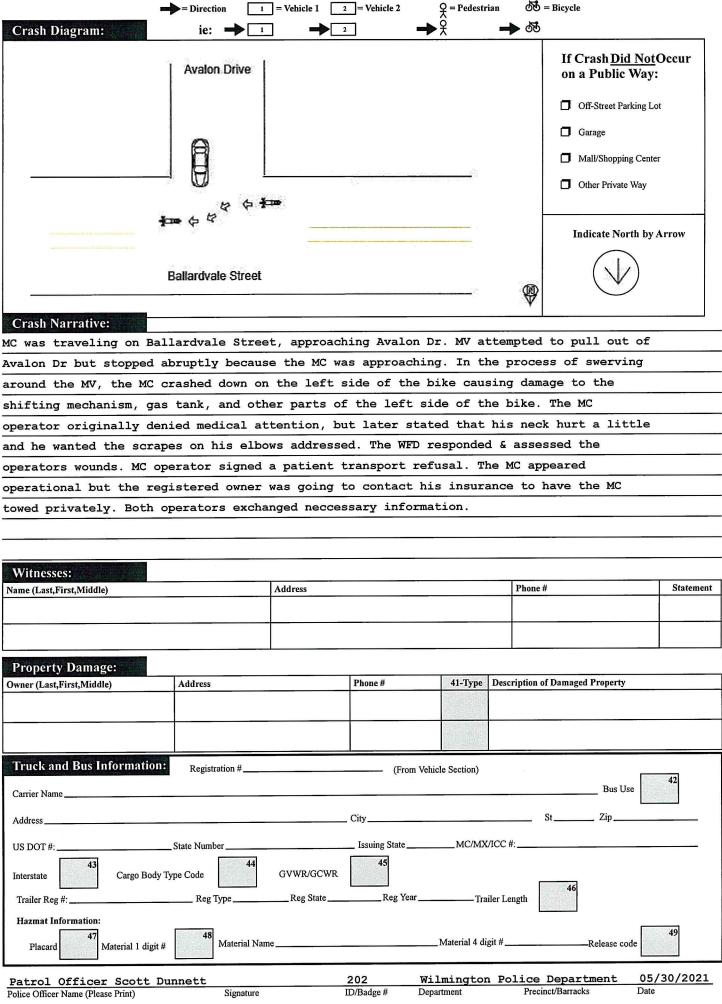
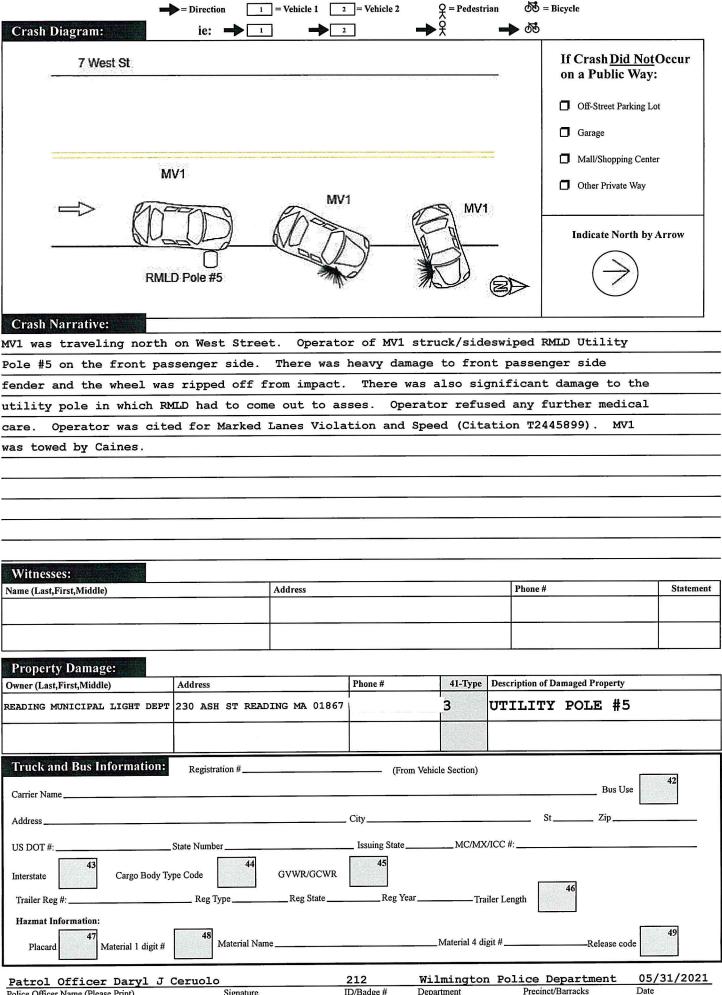
	Police Use Only	Common	wealth	of Massa	chus	etts			RMV Do	cument N	umber	
		City/Town Mo	otor Veh	icle Cras	\mathbf{h} $\begin{bmatrix} \mathbf{N} \\ \mathbf{v} \end{bmatrix}$	umber ehicles	Number Injured	Speed L	JIIII	Local	Police Po	
	05/30/2021 1039 Wilmi	ington	Police	Report	2	Dinoics	1	Latitude Longitud				
	AT INTERSECTIO	ON:	LOCA	TION >			NOT A	INT	ERSE	CTION	:	1
												2 10
	Route# Direction 1	Name of Roadway/Street		Route# Direction	40 Add	ress #	BALI			ST dway/Stree	t	
¹ 1	Route# Direction 1	At		Company Company		_		Ttall	ic of Road	анау/опсс		1
				Feet N	SEW	of ·	— — - Mile Ma	— ●	— or	Exit	Number	
		of Intersecting Roadway/Stre Also at Intersection with	et	Foot N	SEW	of.	THIC THE	akei				1 11
	•	Also at intersection with			SEW		Route#	In	ntersecting	g Roadway	/Street	
² 3	Route# Direction Name	of Intersecting Roadway/Stre	et	reet [r	I S E W] or			T J			
	Please Select One Vivalia 1 #		T _n			21	10		Landma	агк		1
3	of the Following:	Occupants Hit/Run	Moped	Crash Re	port ID#	<u> </u>	-12	9-1	AC]
		_ DOB/Age_	Reg	# <u>2J1002</u>			_ Reg Typ	MC_		Reg State		12
	Sex M Lic. Class D M Lic. Res	strictions 99 20 CDL	Veh	Year 2018	Veh M	[ake <u>S]</u>	UZIKI		v	eh Config.	3	
	Operator GIORDANO, NICHO	OLAS irst Middle	Own	er GIORDAN	10, N	ICH	OLAS					
⁴ 1	Address 10 LARSEN LN	rrst Middle		ess 10 LAR	SEN I	LN_	First			Middle		
