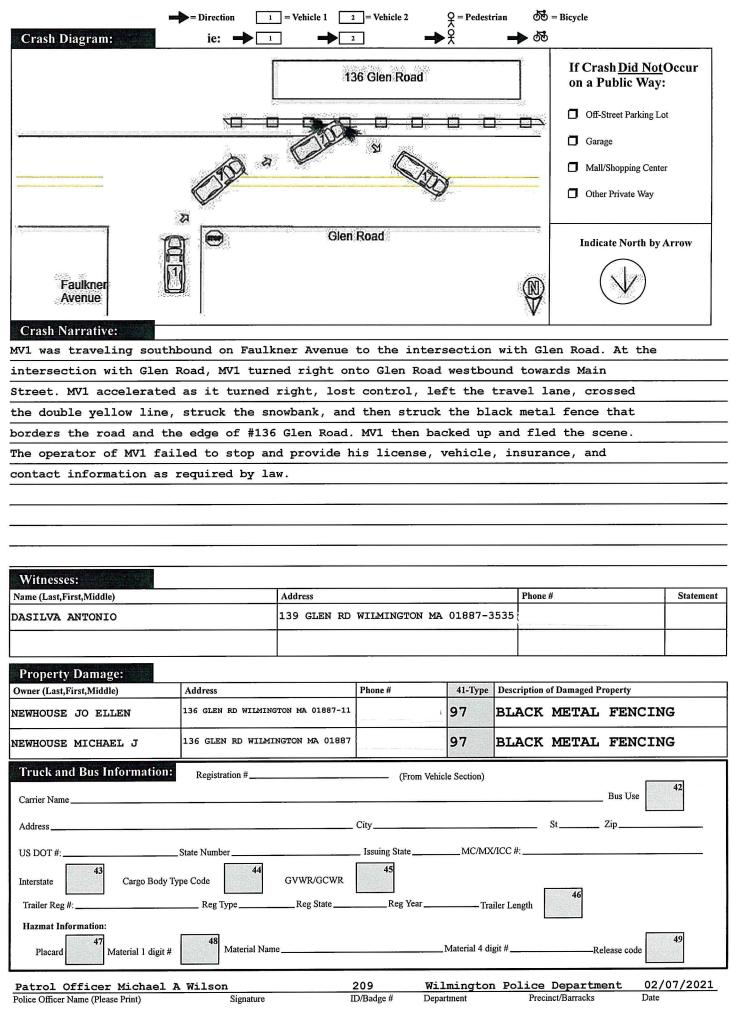
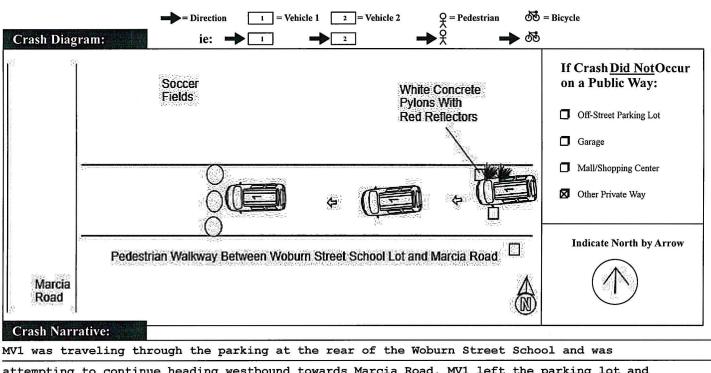
	Police Use Only	Com	monwe	alth d	of Massa	chus	etts			RM	V Docu	ment Number	Ť
	Date of Crash Time of Crash	City/Town	Motor	r Veh	icle Cras	sh [Number Vehicles	Number		l Limit,	25	Local Police	1
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	Route# Direction N	ame of Intersecting Roa	dway/Street					Mile N	farker			Exit Number	1 11
		Also at Intersection	with			NSE		Route#		Interse	cting R	Roadway/Street	
2	Route# Direction N	ame of Intersecting Roa	dway/Street		Feet	N S E V	V of					•	
² 1	Koute# Birection 14	ance of intersecting rea	umay/bacci							La	ndmark		1
3	Please Select One of the Following: Vehicle 11	#Occupants 🔀 H	it/Run	Moped	Crash R	eport ID#	21	-32	-A	C			
		DOD/4		. n . //				D T-				- Chata	
	10 10	DOB/Age		_								21	3 12
	Sex Lic. Class Lic	. Restrictions	CDL Endorsement		ear		Make <u>L</u>	ODGE			_ Veh	Config.	
Ā	Operator unknown Last	First	Middle	Owne	er	ast		First			Mic	idle	
⁴ 2	Address			Addre	ess					-			
	City Sta	ate Zip		City_				s	tate	Z	ip		
	Insurance Company	V.		Vehic	le Action Prior to	Crash	3	22	Damage	d Area	Code:	8 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Em	ergency? 2	Event	Sequence 30	23 23	23	23	Test Stat	tus:	ļ	28	l
⁵ 1	Citation # (If Issued)	•				30 ²⁴			Type of			30	
				20.0	r Contributing Cod	PART OF THE PART O	25 7	25	BAC Te				30 ¹¹
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⁶ 4	Viol, 3: Ch/Sec/Sub			_ Driver	Distracted by	99 26	35	36 37	38	39	40	2 33	ļ
	Please fill out for ope Name (Last First Middle)	erator and all occupants	involved Address		DOB/Age	Sex Pos	t Safety	Airbag Eje	t Trap	Injury	Transp. Code	Medical Facility	
	Operator		See Above		\times	X1	99	99 0	o	10	1		
			_										
							-		-				
7	Please Select One Vehicle 2	#Occupants N	on-Motorist A	Type	15 Action	16 Loca	ion	17 Conc	ition	18	П	lit/Run Moped	7
⁷ 3	of the Following:		5H 111010113111	1)PV									-
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	Sex Lic. Class 19 19 Lic.	. Restrictions	CDL Endorsement	Veh Y	ear	Veh 1	√ake				_ Veh	Config.	
Q.	Operator	First	Middle	Owne	r	ast		First			Mid	idle	
⁸ 2	Address	Pust	Mode	Addre	ss	ast		That					
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		_	ergency r		BASILITY .	24			Type of	Test:		29	
⁹ 2	Citation # (If Issued)				Harmful Event		25	25	BAC Te	st Resu		30	
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub -		_ Drive	r Contributing Cod	695577	23		Susp. Al	L	RES/MEMBE	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub -		_ Drive	Distracted by	26			Towed f		L	33	_
	Please fill out for operator/r	non-motorist and all occ	upants involved		DOB/Age	Sex Pos	t Safety		t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
