row is filled with data.

Date of Crash 02/10/2020 Time of Crash 1641 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:

1

Route# Direction ALDRICH RD Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 10

Route# Direction SHAWSHEEN AVE Name of Intersecting Roadway/Street

Feet N S E W of Mile Marker Exit Number

3 11

Route# Direction Name of Intersecting Roadway/Street

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

2 1

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: [X] Vehicle 1 Occupants [] Hit/Run [] Moped

Crash Report ID# 20-47-AC

License # S64293627 St MA DOB/Age Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # 25TV13 Reg Type PC Reg State MA

1 12

Operator WARE, PAUL S Last First Middle

Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 21

Address 17 LIBERTY ST City WILMINGTON State MA Zip 01887-2545

Owner WARE, PAUL S Last First Middle

Address 17 LIBERTY ST City WILMINGTON State MA Zip 01887-2545

4 2

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 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 29

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: BAC Test Result: 1 30

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

Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

1 13

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

Driver Distracted by 99 26 Towed from scene? 1 33

6 2

Table with columns: 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

Please Select One of the Following: [X] Vehicle 2 Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

7 3

License # S66972490 St MA DOB/Age Sex M Lic. Class B 19 19 Lic. Restrictions 20 CDL Endorsement

Reg # M74858 Reg Type CO Reg State MA

Operator TAYLOR, WILLIAM THOMAS Last First Middle

Veh Year 2007 Veh Make GMC Veh Config. 2 21

Address 27 HERITAGE RD City BILLERICA State MA Zip 01821-1131

Owner TAYLOR EXCAVATION AND DEVELOPMENT INC Last First Middle

Address 27 HERITAGE RD City BILLERICA State MA Zip 01821-1131

8 1

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash 4 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 29

Citation # (If Issued)

Most Harmful Event 1 24 Type of Test: BAC Test Result: 1 30

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

Driver Contributing Code 4 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32

2 14

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

Driver Distracted by 99 26 Towed from scene? 2 33

9 2

Table with columns: 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

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **02/11/2020** Time of Crash **1213** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **0** Speed Limit **40**
 Latitude _____ Longitude _____
 State Police
 Local Police
 MBTA Police
 Campus Police
 Other

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

1

Route# _____ Direction _____ Name of Roadway/Street _____
 At _____

Route# **220** Direction **BALLARDVALE ST** Address # _____ Name of Roadway/Street _____

2 10

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____

_____ Feet **N S E W** of _____ of _____ or _____
 Mile Marker _____ Exit Number _____

2 11

2

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

_____ Feet **N S E W** of _____ of _____
 Route# _____ Intersecting Roadway/Street _____
 Landmark _____

3

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **20-48-AC**

4

License # **S90500465** St **MA** DOB/Age _____
 Sex **M** Lic. Class **D** ¹⁹/₁₉ Lic. Restrictions **1** ²⁰/₂₀ CDL _____
 Endorsement _____
 Operator **GALDAMEZ, RAUL**
 Last First Middle

Reg # **474J50** Reg Type **PC** Reg State **MA**
 Veh Year **2014** Veh Make **TOYOTA** Veh Config. **1** ²¹/₂₁

1 12

4

Address **246 CONANT ST**
 City **REVERE** State **MA** Zip **02151-2000**

Address **246 CONANT ST**
 City **REVERE** State **MA** Zip **02151-2000**

5

Insurance Company **GOVERNMENT EMPLOYEES INSU**
 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 _____

Vehicle Action Prior to Crash **1** ²²/₂₂ Damaged Area Code: **8** ²⁷/₂₇ ²⁷/₂₇
 Event Sequence **1** ²³/₂₃ ²³/₂₃ ²³/₂₃ ²³/₂₃ Test Status: **1** ²⁸/₂₈
 Most Harmful Event **1** ²⁴/₂₄ Type of Test: **29**/₂₉
 Driver Contributing Code **20** ²⁵/₂₅ ²⁵/₂₅ BAC Test Result: **1** ³⁰/₃₀
 Driver Distracted by **5** ²⁶/₂₆ Susp. Alcohol: **2** ³¹/₃₁ Susp. Drug: **2** ³²/₃₂

1 13

6

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	XXXXXX	XXXX	1	1	4	0	0	10	1	

7

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8

License # **04FNE72051** St **NH** DOB/Age _____
 Sex **M** Lic. Class **D** ¹⁹/₁₉ Lic. Restrictions **1** ²⁰/₂₀ CDL _____
 Endorsement _____
 Operator **FINN, ERIC M**
 Last First Middle

Reg # **XFFG44** Reg Type **CO** Reg State **NJ**
 Veh Year **2013** Veh Make **FORD** Veh Config. **1** ²¹/₂₁

1 14

9

Address **14 STEVENS AVE**
 City **NASHUA** State **NH** Zip **03060**
 Insurance Company **E&K AGENCY INC**

