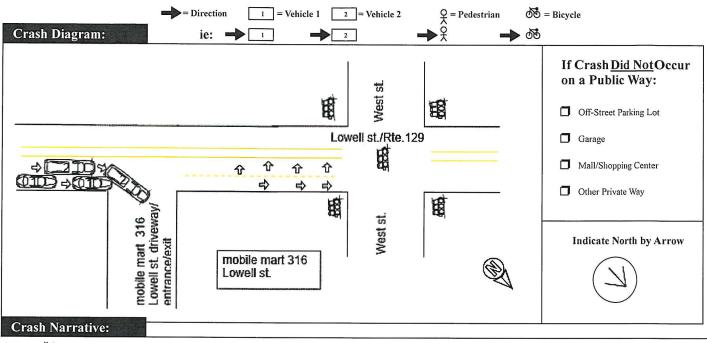
	Police Use Only	Comi	nonwealth (	of Massa	ichu	isett	S		RM	V Docı	ument Nun	ıber	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cra	sh	Number			d Limit	25	Local Po	lice 🔯	
	05/31/2020 1910 Wil	mington	Police 1	Report		1	0	Latti	ude gitude		MBTA P Campus Other:	olice 🔲 Police 🔲	
	AT INTERSECT	ION:	< LOCA		>		NOT	AT IN		SEC'			1
												****	10
						L53		RLIN					
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direct	ion A	Address #		N	ame of	Roadw	/ay/Street		
_		711		Feet	N S E	w of			• —	or _			
	Route# Direction Nan	ne of Intersecting Roadv	-		1 1		Mil	e Marker		······································	Exit Nu	ımber	1 11
		Also at Intersection w	rith		N S E		Route	<del>_</del>	Interse	ecting F	Roadway/St	reet	$\vdash$
<sup>2</sup> 1	Route# Direction Na	ne of Intersecting Roadw	vav/Street	Feet	NSE	w of				v	,		
Т									La	ndmarl	ĸ		-
<sup>3</sup> 97	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash R	eport II	» <b>2</b> 0	-1	12-	·AC	7			
9/	License # <b>S48276557</b> St <b>M</b>	A DOR/Am	Pout	8FP998			D = 0	T P(	,	n.	aa Stata M	70	<u> </u>
	19 19	20					_				Ī	21	1 <sup>12</sup>
	<u> </u>	E E-	ndorsement	Tear 2005						Veh	Config.	<u>-</u>	$\vdash$
<sup>4</sup> 1	Operator FARRINGTON, D	First	Middle	er FARRIN	.ast		Fir	st			iddle		
T	Address 82 BRICK KILN			ess 82 BRI		KILN	RD						
	City CHELMSFORD State	•	, , , , , , , , , , , , , , , , , , , ,	CHELMSFO	ORD						1824-		
	Insurance Company ARBELLA M	UTUAL INSU	RANCE Vehic	le Action Prior to	Crash	1	22	Damag		Code:	<u> </u>	27 27	
5	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Event	Sequence 5	23 2:	3 23	23	Test Sta			28		
<sup>5</sup> 2	Citation # (If Issued) <b>T2061655</b>	<del></del>	Most	Harmful Event	5	24		Type of BAC To		ults	30		
	Viol. 1: Ch/Sec/Sub 90 23	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Co	de 1	25	25	Susp. A			<u> </u>	32	6 13
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	0 2	26		Towed			2 33		
<sup>6</sup> 1		ator and all occupants inv				34 35 Seat Safety	36	37 38 Eject Trap	39	40			1
	Name (Last First Middle)		Address	DOB/Age	Sex	Pos. Syster		Ejeet Trap Code Code	Injury Status	Transp. Code	Medica	l Facility	-
	Operator	Se	ee Above		X	1 1	4	0 0	10	1			
								İ					
								<del> </del>					1
	Please Select One			15	16		17		18		I_	_	i
<sup>7</sup> 1	of the Following:	_#Occupants Non-	-Motorist A Type	Action	Lo	cation	С	ondition		<u> </u>	Hit/Run	Moped	
	License # St	DOB/Age	Reg #				Reg	Туре		R	eg State		
	Sex Lic. Class 19 19 Lic. F	Restrictions 20 Cl	DL Veh Y	'ear	Ve	h Make_				Veh	Config.	21	
	Operator		Own	er									
<sup>8</sup> 1	Address	First	Middle Addro	i. 255	ast		Fin	sl		Mi	ddle		
	City State	e Zip	City_					_ State	2	Zip			1 14
	Insurance Company			le Action Prior to	Crash		22	Damage			27	27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerg			23 23	3 23	23	Test Sta	itus:		28		
	Citation # (If Issued)	responding to Emerg		Harmful Event		24		Type of	Test:		29		
<sup>9</sup> 2	,	_			L	25	25	BAC To	est Rest	$\overline{}$	30		
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		r Contributing Co		26		Susp. A			303p. 210	ug: 32	
	Viol. 3: Ch/Sec/Sub			r Distracted by	<u></u>		1 1	Towed	_	,	33		]
	Please fill out for operator/no: Name (Last First Middle)	n-motorist and all occupa	ants involved Address	DOB/Age		34 35 Seat Safety Pos. Syster		37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Medica	ıl Facility	
	Operator/Non-Motorist	. Se	ee Above		X	1							
	-								+				1
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						$\perp$							1

Car of the special residence in the second		= Vehicle 1	2 = Vehicle 2	Q = Pedestr		Bicycle	
Crash Diagram:	ie: 👈 🔟	<b>→</b> □	2	<b>▶</b> }	→ №		
148 Burlington Ave		MV 1		•	\$2	If Crash Did Note on a Public Way:  Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	r
Crash Narrative:		-					
While travelling wes	stbound on Bur	lington Av	re, MV 1 st	ruck a d	eer in 1	Front of 148	
Burlington Ave causi							
			***				
Witnesses:							
Name (Last,First,Middle)	- 10	Address			Phone #		Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
9							
Truck and Bus Information	Registration #		(From Ve	hicle Section)			
Carrier Name						Bus Use	42
Address			City		S	Zip.	
43	State Number		Issuing State	MC/MX/	ICC #:		
Interstate Cargo Body	Type Code	GVWR/GCWR			_	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	er Length	46	
Hazmat Information:							
Placard Material 1 digit	# 48 Material Nam	e		Material 4 dig	it #	Release code	49
Patrol Officer Shane	A Foley		211 w-	ilminator	Police 1	lenartment 05/	31/2020