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	Police Use Only	Commo	nwealth	of Massach	usetts		RM	V Documen		
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	24HR			Report	1	0	Longitude_		Campus Police Other:	4
	AT INTERSEC	TION:	< LOCA	TION >		NOT A	INTER	SECTIO	ON:	<u> </u>
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¹ 5	Route# Direction N	At Name of Intersecting Roadway/St	treet	Feet NS	E W of	— — – Mile Ma	•	or	Exit Number	11
	Koute# Direction 1	Also at Intersection with	ucci	Feet NS	E W of		-			5
² 1	Route# Direction N	Name of Intersecting Roadway/St	treet	Feet NS		Route#		ecting Road	way/Street	
3	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Report	ID# 21	-33				
		MA DOB/Age	Reg	NFZR45		Reg Type	PC	Reg Sta	ate FL 21	7 12
	Sex M Lic. Class D 19 Lic	c. Restrictions CDL_ Endorse	Veh	Year <u>2020</u> \	/eh Make <u>D</u>	ODGE		Veh Con	fig. 2	\perp
	Operator MARHOLZ, NAT		Own	er AMAZON LO	GISTI	CS		Middle		
⁴ 1	Address 55 PITMAN AVE			ess 4413 SEAI	BOARD	RD First		Middle		
	City WAKEFIELD St		362 City	ORLANDO		Sta	te FL	in 3280	08-3812	l
	Insurance Company			ele Action Prior to Crash	1		amaged Area		27 27 27	1
	100	_		The state of the s	23 23	158	st Status:		28	1
5	Vehicle Travel Direction: N S E	-		1 Sequence 35	24	No. of the last	pe of Test:	2	29	
	Citation # (If Issued)		Most	Thumbur Divent			AC Test Res		30	13
	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	19 ²⁵ 2	0 25 Sι	sp. Alcohol:	2 31 Sus	sp. Drug: 2 32	30 ¹³
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from so	ene? 3	33	
⁶ 3		erator and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		
	Name (Last First Middle)	Addres		DOB/Age Sex	Pos. System 1 99	Status Code	Code Status 0 10	Code 1	Medical Facility	1
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⁷ 1	Please Select One of the Following:	#Occupants Non-Mote	orist A Type	15 Action 16 L	ocation	17 Condit	ion 18	Hit/R	Run Moped	
		DOB/Age	Reg #	#		Reg Type		Reg Sta	ate	
	Operator	c. Restrictions CDL_ Endorse	ement Own	Year V er	eh Make					
899	Last Address	First Midd		Last ess		First		Middle		
	City St	tateZip	City_			Sta	te 2	Cip		4 14
	Insurance Company			ele Action Prior to Crash		22 Da	amaged Area	Code: 2	27 27 27	
					23 23	23 Te	st Status:	2	28	
	Vehicle Travel Direction: NSEW	_		2 (0.00	24	Ty	pe of Test:	2	19	
⁹ 2	Citation # (If Issued)			Harmful Event		25 B	AC Test Resi	ılt: 3	30	Î
_	Viol. 1: Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	25	Su Su	sp. Alcohol:	750166307563	sp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	To	wed from so	che:	33]
	ACCOMPANIAN AND AND AND AND AND AND AND AND AND A	non-motorist and all occupants in		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle) Operator/Non-Motori			S.S.A.	1	Code	- Daniel		3	1
	operator/11011 intotori	2.376			-				3200	1
										1