Address **1130 ROUTE 22**
 City **MOUNTAINSIDE** State **NJ** Zip **07092**

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 _____

Vehicle Action Prior to Crash **2** ²²/₂₂ Damaged Area Code: **4** ²⁷/₂₇ ²⁷/₂₇
 Event Sequence **1** ²³/₂₃ ²³/₂₃ ²³/₂₃ ²³/₂₃ Test Status: **1** ²⁸/₂₈
 Most Harmful Event **1** ²⁴/₂₄ Type of Test: **29**/₂₉
 Driver Contributing Code **1** ²⁵/₂₅ ²⁵/₂₅ BAC Test Result: **1** ³⁰/₃₀
 Driver Distracted by **0** ²⁶/₂₆ Susp. Alcohol: **2** ³¹/₃₁ Susp. Drug: **2** ³²/₃₂

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Date of Crash 02/12/2020 Time of Crash 0745 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30

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

Route# Direction Address # Name of Roadway/Street 136 SHAWSHOEN AVE

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# 20-49-AC

License # S13525386 St MA DOB/Age Reg # 28B640 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator KOSS, LEXI NOEL Address 4 CHISHOLM WAY City WILMINGTON State MA Zip 01887-6250

Veh Year 2007 Veh Make TOYOTA Veh Config. 1 21 Owner KOSS, LEXI NOEL Address 4 CHISHOLM WAY City WILMINGTON State MA Zip 01887-6250 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Table with columns: 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

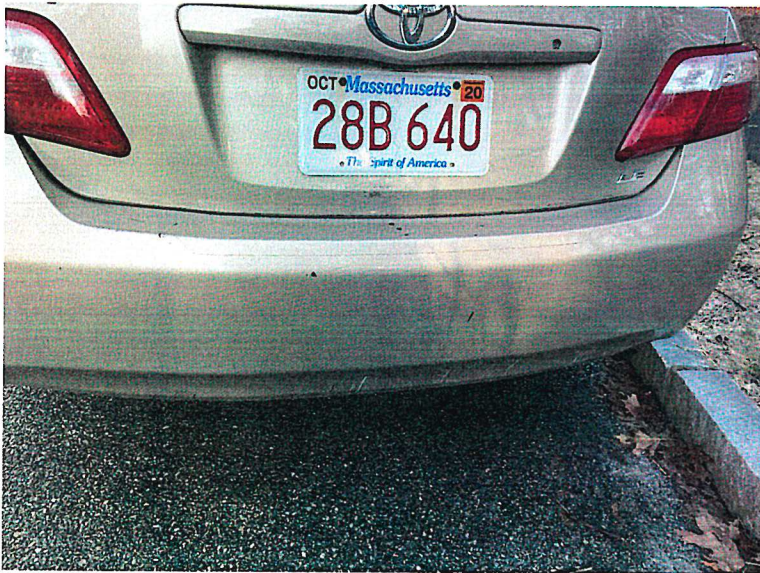
Please Select One of the Following: Vehicle 21 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S17626512 St MA DOB/Age Reg # 7SR968 Reg Type PC Reg State MA Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator MORRISON, ALYSSA LYNNE Address 12 WEDGEWOOD AVE City WILMINGTON State MA Zip 01887-3747

Veh Year 2006 Veh Make Jeep Veh Config. 1 21 Owner MORRISON, BEVERLY J Address 12 WEDGEWOOD AVE City WILMINGTON State MA Zip 01887-3747 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 5 27 27 27

Table with columns: 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/Non-Motorist: See Above

Wilmington Police Department
Images Associated with 20-49-AC



Date of Crash 02/13/2020 Time of Crash 0346 24HR City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 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 At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Route# 773 Direction SALEM ST Address # Name of Roadway/Street Feet NSEW of Mile Marker Exit Number Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Landmark

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped

Crash Report ID# 20-50-AC

License # S45110284 St MA DOB/Age Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement

Reg # 961ZR6 Reg Type PC Reg State MA Veh Year 2001 Veh Make MITSUBISHI Veh Config. 1 21

Operator HOOVER, MELISSA C Last First Middle

Owner HOOVER, MELISSA C Last First Middle

Address 35 JAFFARIAN RD

Address 35 JAFFARIAN RD

City HAVERHILL State MA Zip 01830-1407

City HAVERHILL State MA Zip 01830-1407

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 7 27 1 27 2 27

Vehicle Travel Direction: NSE [X] Responding to Emergency? 2

Event Sequence 22 23 23 23 23 Test Status: 28

Citation # (If Issued)

Most Harmful Event 22 24 Type of Test: 29

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

Driver Contributing Code 1 25 25 BAC Test Result: 30

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

Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32

Table with columns: 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. Row 1: Operator, See Above, [X], [X], 1, 99, 3, 0, 0, 10, 1.

Please Select One of the Following: [] Vehicle 2 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

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

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21

Operator Last First Middle

Owner Last First Middle

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: NSEW 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 Susp. Alcohol: 31 Susp. Drug: 32

Table with columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1.