Department

	Date of Crash Time of Crash City/Town				Commonwealth of Massachusetts RMV Document Number											
	Date of Crash 06/02/2020	1	City/Town ilmingto	_ Mo	tor Veh	icle Cra	sh	Numbe Vehicle		urad	•	Limit_	35	State Poli Local Pol MBTA Po	ice 🔯	
	00/02/2020	24HR	TIMINGCO	n	Police	Report		2	0	l'	Latitud Longiti			Campus I	Police	
		AT INTERSE	CTION:	<	LOCA	TION	>		NO	T AT	'INT	rers	SEC'	TION:		
						100										2 10
r <del>,</del>	Route# Dire	ction	Name of Ro	oadway/Street		Route# Direct		<b>316</b> Address #		OWE:			Roadw	ay/Street		
1				At			vi oli	olwi -								
·	Route# Dire	ction	Name of Intersect	ing Roadway/Street		Feet [	וופוא	E W of	М	ile Mar	ker		or _	Exit Nu	mber	111
				rsection with		Feet [	N S I	E W of								4
2	Route# Direc	-41	N. C.			Feet [	N S I	E W of	Rout	e#	1	Interse	cting R	Roadway/St	reet	
<sup>2</sup> 2	Route# Dire	ction	Name of Intersect	ing Roadway/Street				····				Lar	ndmark	ς		
3	Please Select of the Followi		1 #Occupants	Hit/Run	Moped	Crash R	eport I	D# <b>2</b> (	)-1	.14	1 – 2	AC	,			
			St <b>MA</b> DOB/Ag	<u> </u>	Pog	# <u>8VN253</u>			D.o.	a Tuma	PC		D.	Ctt. <b>M</b>	Δ	<u> </u>
	Sex M Lic.	10 10	Lic. Restrictions	20 CDL		Year 2006									21	1 12
		SHOP, PAU	L	Endorsemen	it	er BISHOP							_ ven	Comig.		
<sup>4</sup> 1		RICHARDSO	First	Middle			Last		F	irst		·	Mi	ddle		
		FIELD		01880-334		WAKEFIE			1.			7	<sub>ເລ</sub> ຸດ1	L880-	3347	
		oany GOVERNM				cle Action Prior to		4	22			Area	•		27 27	
	•	Direction: NSE		g to Emergency? 2				1 23 23	23		st Statu		220.	28		
5		sued)	· ·	g to Emergency:		i sequence 1		24		Ту	pe of T	Test:		29		
		•		40.1			<u> </u>	99 <sup>25</sup>	25	3		t Resu		30		13
		Sub —				er Contributing Co		26		Sus	sp. Alc	L	31	Susp. Dru	ıg: 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub Please fill out for	— Viol. 4: Ch/Sec operator and all occ		Drive	er Distracted by	0	34 35	36	37	38	om sce	40	1 33		]
	Name (Last First M		operator and an oct	Address		DOB/Age	Sex	Seat Safe Pos. Syste	y Airbag	Eject Code	Trap Code	Injury Status	Transp. Code	Medical	Facility	
	Operate	or		See Above		> <	X	1 1	4	0	0	10	1			
	Please Select (	)ne NZ	4 "0			15	16		17		$\vdash$	18				1
<sup>7</sup> 1	of the Followin		1#Occupants	Non-Motorist	A Type	Action	Lo	ocation		Conditi	on		]	Hit/Run	Moped	
	License # <b>S1</b> .		St MA DOB/Ag		Reg #	9JX482			Re	g Type	PC		Re	eg State M		
	Sex M Lic. 6	Class D 19 19 I	Lic. Restrictions	CDL		Year <b>1996</b>	Ve	eh Make _	royc	OTA			_ Veh	Config. 2	21	
<sup>8</sup> 1	Operator PE	SATURO, D.	ANIEL DE	SIMONE Middle		er <b>PESATU</b>	RO,	DAN		DE irst	SI	MOI		ddle	<del></del>	
1	Address <b>109</b>	COUNTRY	CLUB RD		Addr	ess 109 CC	UNT	RY C			)		1+11			<u></u>
	City MELRO	DSE	State <b>MA</b> Zip	02176-2903	City	MELROSE				State	e <b>MA</b>	Zi	р <u>02</u>	2176-	2903	1 14
	Insurance Comp	any ARBELLA	MUTUAL	INSURANC	<b>E</b> Vehic	cle Action Prior to	Crash	3	22			Area	Code:		27 27	
	Vehicle Travel D	Direction: N S E	Respondin	g to Emergency? 2	Even	t Sequence 1	23 2	23 23	23		t Statu		ŀ	28		
<sup>9</sup> 2	Citation # (If Iss	ued)			Most	Harmful Event	1	24			oe of T .C Test	esi: t Resul	lt:	30		
	Viol. 1: Ch/Sec/S	Sub	- Viol. 2: Ch/Sec	e/Sub ————	Drive	er Contributing Co	de [	99 <sup>25</sup>	25		sp. Alc	Г	31	Susp. Dru	ıg: 32	
	Viol. 3: Ch/Sec/S	Sub ————	– Viol. 4: Ch/Sec	e/Sub	Drive	er Distracted by	99	26		Tov	wed fro	om sce	ne?	2 33		
	Ple Name (Last First M	ease fill out for operato	or/non-motorist and	all occupants involve	ed	tvm/*	g	34 35 Seat Safet		37 Eject	38 Trap	39 Injury	40 Transp.	17.11	English	
		or/Non-Moto	rist	See Above		DOB/Age	Sex	Pos. Syste	n Status	Code 0		Status 10	Code 1	Medical	Facility	
	- P 2. W.C							-	1							
							$\vdash$		-							1
,	T. F.								-							1



Oper.#1 related he was traveling straight on Lowell st./Rte.129, prior to approaching the intersection of Lowell & West st. he noticed that a black p/u truck#2 was along side of him also traveling straight, the black p/u truck#2 was to the far left side of the roadwa next to the yellow center line. (This section is wide enough for two (2) (m/vs) to travel straight. This section does not have any marked lines until you approach the intersection At some point the p/u truck#2 turned right into m/v#1, side swiping the left front fender and ripping the front bumper off. Both m/vs turned right into the driveway of mobile mart Oper.#2 related he was traveling straight on Lowell st./Rte.129 and had his directional o to turn right into mobile mart when m/v#1 rear ended his m/v#2.

While at the scene I viewed both m/vs and observed no damage to the rear bumper of m/v#2.

Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
				with the track		
Truck and Bus Information:	Registration #		(From Vehic	le Section)	-	<b>.</b>
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:5	State Number		_ Issuing State	MC/MX/I	CC #:	
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Traile	er Length 46	
Hazmat Information:						
Placard Material 1 digit #	48 Material Name	5	1	Material 4 digi	t #Release code	49

Patrol Officer Paul W Jepson

142

Wilmington Police Department

06/02/2020

Police Officer Name (Please Print)

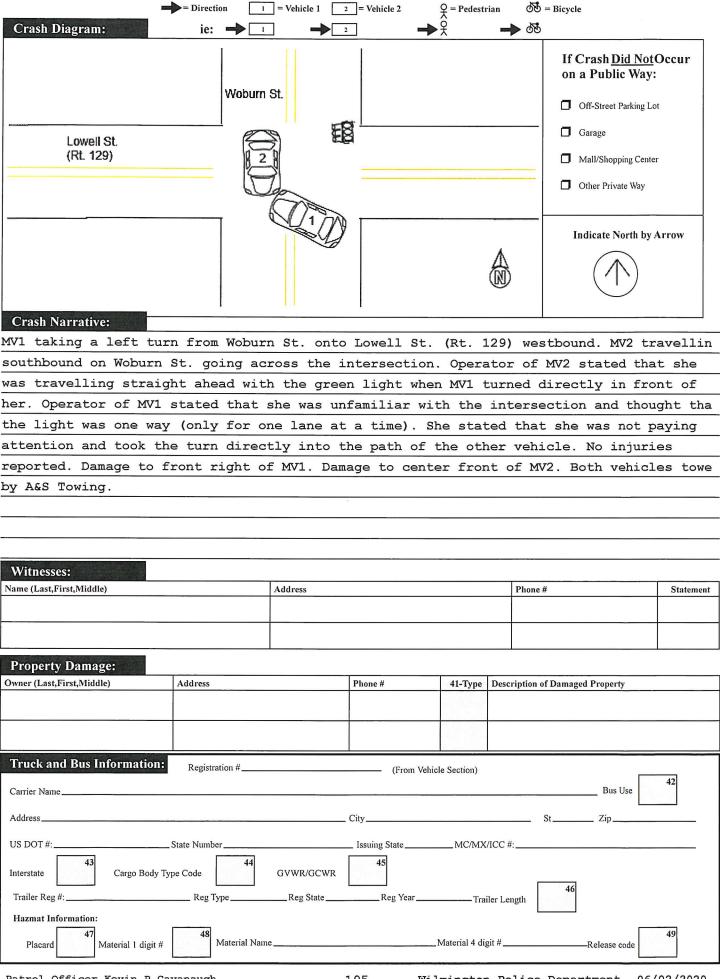
Signature

ID/Badge #

Department Precinct/Barracks

Date

					ommonwealth of Massachusetts RMV Document Number					ument Number	
	Date of Crash 06/02/2020	1	· · · · · · · · · · · · · · · · · · ·	<b>Motor Vel</b>	nicle Crash	Number Vehicles		Speed Li		— Local Police	1
	00/02/2020	1919 WI	LMINGTON	Police	Report	2	0	Latitude _ Longitud		MBTA Police Campus Police Other:	
		AT INTERSEC	TION:	< LOCA	ATION >		NOT A	<u> </u>			1
							•				2 10
	Route# Direc	ction	Name of Roadway/St	reet	Route# Direction	228 Address #	LOWE	LLL S	of Roady	vav/Street	.[]
<sup>1</sup> 3		,	At		Trouten Breetien	71441633 #	10-11111111	1481110	Of Roads	vay/oncor	-
L			ALUELUS		Feet N S	E W of	— — — Mile Ma	• -	— or .	Exit Number	
	Route# Direc	ction N	Also at Intersection w		Feet N S	E W of	IVIIIC IVI	arker			3
			inso at intersection to		Feet N S		Route#	Inte	ersecting	Roadway/Street	
<sup>2</sup> 3	Route# Direc	etion N	ame of Intersecting Roady	vay/Street	reet [11]	12[1] 01			Landmar	1.	.]
L	Please Select (	One XI Vahiala 11	#Occupants Hit/	Run Moped	G I P		11			K	1
3	of the Followi	ng: Venicle 12		Run Moped	Crash Report	10# 20		3 – A	<u></u>		_
		3320136 St	<del></del>	Reg	# 1NNV11		Reg Typ	e PC	R		12
	Sex <b>F</b> Lic.	Class D 19 Lic		DL Veh	Year <b>2007</b>	Veh Make <b>F</b>	'ORD		Vel	n Config. 21	
	Operator <b>GY</b>	LES, ANNA	First		er GYLES, A	NNA	P' .			fiddle	
<sup>4</sup> 3	Address 3 K	AREN CIR			ress 3 KAREN	CIR :	APT 1	7	M	iddle	
	City BILLE	ERICA St	ate <b>MA</b> Zip <b>01821</b>	L-4717 City	BILLERICA		Sta	ate <b>MA</b>	Zip <b>0</b>	1821-4717	
	Insurance Comp	any GOVERNMEI	NT EMPLOYEES	S INSU Vehi	cle Action Prior to Crash	<b>4</b>	22 D	amaged A	rea Code:	2 27 27 27	
	Vehicle Travel D	Direction: NSE	Responding to Emer	gency? 2 Ever	nt Sequence 1 23	23 23	23 T	est Status:		28	
<sup>5</sup> <b>1</b>		ued)		•	t Harmful Event 1	24	— Т	ype of Tes	t:	29	
***************************************			Viol. 2: Ch/Sec/Sub —		er Contributing Code	19 <sup>25</sup> 4	25	AC Test R		30	13
			Viol. 4: Ch/Sec/Sub —		er Distracted by	26		usp. Alcoh owed from		Susp. Drug: 2 32	
<sup>6</sup> 2	viol, 3; Ch/Sec/		erator and all occupants in		or Distracted by	34 35	36 37		39 40		4
	Name (Last First M	=	The state of the s	Address	DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Ing Code Sta	jury Transp. atus Code	Medical Facility	_
	Operate	or	Se	ee Above	$\rightarrow$ X	1 1	1 0	0 10	0 1		
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<sup>7</sup> 2	Please Select C of the Followin		#Occupants  Non	-Motorist A Type	Action 16	Location	Condi	tion		Hit/Run Moped	
	License # S7	7 <b>995513</b> St.]	MA DOB/Age	Reg	# 8BG823	<u> </u>	Reg Type	PC	R	eg State <b>MA</b>	1
	Sex <b>F</b> Lic. 0	Class D Lic	Restrictions 20 C	_	Year 2006	Veh Make <b>F</b>				21	
			ULIANN MORG	ndorsement	er MCDERMOT					- Coming	
<sup>8</sup> 2	-	Last NORTH MAPL	First	Middle	ess 27 N MAP	•	First		М	iddle	
	City <b>WOBUF</b>		ate <b>MA</b> Zip <b>01801</b>		WOBURN		Sta	, MA	zin O	1801-1405	1 14
	-		RCE INSURAN		cle Action Prior to Crash	1		amaged A	-		
	Vehicle Travel D		1		t Sequence 1 23	23 23		est Status:		28	
		LK	Responding to Emerg		i sequence 1	24		pe of Test	t:	29	
<sup>9</sup> 2	,	ned)			Harmful Event 1	7 25	B.	AC Test R		30	
			Viol. 2: Ch/Sec/Sub ——		er Contributing Code	26	Sı	ısp. Alcoh	=	<u> </u>	
	Viol. 3: Ch/Sec/S		Viol. 4: Ch/Sec/Sub —		er Distracted by		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	owed from		1 33	]
	Ple Name (Last First M		on-motorist and all occupa	ants involved  Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code		19 40 jury Transp. ntus Code	Medical Facility	
	<b>O</b> perato	or/Non-Motori.	st Se	ee Above	X	1 1	1 0	0 10	) 1		
											1
}											1
											4
1											