MV1 was traveling through the parking at the rear of the Woburn Street School and was attempting to continue heading westbound towards Marcia Road. MV1 left the parking lot and continued traveling down the pedestrian walking path that connects Marcia Road with the Woburn Street School fields and playground. As MV1 continued down the partially shoveled walkway, MV1 struck and side-swiped one of the concrete pylons that was installed to prevent vehicular traffic on the walkway. MV1 drove between two of the pylons and continued down the sloping walkway until MV1 became trapped at the rock boulders and could not continue further. Then MV1 became trapped and was unable to reverse up the walkway due to the snow and incline. A private tow, RCH Transportation, arrived, moved a boulder, and freed MV1 from the snow and onto Marcia Road. The operator was not injured and stated he was following Amazon's Flex GPS. MV1 suffered damage to the right side and passenger door.

Witnesses:	7.770.0						
Name (Last,First,Middle)		Address			Phone #		Statement
							5
		185.00					
Property Damage:				_			
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dama	ged Property	
						P	
Truck and Bus Information: Carrier Name			(From Veh			Bus Use	42
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45		46	3	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length		
Hazmat Information: 47 Placard Material 1 digit #	48 Material Nam	e		_Material 4 di	git #	Release code	49
			NO. 202 OCT				00/0001

Patrol Officer Michael A Wilson

209

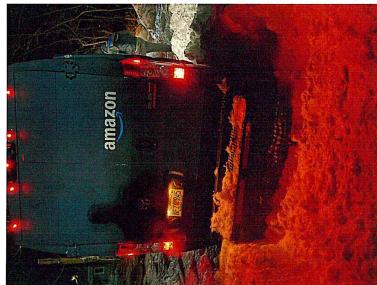
Wilmington Police Department

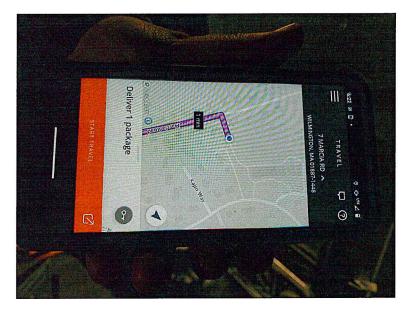
02/08/2021

Department

Wilmington Police Department Images Associated with 21-33-AC









Date of Crash 02/10/2021	T:	And the Control of th											Table 1880 AN	A DESCRIPTION OF THE PARTY OF T	
	A CONTRACTOR AND THE PROPERTY OF THE PARTY O	City/Tov Wilming t	NC 70. 1.			iicle Cr Report		Veh	mber nicles	Number Injured	Speed Latitu	d Limit ide	25	State Police Local Police MBTA Police Campus Police	
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		7 130 at	mersection w				t NS			Route#	1	Interse	ecting R	Roadway/Street	t
Route# Dire	ection	Name of Inter	secting Roadw	/ay/Street					-			La	ndmark	:	
Please Select of the Followi		1 1 _#Occupa	ants Hit/I	Run [Moped	Crasl	ı Report	ID# 2	21.	-34	-A	C			
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Sex_ F Lic.	Class 99 19	Lic. Restriction	20 CI	DL	Veh	Year 2016	,	Veh Ma	ke T C	TOYC	A		_ Veh	Config. 1	21
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Address 134	4 CHELSEA	A ST AF	T 56	Middle	Addı	ess 1370	OCE	AN	ST		2E	<u> </u>	Mid	idic	
City EVER	ETT	State MA _ 2	Zip 0214	9	_ City	MARSHF	IELD		***	S	tate <u>M</u>	A _ z	Zip <u>02</u>	2050-35	528