Date of Crash 02/14/2020 Time of Crash 1659 City/Town 24HR 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:

1

MIDDLESEX AVE Route# Direction Name of Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 10

HIGH ST Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Mile Marker Exit Number

2 11

Also at Intersection with Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of Route# Intersecting Roadway/Street Landmark

2

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# 20-51-AC

3

License # S65987834 St MA DOB/Age Sex F Lic. Class D Lic. Restrictions 20 CDL Endorsement

Reg # 6PW793 Reg Type PC Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 21

1 12

Operator BICKNELL, RYAN E Last First Middle

Owner BICKNELL, RYAN E Last First Middle

4

Address 24 FRANCELLE RD City METHUEN State MA Zip 01844-4250

Address 24 FRANCELLE RD City METHUEN State MA Zip 01844-4250

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 1 27 8 27 2 27

Vehicle Travel Direction: NSXW 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: 29

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

Driver Contributing Code 99 25 25 BAC Test Result: 1 30

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

Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

1 13

6

Table with columns: 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

7

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # S24639944 St MA DOB/Age Sex M Lic. Class A Lic. Restrictions 20 CDL Endorsement

Reg # R1186 Reg Type PC Reg State MA Veh Year 2019 Veh Make CHEVROLET Veh Config. 2 21

1 14

Operator O'DONNELL, JOHN D Last First Middle

Owner O'DONNELL, JOHN D Last First Middle

Address 67 PORTER RD City BOXFORD State MA Zip 01921-1254

Address 67 PORTER RD City BOXFORD State MA Zip 01921-1254

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash 2 22 Damaged Area Code: 5 27 6 27 4 27

Vehicle Travel Direction: NSXW 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: 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

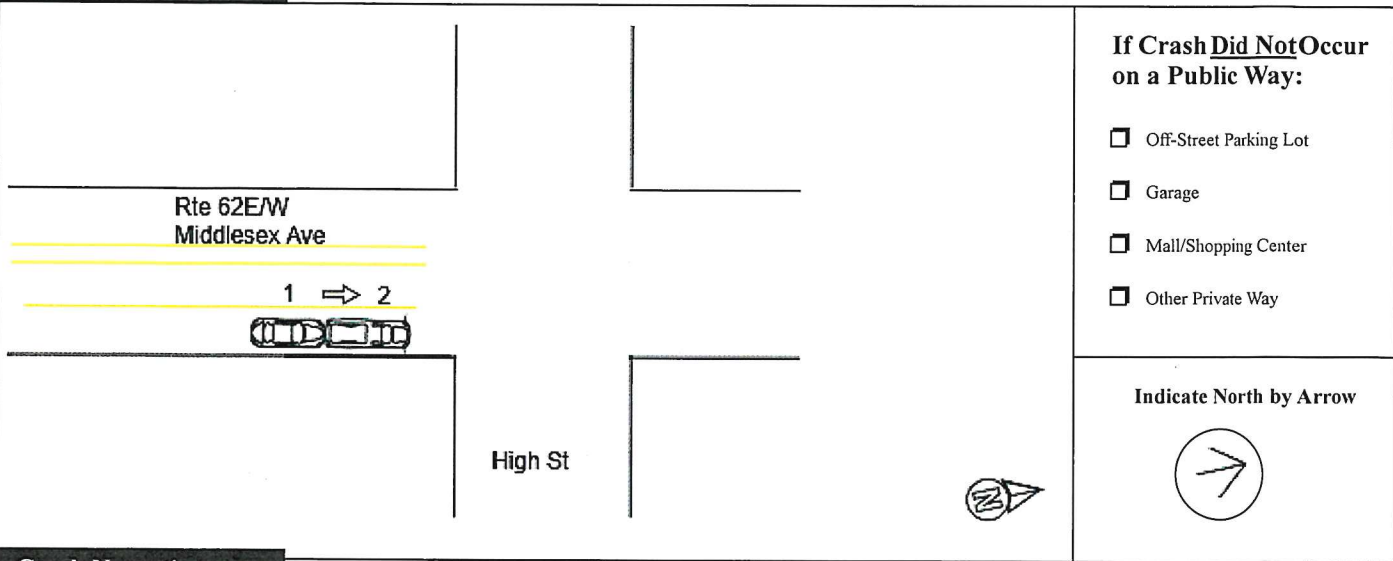
Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

9

Table with columns: 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

Crash Diagram:

Direction → 1 - vehicle 1 2 - vehicle 2 X - pedestrian ○ = bicycle



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 rear-end crash at 1700 hours in the intersection of Middlesex Ave and High St. The operator of vehicle 1 was stopped behind vehicle 2 at the light. Vehicle 1 lunged forward and struck vehicle 2. There were no injuries reported. There was damage to the center, left, and right rear of vehicle 2. There was damage to the front left right and center of vehicle 1. Vehicle 1 was towed from the scene by Forrest towing in Wilmington.

The passenger in vehicle 1 is the daughter of the operator. The operator refused medical treatment on scene and there were no apparent injuries.

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 Nicholas E Nofle

204

Wilmington Police Department

02/14/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date