Patrol Officer Kevin P Cavanaugh

195

Wilmington Police Department

06/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

	Pol	ice Use Only	Com	monwealth	of Massacl	husetts	5	RM	AV Docu	ıment Number	
	Date of Crash 06/03/2020	Time of Crash 1001 W	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Lim	it30	Local Police	1
	00,03,2020	24HR	ilmington	Police	Report	2	0	Latitude Longitude.		MBTA Police Campus Police Other:	
		AT INTERSE	CTION:	< LOCA	TION >		NOT A	T INTE	RSEC	TION:	]
											<b>2</b> 10
	Route# Dire	ction	Name of Roadway/St	reet	Route# Direction	370 Address #	MAIN		of Roadw	ray/Street	-
<sup>1</sup> 1			At		[2.]						1
	Route# Direc	ction	Name of Intersecting Roads	vav/Street	Feet N S	S E W of	Mile M	— • — arker	– or <u> </u>	Exit Number	11
			Also at Intersection v		Feet N S	E W of					2
2	B				Feet N S	E W of	Route#	Inter	secting R	Roadway/Street	
<sup>2</sup> 1	Route# Direc	etion	Name of Intersecting Roads	vay/Street				I	andmark		_
3	Please Select O		1_#Occupants   Hit.	Run Moped	Crash Repor	rt ID# <b>2 0</b>	-11	6-A	C		
			St <b>MA</b> DOB/Age		5ZJ543					a. M7	
	Sex <b>F</b> Lic.	10 10	20							21	<b>1</b> 12
		ATTIE, LI	E	ndorsement	Year 2015				Veh	Config.	
<sup>4</sup> 2		Last	First	Middle	er BEATTIE ,		First	1N	Mic	ddle	
		RATTLE SI			ess 9 BRATTI			1/7	^-	1007 2502	
			State <b>MA</b> Zip <b>0188</b>		WILMINGTO			ate <b>MA</b> Damaged Are		1887-3506 27 27 27 27	
			INSURANCE CO	_	cle Action Prior to Cras			est Status:	a Code:	7 28 28	
<sup>5</sup> 1		Direction: SE		gency? 2 Even	t Sequence 1 23		23	ype of Test:		29	
	Citation # (If Iss	ued)		Most	Harmful Event 1	24		AC Test Re	sult:	1 30	_ 13
	Viol. 1: Ch/Sec/	Sub	Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1 25	<b>25</b> S	usp. Alcoho	l. 2 31	Susp. Drug: 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/		Viol. 4: Ch/Sec/Sub —		r Distracted by	26		owed from	L	1 33	
	Name (Last First M		operator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System		38 39 Trap Inju Code State	y Transp.	Medical Facility	
	Operate	or	S	ee Above	$\times$	1 1	4 0	0 10	1		
				***************************************							1
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							<u></u>				1
<sup>7</sup> 3	Please Select C of the Followin		1#Occupants	-Motorist A Type	15 Action 16	Location	17 Condi	tion 1	<sup>8</sup>    🖵	Hit/Run 🔲 Moped	
	License # S1	1030128	St MA DOB/Age,	Reg #	6AN672		Reg Typ	e PC	Re	eg State <b>MA</b>	1
	Sex <b>F</b> Lic. 0	19 19	Lic. Restrictions 20	DL Veh	/ear 2006	Veh Make S				Config. 21	
			ELIZABETH	ndorsement Own	er INES, DA	NA M				<u> </u>	
81	Address 19	PETER RD	First	Middle	ess 19 PETER		First		Mic	ddle	
	City NORTE	READING	State <b>MA</b> Zip <b>0186</b>	4 City	N READING		Sta	ate <b>MA</b>	Zip <b>01</b>	864-1451	1 14
	Insurance Compa	any <b>QUINCY 1</b>	MUTUAL FIRE	ENSURA Vehic	le Action Prior to Cras	h <b>4</b>	<b>22</b> D	amaged Are	a Code:	6 27 27 27	$\vdash$
	Vehicle Travel D	rirection: NSE	Responding to Emer	gency? 2 Even	Sequence 23	23 23	23 T	est Status:		1 28	
	Citation # (If Iss	ued)	Z	Most	Hamful Event 1	24		ype of Test:		29	
<sup>9</sup> 2			<ul><li>Viol. 2: Ch/Sec/Sub —</li></ul>		r Contributing Code	19 <sup>25</sup>	25	AC Test Re		1 30 Susp Drug 2 32	
	Viol. 3: Ch/Sec/S		<ul> <li>Viol. 2: Ch/Sec/Sub —</li> <li>Viol. 4: Ch/Sec/Sub —</li> </ul>		r Distracted by	26		usp. Alcoho owed from s		Susp. Drug: 2 32	
ļ			or/non-motorist and all occup			34 35 Sant Sacata	36 37	38 39	40	<u> </u>	1
	Name (Last First M	iddle)	·	Address	DOB/Age Sex		Status Code	Code Statu		Medical Facility	4
]	Operate	or/Non-Moto	<i>rist</i> s	ee Above	XX	1 1	4 0	0 10	1		
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	= Direction 1	= Vehicle 1	2 = Vehicle 2	♀ Pedestr	ian 💍 = Bicycle	
Crash Diagram:	ie: 👈 🗓	<b>→</b>	<u>2</u>	<u> </u>	→ 88	
					If Crash <u>Did Not</u> on a Public Way:	
		AN AN			Gff-Street Parking Lo	ıt
0	₹.	(2/7)			☐ Garage	
	D MT	D R			☐ Mall/Shopping Cente	r
		<u> </u>		0.04-0-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Other Private Way	
•			STOP)			
					Indicate North by	Arrow
		仓				
	i			1		
	ļ			`		
Crash Narrative:						
					stop sign on Middlese	
					of the crash it appear	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
both MVs.	e struck MV 1'	s front dr	river side. N	No inju	ries. A and S Towing	towed
DOCH MYS.						
		,				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of Damaged Property	
Truck and Bus Informatio	n: Registration #		(From Vehic	1.6.4.		
Carrier Name	rogistration //		(From venic	ie Section)	Bus Use	42
Address			City		St Zip	
					·	
US DOT #:	State Number			MC/MX	/ICC #:	
	y Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length	
Hazmat Information:					المستسما	
Placard Material 1 digi	t # 48 Material Nan	ne		Material 4 di	git #Release code	49
Patrol Officer Kevin	J Skinner		200 Wil	mingtor	n Police Department 06/	03/2020