Insurance Comp	pany PROGRE	SSIVE CF	SUALTY	INSU	J Vehi	cle Action Prior	to Crash		L 2	12	Damage	d Area	Code:	ARCHARD BUT TRIBLES	27
Vehicle Travel I	Direction: NS	W Respon	nding to Emerg	gency? 2	_ Even	t Sequence 1	23	23	23	23	Test Sta			1 28	
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Viol. 3: Ch/Sec/	/Sub	Viol. 4: Ch	/Sec/Sub		Drive	er Distracted by	0	26			· Fowed f			3 33	- AMBIEC
	Please fill out for	or operator and al	l occupants inv	volved				34 Scat	35 Safety	36 37 Airbag Eje	38 t Trap e Code	39 Injury	40 Transp.		
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= Direction	n 1 = Vehicle 1	2 = Vehicle 2	= Pedestrian	Ø = Bicycle		
Crash Diagram: ie:	→ 1 →	<u>2</u> → X	ļ	→ ₩		
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				☐ Gara	șe .	
				☐ Mall/	Shopping Center	į
		19 40 (8) - 54	A	☐ Other	Private Way	
	4	s (171	7			
		N W		Indica	nte North by Arro	w
Entrance/Exit to Shell	Entrance	e/Exit to Shell	<u> </u>			
Gas Station 361 Middlesex Ave	Gas Stat Middlese	STREET, STREET			1)	
Crash Narrative:						
On 2/10/21, I responded to a tw	o vehicle crash	in the area of	Shell G	as 361 Middles	ex Ave.	
Upon arriving, there were no in	juries reported.	All involved w	ere wea:	ring seat belt	s. It	
was reported by Veh 1 operator	that she was tra	eveling on Rt 62	/Middle:	sex Ave east b	ound	
when a van pulled out as she wa	s driving by str	riking the side	of her	car. She did n	ot	
believe the other operator was	looking where he	was going. Veh	2 opera	ator reported	he was	
pulling out into traffic trying	to leave the ga	as station. He re	eported	he rolled out	into	
the east bound lane to block th	e lane and notic	ced a vehicle he	ading we	estbound stopp	ed and	
waved him out. He stated he did	Participation of Control of Contr	And the state of t		-		
mirror and moderate damage to b						
hood plus damage to front bumpe					W	
operator was unlicensed. Her ve	hicle was towed	(A&S) and she wa	as summo	onsed see 21-4	4-AR	
Witnesses:	Address	,		Phone #		tatement
Name (Last,First,Middle)	Address			r none #	31	atement
Property Damage:						
Owner (Last,First,Middle) Address		Phone #	41-Type De	scription of Damaged Pr	operty	
Truck and Bus Information: Registrati	ion #	(From Vehicle S	Section)			
Carrier Name		(2.1011.1,01110.10			Bus Use 42	
Address		City		St :	Zip	
US DOT #:State Number		Issuing State	_MC/MX/ICO	C#:		
43	44	45				
Interstate Cargo Body Type Code	GVWR/GCWR			46		
Trailer Reg #: Reg Typ	eReg State	Reg Year	Trailer	Length		
Hazmat Information: 47 48					49	ſ
Placard Material 1 digit # M	laterial Name	Ma	terial 4 digit #	Rel	ease code	
Patrol Officer Daniel P Furbush	Signature		ington P	Precinct/Barracks	ent 02/10/ Date	2021

CDP1 11-24-00

Wilmington Police Department Images Associated with 21-34-AC













Wilmington Police Department Images Associated with 21-34-AC









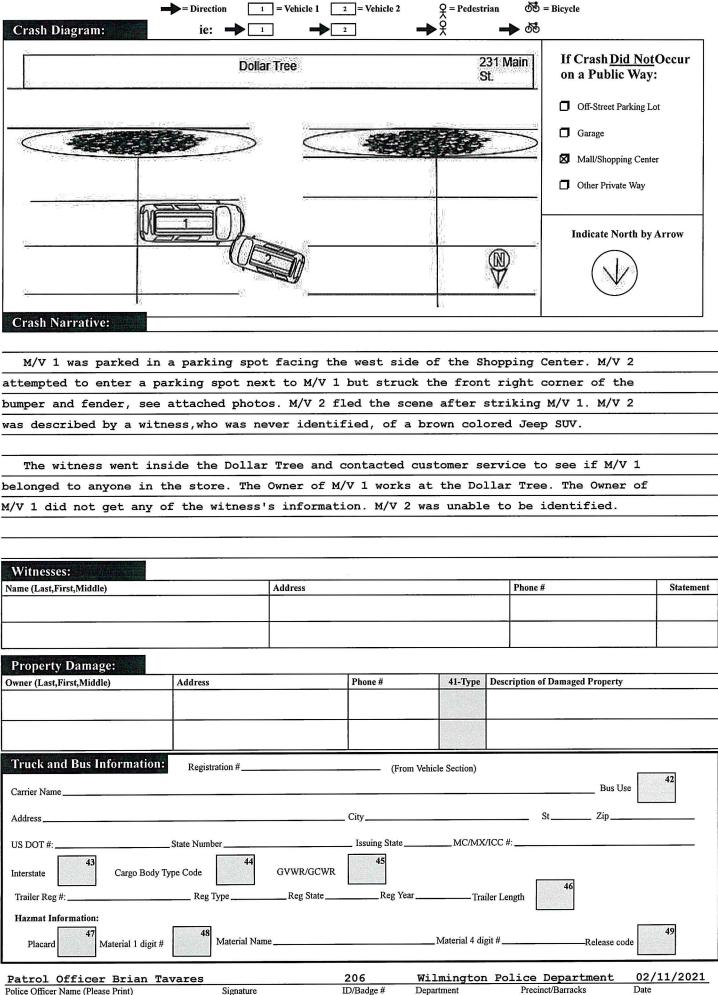




Wilmington Police Department Images Associated with 21-34-AC



	Pol	ice Use Only			common				_	etts			RM	V Docu	ıment N		
	Date of Crash 2/11/2021	Time of Crash 1116		City/Town Lngto:		tor Vel			V€	umber ehicles	Number Injured	Speed	d Limit	15	Local MBT	Police Po	
		24HR				Police		FO 157 10 10 10 10 10 10 10 10 10 10 10 10 10	2		0		itude_	-	Other		
<u> </u>		AT INTERS	SECTIO	N:	<	LOCA	TION	>			NOT A	T IN	TER	SEC'	TION:	:	_
R	oute# Dire	ction	1	Name of Ro	adway/Street		Route#	Direction	23 Adda	1 ress #	MAI			Roadw	/ay/Stree	ı	2
1 R	oute# Dire	ction	Name		At ing Roadway/Stree	t		Feet N	S E W	of -	Mile M		· –	or _		Number	
		0.00		Also at Inter	rsection with			Feet N			Route#		Interse	ecting F	Roadway	/Street	9
L R	oute# Direc	ction	Name	or intersecti	ng Roadway/Stree		<u> </u>			-			La	ndmark	C		
	Please Select (of the Followi		e 1 <u>0</u> #	Occupants	Hit/Run	Moped		Crash Repo									
Li	icense #		St 9	_ DOB/Age	e			97								21	7
O	ex Lic. perator <u>Dr</u>	Class 19 1	Lic. Res	trictions	CDLEndorseme	ent		18 LETT <i>,</i>			REY (HA	YES	1 "	_
	ddress		Fi	rst	Middle		ress 25	LIND!	A RE)	First			Mie	ddle		
			State	7in				INGTO			Si	ate M	A 7	in 0 1	L887	-1440	
Ins	surance Comp	oany THE CO	MMERO	CE INS	SURANCE (CO Vehi	cle Action	Prior to Cras		23	22 I		d Area		2 27	27 27	
Ve	ehicle Travel D	Direction: N S	E	Responding	g to Emergency? 2	Ever	t Sequence	20000		23		ype of	Test:		29		
Ci	itation # (If Iss	sued)				Mos	t Harmful E	vent 2	24			AC Te	st Resu	ılt:	1 30		