Police Officer Name (Please Print)

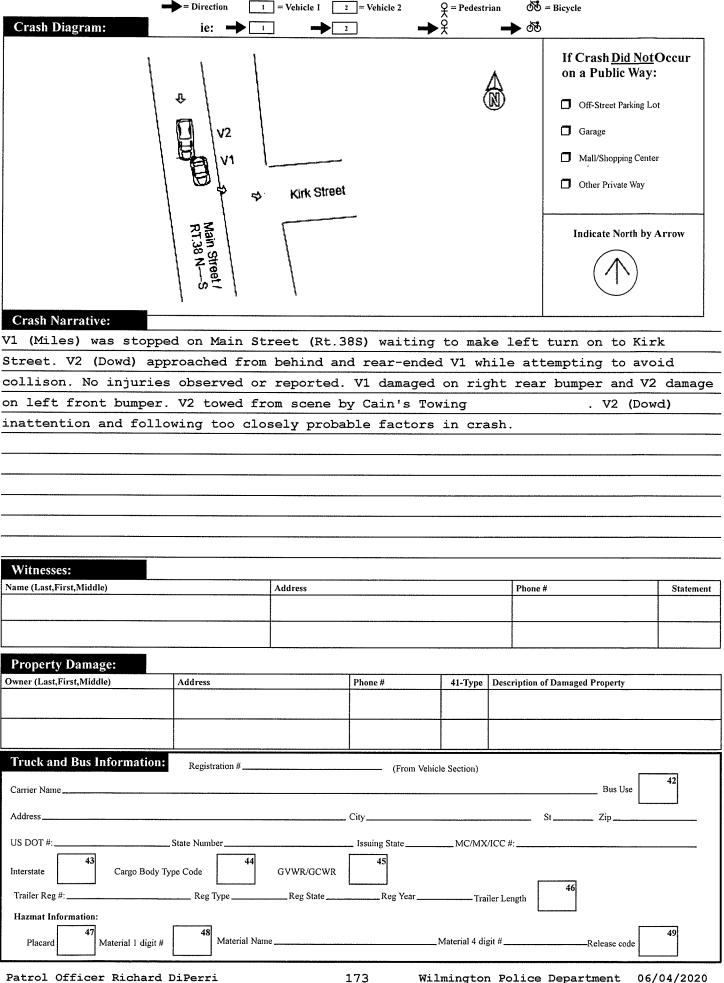
Signature

ID/Badge #

Department Precinct/Barracks

Date

	Date of Crash Time of Crash City/Town				ommon	mmonwealth of Massachusetts						RMV Document Number						
	Date of Crash 06/04/2020	i I		City/Town ington	M	otor Vel	nicle Cra	ısh		umber hicles			•	Limit	3.5	Local	Police Police A Police	
	00/04/2020	24HR	MITIU	ing con		Police	Report		2		0		Latitud Longit				ous Police 📮	•
		AT INTERS	SECTIO	N:	<	LOCA	ATION	>			NO'	ГΑТ	INI	ΓER	SEC'	TION	•	
	38	MAIN	r sm															2 10
<sup>1</sup> 1	Route# Direc			Name of Roa			Route# Direc	ction	Addr	ess#			Na	me of	Roadw	/ay/Stree	t	_
1				Α	At		Feet	N S	EW	of			_ •		or			
	Route# Direc	ction KIRK		of Intersectin	g Roadway/Stre	eet					М	le Ma	rker			Exit	Number	2 11
				Also at Inters	section with		Feet	N S	EW	of	Route	 >#		Interse	cting F	Roadway	/Street	
<sup>2</sup> 1	Route# Direc	ction	Name	of Intersectin	g Roadway/Stre	eet	Feet	N S	EW	of		<b>.</b>						
	Please Select (	One 🖂	. 2 4	0							-	٠, ١			ndmark	K		-
3	of the Followi	ng: Venicie	: 1 <u>Z</u> #	Occupants	Hit/Run	Moped	Crash I											
		6553410		_ DOB/Ag	20		# <u>8BR265</u>										21	1 12
		Class D 1		trictions <b>B</b>	CDL Endorsen	nent	Year <b>2009</b>					<b>IDA</b>	<u> </u>		_ Veh	Config.	1 "	
<sup>4</sup> 1	-	LES, ISI	Fi	rst	Middle		er MILES,	Last			Γ F	irst			Mi	iddle		-
1		WARREN					ress <u>578 W</u>	ARR	EN									-
		ИС					BOSTON										-1805	i i
	·	oany PILGRI		SURANC	E COMPA	ANY Vehi	cle Action Prior to			2	22		amageo st Stat		Code:	4 27 28	27 27	
5	Vehicle Travel D	Direction: N	EW	Responding	to Emergency?	2 Ever	nt Sequence 1	23	23	23	23		pe of			29		
	Citation # (If Iss	sued)				Mos	t Harmful Event	1	24			, в	-	st Resu	ılt:	30		
	Viol. 1: Ch/Sec/	Sub	Vio	l. 2: Ch/Sec/S	Sub	Driv	er Contributing Co	ode	1_	25	25	Su	sp. Al	cohol:	2 31	Susp.	Drug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub	Vio	l. 4: Ch/Sec/	Sub —	Driv	er Distracted by	0	26			То	wed fi	rom sc	ene?	2 33		
T	Name (Last First M	Please fill out t	for operator	and all occu	pants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System		37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate				See Abov	ve		X	1	1	4	0	0	10	1		died ruenty	
	KEVIN FLEET	TWOOD		1072 NANT	ASKET AVE 02045-1308			м	3	1	4	0	0	10	1			
								1			<del> </del>							_
					*********			-	<u> </u>		ļ		<u> </u>					_
	DI 01 0						15	16			17		<u> </u>	10		<u> </u>		_
<sup>7</sup> 3	Please Select C of the Followin		21_#	Occupants	Non-Motor	rist A Type	Action	16	Locatio	on	17	Condit	ion	18		Hit/Run	Морес	ı
	License # S34		_	_ DOB/Age	<del></del>	Reg	# <u>5SW621</u>				Re	д Туре	PC		R	eg State	MA 21	-
	Sex <b>F</b> Lic. 0		Lic. Res	trictions <b>B</b>	CDL Endorsen	Veh	Year <b>2019</b>	`	Veh M	ake <u>C</u>	HE	/RO	LET		Veh	Config.	1 21	
<sup>8</sup> 1	_ <del>-</del>	WD, GAII Last	Fin	rst	Middle	Owr	er DOWD,	GA]	[L	S	F	irst			Mi	iddle		-
т		SHAWSHI					ress 450 SI	HAW	SHE	EN	AV				····			- 14
	-	INGTON		•		-	WILMING	TON	<u> </u>		201						-1639	. 1
	Insurance Comp	any <b>ARBELI</b>	A MU'	rual ]	INSURAN	CE Vehi	cle Action Prior to	Crash		1	22		imageo st Stat		Code:	8 <sup>27</sup>	27 27	
	Vehicle Travel D	Pirection: N	EW	Responding	to Emergency?_	2 Ever	t Sequence 1	23	23	23	23		pe of			29		
<sup>9</sup> 2	Citation # (If Iss	ued)				Mos	t Harmful Event	1	24			BA	•	st Resu	ılt:	30		
_	Viol. 1: Ch/Sec/S	Sub	Vio	1. 2: Ch/Sec/S	Sub	Driv	er Contributing Co	ode		<sup>25</sup> 5	25	Su	sp. Al	cohol:	2 31	Susp.	Drug: 2 32	
	Viol. 3: Ch/Sec/S	Sub ————	Vio	1, 4: Ch/Sec/S	Sub	Driv	er Distracted by	0	26					om sc	ene?	1 33		
	Ple Name (Last First M	ease fill out for ope	rator/non-n	notorist and a	ll occupants inve Address	olved	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Me	dical Facility	
	Operate	or/Non-Mo	torist		See Abov	/e		X	1	1	4	0	0	10	1			
																		1