Vi	iol. 1: Ch/Sec/	Sub	Vio	I. 2: Ch/Sec	/Sub	Driv	er Contribu	ting Code	1	25	25	usp. Al	cohol:	2 31	Susp. I	Orug: 2 32	2
— Vi	iol. 3: Ch/Sec/	Sub	Vio	l. 4: Ch/Sec.	/Sub	Driv	er Distracte	d by	26		1	owed f	rom sc	ene?	2 33		
		Please fill out	for operator	and all occ	upants involved				34 Seat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.			7
┪	Name (Last First M			1	Address		DOB	Age Sex			Status Code		Status	Code	Med	lical Facility	+
\vdash	Operate	or			See Above			\searrow	1		<u> </u>						-
							-										-
	Please Select C of the Followin		21 #	Occupants	Non-Motoris	t A Type	15 Acti	n 16	Locatio	on	17 Cond	tion	18	⊠ I	lit/Run	Moped	
	cense # ex Lic. (19 1	_	_ DOB/Age	20 CDL	Veh										21	
O _I	perator <u>un</u>	known	Fir	rst	Middle		er	Last			First			Mic	idle		
Ad	ddress	Last			Made	Addı	ess				1131			14110			L
Cit	ty		State_	Zip		City					St	ate	z	ip			1
Ins	surance Comp	any				Vehi	cle Action I	Prior to Cras	sh		22 I	amage	d Area	Code:	27	27 27	
		Direction: N S		Responding	g to Emergency?	Even	t Sequence	23	23	23	23 T	est Stat	tus:		28		
		sued)		- teoponanie	, 2		Harmful E	90399000	24	SECTION SECTION	1	ype of	Test:		29		
	500 MARKETON (\$100 MARK)							0,550		25	25	AC Te	г	War 1970	30	32	
					/Sub		er Contribu		26		S	usp. Al	L	31	Susp. I	Orug: 32	
Vi					/Sub		er Distracte	d by		1 42		owed fi			33		
	Ple Name (Last First M	100 N	erator/non-n	notorist and	all occupants invol Address	ved	DOB	'Age Sex	34 Seat Pos.		36 37 Airbag Eject Status Code		39 Injury Status	40 Transp. Code	Med	lical Facility	
		or/Non-Mo	torist		See Above				1								
								~								****	1
_							-				-	-					-
																	1



Wilmington Police Department Images Associated with 21-35-AC





	Police Use Only	Comn	nonwealth	of Massac	husetts	3	RM	IV Docum	nent Number	
	1 1	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t35	State Police Local Police MBTA Police	7
	02/11/2021 1540 Wilm :	ington	Police :	Report	2	O	Latitude Longitude _		MBTA Police Campus Police	
	AT INTERSECTION	ON:	< LOCA			NOT A	r inter	RSECT		1
										2 10
	62 E CHURCH S'									2
^l 1	Route# Direction	Name of Roadway/Stre	eet	Route# Direction	Address #		Name o	f Roadway	y/Street	_
	CLARK ST	Al		Feet N	S E W of		_ • _	- or		1
		of Intersecting Roadw	ay/Street			Mile M	arker		Exit Number	a 11
		Also at Intersection wi	th	Feet N	S E W of	Route#	Inters	ecting Ro	adway/Street	
2	Route# Direction Name	of Intersecting Roadw	av/Street	Feet N	S E W of	210010	2.1.0.1			
² 1	Route# Direction Name	of filtersecting Roadw	ay/Sireet				L	andmark		1
3	Please Select One of the Following:	Occupants Hit/F	Run Moped	Crash Repo	rt ID# 21	-36	-AC			1
١							- DC		- 1/3	1
	10 10	DOB/Ag(# <u>2TAL79</u>					21	1 12
	Sex F Lic. Class D D Lic. Res	strictions CI En	dorsement	Year 2011				Veh C	Config. 1	
Ia .	Operator CHENEY, ROSEAN	N MARIAN	Middle Own	er CHENEY,	ROSEAN	IN MAF	RIAN	Middl	le	
⁴ 2	Address 1A STATE ST		Addr	ess 1A STAT	E ST					
	City WILMINGTON State 1	MA Zip 01887	-2442 City	WILMINGTO	N	Sta	nte MA	Zip 018	887-2442	
	Insurance Company ALLSTATE IN	NSURANCE C	OMPAN Vehic	ele Action Prior to Cra	sh 4	22 D	amaged Area	a Code:	27 27 27	
	Vehicle Travel Direction: N K E W	Responding to Emerg	ency? 2 Even	t Sequence 23	23 23	23 Te	est Status:	1	28	
⁵ 1	Citation # (If Issued) 905513AA		Most	Harmful Event 1	24	_	ype of Test:		29	
-	Viol. 1: Ch/Sec/Sub 89 4A Vio	.1.2. (1/2/2-1 9(er Contributing Code	9 25 3	25	AC Test Res		30	1 13
			_ 7		26	0	usp. Alcohol owed from so		Susp. Drug: 2 32 33	
⁶ 1		ol. 4: Ch/Sec/Sub —		er Distracted by	34 35	36 37	38 39	40 L		
	Please fill out for operator Name (Last First Middle)		Address	DOB/Age Se:	Seat Safety	Airbag Eject	Trap Injury Code Status		Medical Facility	_
	Operator	Sec	e Above	\rightarrow	1 1	4 0	0 10	1		
	0 0 0			f Y						1
					 			++		-
					\perp			\vdash		4
7	Please Select One of the Following: Wehicle 2 1 #	Occupants Non-	Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Hie	t/Run Moped	
⁷ 3	of the Following.		1868	1		3 31				┨
	License # <u>\$60944538</u> St <u>MA</u>	_ DOB/Ag ₁		1BZX85	Profession and Profes	Reg Type		Reg	State MA 21	
	Sex F Lic. Class D D Lic. Res	trictions B CD	L Veh Y dorsement	/ear <u>2019</u>	Veh Make <u>V</u>	OLKSW	AGEN	Veh Co	onfig. 1	
8	Operator JAIN, ESHA	irst	Middle	er JAIN, ES Last	HA	First		Middle	e	
⁸ 1	Address 18 KINGS ROW		Addre	ess 18 KINGS	ROW	2				14
	City NORTH READING State 1	1A Zip 01864	-1546 City	NORTH REA	DING	Sta	te MA	Zip 018	<u> 364-1546</u>	1 14
	Insurance Company AMERICAN FA	MILY CONN	ECT P Vehic	le Action Prior to Cras	sh 2	22 D	amaged Area	Code: 2	27 27 27	
	Vehicle Travel Direction:	Responding to Emerge	ency? 2 Event	Sequence 23	23 23	23 Te	est Status:	1	28	l
	Citation # (If Issued)		Most	Harmful Event 1	24	-	pe of Test:		30	
⁹ 2		1 2. Ch/9/9-h		r Contributing Code	1 25	25	AC Test Res			
		ol. 2: Ch/Sec/Sub ——		Total Control	26		usp. Alcohol:	(98)	Susp. Drug: 2 32	
		ol. 4: Ch/Sec/Sub		r Distracted by	34 35	36 37	38 39	40		1
	Please fill out for operator/non-n Name (Last First Middle)		nts involved Address	DOB/Age Sex	Seat Safety	Airbag Eject	Trap Injury Code Status	Transp.	Medical Facility	
	Operator/Non-Motorist	See	e Above	\rightarrow	1 1	4 0	0 10	1		
										1
					+ + -					†
	***************************************				\bot			\vdash		-
				1						