173

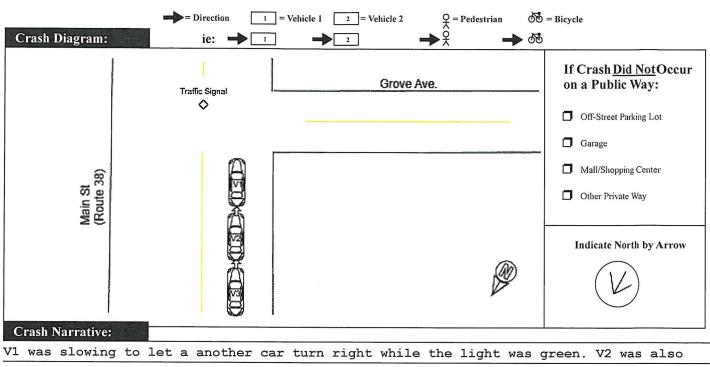
Wilmington Police Department

06/04/2020

Department

	Police Use Only	Com	monwealth (	of Massac	chuse	etts			RMV	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Veh</b>	icle Cras	$h \left[ \begin{array}{c} N_1 \\ V_2 \end{array} \right]$		Number Injured	Speed		35	State Police Local Police	
	06/05/2020   <b>1711</b>   <b>Wil</b>	mington	Police 1	Report	3	1.	)	Latitud Longit			MBTA Police Campus Police Other:	를
	AT INTERSECT	ΓΙΟΝ:	< LOCA			N	OT A	_		SEC'		
		to the transfer of the transfe										2 10
	Route# Direction	Name of Roadway/St		Bartall Birrain	91		MAIN			D 1	ray/Street	
<sup>1</sup> 1	Rone# Direction	At	reet	Route# Direction	n Addr	ess #		Na	me or i	Koadw	/ay/Street	—
				Feet N	SEW	of —		_ •	_	or _	Exit Number	
	Route# Direction No.	ame of Intersecting Roady			S E W		Mile Ma	irker			EXII Number	2 11
		Also at Intersection w	vith			R	Coute#	-	Interse	cting F	Roadway/Street	·
<sup>2</sup> <b>1</b>	Route# Direction N	ame of Intersecting Roady	vay/Street	Feet N	s E W	of —						
	Please Select One		<u> </u>							ndmark	(	_
3	of the Following:	#Occupants Hit/	Run Moped	Crash Rep	ort ID#	20-	-11	8 –.	AC	;		
	License # <b>S38154402</b> St <b>1</b>	MA DOB/Age	Reg #	<u>9TT983</u>			Reg Type	PC		R	eg State <b>MA</b>	- 12
	Sex M Lic. Class D 19 Lic.		DL Veh	Year 2006	Veh M	ake <b>LE</b>	XUS			_ Veh	Config. 1 21	1
	Operator SEMAKULA, ANI		ndorsementOwn	er SEMAKUL	A, A	NDRE	WT					_
<sup>4</sup> 3	Address 4 RIVERHURST	RD APT 513	Middle Addr	ess 4 RIVER	HURS	T RI	First  A	PT.	511		ddle	_
	City <b>BILLERICA</b> Sta	te <b>MA</b> Zip <b>0182</b> 1	L-6605 City	BILLERIC	A		Sta	te <b>M</b> Z	<b>1</b> z	ip <b>0</b>	1821-6605	<u>.</u>
	Insurance Company PROGRESS I	-	•	ele Action Prior to Ci		2 22	٦.	amageo			<del></del>	- I
	Vehicle Travel Direction: N E W			t Sequence 23			<u>]</u> :3 Te	est Stat	us:		1 28	<b>'</b>
<sup>5</sup> <b>1</b>	Citation # (If Issued)			Harmful Event	24		ر <sub>T ک</sub>	pe of	Test:		29	
				L		25	25	AC Tes	_		30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code		JL	S	isp. Ald	-		22	] <u> </u>
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub		***************************************	r Distracted by	34	35	36 37	owed fr	om sce	ene?	2 33	_
	Prease 1111 out for ope Name (Last First Middle)	rator and all occupants in	Address	DOB/Age	Seat Sex Pos.	Safety A	irbag Eject tatus Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	<b>Operator</b>	S	ee Above		1	1 4	0	0	10	1		
								ļ				
								ļ				
			-		<u></u>			<u></u>	10	 		_
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non	-Motorist A Type	15 Action 1	Location	on .	Condi	tion	18		Hit/Run 🔲 Mope	d
	License # <b>S35979211</b> St 1	1A DOB/Age	leg #	7TK498			Reg Type	PC		R	eg State <b>MA</b>	_
	19 19	20		<sub>/ear</sub> 2017							21	
	Operator LEONARD, KRIS	E	ndorsement	er LEONARD								
<sup>8</sup> 1	Address 21 MIDDLESEX	First	Middle	ess 21 MIDE			First	APT	30		ddle	
	City WILMINGTON Sta			WILMINGT							1887-2757	7 1 14
	Insurance Company ARBELLA	• • • • • • • • • • • • • • • • • • • •	•	le Action Prior to Cr		2 22				•	2 27 5 27 27	7 L
	Vehicle Travel Direction: N K E W			Sequence 23			ال	st Stat			1 28	1
		Responding to Emer		Harmful Event 1	24		ر <sub>T ک</sub>	pe of	Test:		29	
<sup>9</sup> 2	Citation # (If Issued)	<del></del>			•	25	25	AC Tes			30	,
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code			St	ısp. Ald	E.		22	]
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —		r Distracted by	34	35	To	owed fr	om sco	ene?	2 33	_
	Please fill out for operator/n Name (Last First Middle)	on-motorist and all occup	ants involved Address	DOB/Age	Seat Pos.	Safety A	irbag Eject tatus Code	Trap Code	Injury Status	Transp. Code	Medical Facility	
	Operator/Non-Motoris	st s	ee Above		1	1 4	0	0	10	1		
								<del>                                     </del>				
	The state of the s				+			<u> </u>	-	ļ		