= Direction	1 = Vehicle 1	2 = Vehicle 2	X = Pedestrian	o o ∃ Bicycle		
Crash Diagram: ie: =		2	·X	→ №		
	Church St.				rash <u>Did Not</u> Public Way:	
					ff-Street Parking Lo	t
				 G	arage	
		63.		□ M	Iall/Shopping Center	
	A)			0	ther Private Way	
		2 (81015)	100 100 100 100 100	Inc	licate North by A	Arrow
Clark	829			(Access)		
					(\bigvee)	
				Ψ		
Crash Narrative:						
District Control of the Control of t				4.00		
M/V 1 was travelling East-bound	on Church St.	M/V 2 was stop	oped on C	lark St. M/V	2 was	
waiting at the stop sign to make	a left turn. N	M/V 1 attempted	d to make	a left turn	onto	
Clark St. M/V 1 took the turn to	o sharp, crosse	ed over the do	uble yell	ow lines, an	d	
collided into M/V 2.				1 - 0 - 182 11 - 0		
			2			
			50 655 d 121 -			
Witnesses:						
Name (Last,First,Middle)	Address			Phone #		Statement
Property Damage: Owner (Last,First,Middle) Address		Phone #	41-Type De	escription of Damaged	Property	
Civiles (Lasix risi, ritative)		1 1011		go-	- Tropondy	
Truck and Bus Information: Registration	1#	(From Vehic	le Section)			
Carrier Name					Bus Use	42
Address		City		St	Zin	
•						
US DOT #: State Number	44	Issuing State	MC/MX/IC	U#:		
Interstate Cargo Body Type Code	GVWR/GCWR			Direction and the		
Trailer Reg #: Reg Type	Reg State	Reg Year	Trailer	Length 46		
Hazmat Information:				gracite states.		
Placard 47 Material 1 digit # Material 1	erial Name		Material 4 digit #	<u> </u>	Release code	49
Patrol Officer Brian Tavares				Precinct/Barrack		11/2021