	Police Use Only	Com	nonwealth (	of Massac	huset	tts		RMV D	Oocument Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Nurr Vehi		rad Tritt	d Limit	35 State Police Local Police	0800
	06/05/2020 1711 Wil	mington	Police 1	Report	3	cles Inju	Lam	ıde itude	MBTA Police Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA						ECTION:	_
								121122		2 10
	B				91		IN S			2
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Addres	s#	N	ame of Ro	adway/Street	
<u> </u>				Feet N	S E W o			• — o	r	
	Route# Direction Na	me of Intersecting Roady					e Marker		Exit Number	2 11
		Also at Intersection w	rith	Feet N		Route	#	Intersection	ng Roadway/Street	_   _
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roadw	vay/Street	Feet N	S E W o	f 				
			<u> </u>					Landn	nark	
3	Please Select One of the Following:	#Occupants Hit/	Run Moped	Crash Repo	rt ID# <b>2</b>	0-1	18-	AC		
	License # <b>S55409376</b> St <b>N</b>	1A DOB/Age	Reg #	4583ME		Rep	Туре РС	:	Reg State <b>MA</b>	
	Sex M Lic. Class D 19 19 Lic.	Restrictions 1 20 C		Year <b>2011</b>						21 1 12
	Operator DELAROSA, MAR	E1	ndorsement	er DELAROSA						
<sup>4</sup> 3	Address 27 TANGLEWOOD	First	Middle	ess 27 TANG		Fit	st		Middle	
	City <b>TEWKSBURY</b> State			TEWKSBURY				<b>7</b> 7:	01876-20	55
	Insurance Company QUINCY MU				г	22			ode: 1 27 8 27 2	<del>,</del>
				t Seguence 23		3 23	Test Sta		1 28	
<sup>5</sup> 1	Vehicle Travel Direction: N E W			Sequence 1	24		Type of	Test:	29	
	Citation # (If Issued)	<u>.</u>		Harmful Event 1		5 - 25		est Result:	30	13
	Viol. 1: Ch/Sec/Sub			er Contributing Code		5 1 25		lcohol: 2		32 1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub			r Distracted by	26			from scene		
4	Please fill out for oper Name (Last First Middle)	ator and all occupants inv	volved Address	DOB/Age Ser	Seat S	35 36 afety Airbag ystem Status	37 38 Eject Trap Code Code	Injury Tra	40 insp. ode Medical Facilit	tv
	Operator	Se	ee Above	X	1 1		0 0	10 1		
					+	-		+-+		
					+			-		
										-
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Non-	-Motorist A Type	15 Action 16	Location	17 C	ondition	18	Hit/Run M	loped
3										
	19 19	DOB/Age	· ·	#						21
		Restrictions Cl Er	DL Veh Y ndorsement	/ear	Veh Mak	e		················· `	Veh Config.	
<sup>8</sup> 1	Operator	First	Middle Own	erlast		Fir	st		Middle	
	Address			ess						14
	City Stat	e Zip	City_			22		Zip_		<u> </u>
	Insurance Company		Vehic	le Action Prior to Cras			Damage Test Sta	d Area Co	ode: 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emerg	gency? Event	Sequence 23	23 2	3 23	Type of		29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	24			est Result:	30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	2:	25	Susp. A	lcohol:	31 Susp. Drug:	32
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		Towed f	from scene	? 33	
	Please fill out for operator/no	n-motorist and all occupa		DOD/L-	Seat S	35 36 afety Airbag	37 38 Eject Trap	Injury Trai	nsp.	
	Name (Last First Middle)  Operator/Non-Motoris	t c.	Address ee Above	DOB/Age Sex	1 Pos.   S:	sstem Status	Code Code	Status Co	ode Medical Facilit	<u>y</u>
	Specialori ton-motoris				+++	+				
	***************************************			<u>'</u>	$\bot$				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



V1 was slowing to let a another car turn right while the light was green. V2 was also slowing, but stopped quickly. V2 did not have to slam on the brake though and the light was yellow. While doing so the driver of V2 looked in rear view mirror and noticed V3 headed towards her, not stopping. She also believes that the driver of V3 had his phone i his hand. V3 did not stop and struck the back of V2, pushing V2 into V1. The driver behin V3 remained as a witness and stated that V3 did not touch the brakes at all. I asked the driver of V3 about his cell phone and he allowed me to look at his texts and calls. It showed nothing was sent at the time of the crash. The driver of V3 claims he was looking back at the lake while the light was green. When he redirected his attention to the road the light was red and he was about to strike V2. V3 was towed from the scene. There were no injuries. #210

Witnesses:								
Name (Last, First, Middle)		Address			I	hone #		Statement
MAXWELL DAVID N		25A FLETCHER R	D FRNT AVE WOBURN	N MA 01801-	1905			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descri	ption of Damaged	Property	
Truck and Bus Information:  Carrier Name  Address							Bus Use	42
US DOT #:	pe Code	GVWR/GCWR	45			46		
Placard 47 Material 1 digit #	48 Material Name	·		_Material 4 dig	git #		Release code	49

Patrol Officer Emily L Stebbins

210

Wilmington Police Department

06/05/2020

Police Officer Name (Please Print)

Signature

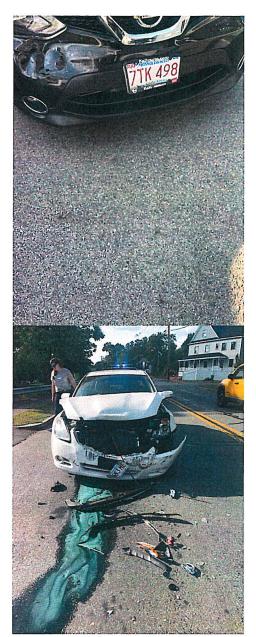
ID/Badge #

Department Precinct/Barracks

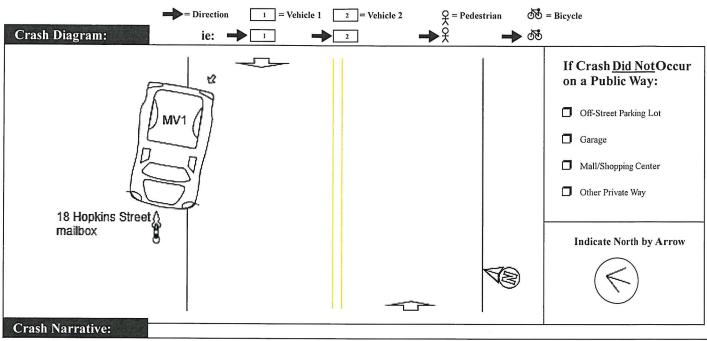
Data

## Wilmington Police Department Images Associated with 20-118-AC





	Police Use Only	Com	monwealth	of Massach	usetts		RMV Docum	nent Number	
	Date of Crash   Time of Crash   06/05/2020   1717   Will	City/Town mington	Motor Vel	nicle Crash		imber Speed I		State Police Local Police MBTA Police Campus Police	1
	24HR	ming con	Police	Report	1 0	Latitud Longitu		Campus Police Other:	
	AT INTERSECT	ION:	< LOC	ATION >	NC	T AT INT	ERSECT	ION:	
									2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction	18 H	OPKINS Nan	ne of Roadway	y/Street	╁
1		At		No.					
	Route# Direction Nar	ne of Intersecting Road	hvav/Street	Feet N S		Mile Marker	or	Exit Number	111
		Also at Intersection		Feet N S					1
7	Device Disease	CY	(7.	Feet N S	E W of	ite# I	ntersecting Ro	oadway/Street	
² <b>1</b>	Route# Direction Nar	ne of Intersecting Road	lway/Street				Landmark		-
3	Please Select One of the Following:	_#Occupants 🔀 Hi	t/Run Moped	Crash Report	ID# 20-	119-2	AC		
		DOB/Age	Pag	#_ <b>2FD357</b>	D	og Tung PC	Pan	, State MA	1
	19 19	20		#_ <b>21D35</b> / Year <b>2015</b>				21	7 12
	Operator unknown	Xestrictions	Endorsement	ner FRIEDENTI					
<sup>1</sup> 1	Last	First	Middle	ress 83 MAIN		First	Midd		
	Address						~: O1	012	
	CityState	e Zip		AMESBURY	22	State MA	Area Code: 9		İ
	Insurance Company COMMERCE			cle Action Prior to Crash		Test Statu		28	
5	Vehicle Travel Direction: N S E	Responding to Eme		nt Sequence 20 23 31		Type of T	est:	29	
	Citation # (If Issued)			t Hannful Event 31		BAC Test	,	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —		er Contributing Code	10 <sup>25</sup> 99 <sup>2</sup>	Susp. 1 He		22	30 <sup>13</sup>
· 1	Viol. 3: Ch/Sec/Sub			er Distracted by 99	34 35 36	Towed fro	om scene? 2	33	4
	Please fill out for opera Name (Last First Middle)	ator and all occupants in	NVOIVED Address	DOB/Age Sex	Seat Safety Airba Pos. System Statu	g Eject Trap	Injury Transp. Status Code	Medical Facility	1
	Operator	:	See Above	$>\!\!<$ X	1 99 99	99 99	99 1		
									]
	**************************************								1
									1
	DI CLAO		- F	15 16	17		18		4
1	Please Select One of the Following:	_#Occupants No	n-Motorist A Type	Action	Location	Condition	Hi	it/Run Moped	
	License # St	DOB/Age	Reg	#	R	ед Туре	Reg		
	Sex Lic. Class 19 19 Lic. F			Year	Veh Make		Veh C	Config. 21	
······	Operator	First	Endorsement  Middle  Own	lerLast		First	Midd		
1	Address	riisi		Last		irirst	Midd	le	
	City State	e Zip	City			State	Zip		1 14
	Insurance Company		Vehi	cle Action Prior to Crash	22	Damaged	Area Code:	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Eme	rgency? Ever	nt Sequence 23	23 23 23	Test Statu	<u> </u>	28	
)	Citation # (If Issued)		Mos	t Harmful Event	24	Type of T  BAC Test	-	30	
2	Viol, 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	25 2	Susp. Alc		Susp. Drug: 32	İ
		Viol. 4: Ch/Sec/Sub —	<b>.</b> .	er Distracted by	26	-	om scene?	33	
	Please fill out for operator/nor	n-motorist and all occup			34 35 36 Seat Safety Airba	g Eject Trap	39 40 Injury Transp.		1
	Name (Last First Middle)	, ,	Address	DOB/Age Sex	Pos. System Status	S Code Code	Status Code	Medical Facility	1
	Operator/Non-Motorist		See Above		1				-
									_



Unknown operator of motor vehicle 1 was traveling west on Hopkins St., drove onto the sidewalk and crashed into the mailbox at 18 Hopkins Street. Vehicle pulled over, then drove away without providing any information to the property owner or reporting the incident to the police. The property owner, Mr. Riley stated that he did not want to pursue any charges against the operator of the vehicle, but just wanted them to pay for the damaged mailbox. Mr. Riley provided me with pictures that his neighbor took of the incident (See images). I was able to zoom into the picture and clearly observed the plat on the vehicle bearing Massachusetts registration 2FD357. A computer checked showed that vehicle coming back to a 2015 black Toyota Tacoma pickup, which matched the description o the vehicle in the picture. I made serval attempts to make contact with the registered owner, but was unsuccessful. Mr. Riley estimated the damage at \$3,000.

Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle) Address		Phone # 41-Type Des			Descr	iption of Damag		
RILEY JASON P	18 HOPKINS ST WILMINGTON MA 01887-			97	MA]	ILBOX		
Truck and Bus Information:  Registration #								
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								
Hazmat Information:								
Placard Material I digit # Material NameMaterial 4 dig					git #		—Release code	49
							-	

Patrol Officer Julio J Quiles

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Wilmington Police Department

06/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

## Wilmington Police Department Images Associated with 20-119-AC