	City NORTH BILLERICA State 1	<u>IA</u> Zip 01862-30	35 City	NORTH BI	LLER	ICA	Sta	te MA	Zip_ C	1862	-3035	
	Insurance Company THE COMMERC			cle Action Prior to C	rash	1	22 D	amaged A	Area Cod	le: 7 27	27 27	
		Responding to Emergency?		at Sequence 1 23	23	23	23 To	est Status	s:	1 28		
⁵ 2	Citation # (If Issued)	responding to Emergency (t Harmful Event	24			pe of Te		29		
	* *	1.2.01/0./0.1		er Contributing Code	5000	25	25	AC Test		1 30	32	40 ¹³
	Viol. 1: Ch/Sec/Sub — Vio			er Distracted by	26			usp. Alco	on scene?	CONTRACTOR OF	Drug: 2 32	
⁶ 2		ol. 4: Ch/Sec/Sub	DIIV	El Distracted by	34	35	36 37	38	39 40	2		4
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	Safety	Airbag Eject Status Code	Trap 1 Code 5	Injury Trans Status Cod	sp. le Me	dical Facility	_
	Operator	See Abov	re		X	5	5 0	0 8	8 1			
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			1.00	15		8000	10	Television .	10		Ι	1
⁷ 1	Please Select One of the Following: Wehicle 21 #	Occupants Non-Motor	ist A Type	15 Action	Locati	on	Condi	tion	18	Hit/Run	Moped	
	License # S64882356 St MA	_ DOB/Age	. Reg	#8AE121			Reg Type	PC		Reg State	MA	1
	Sex M Lic, Class D M Lic. Res	strictions 99 20 CDL_			Veh M	ake L	INCOL	N	v	eh Config.	1 21	
	Operator SOUZA HONORATO	Endorsem	Own	er JC GENE	RAL C	ONT	RATIN	G AN	ID CL	EANI	NG INC	
⁸ 1	Address 1231 AVALON DR	irst Middle		ess 9TH ST	st		First			Middle		
	City WILMINGTON State 1	VIA 7in 01887-11		TEWKSBUR	Y		Sta	ite MA	Zip_	1876	i	4 14
	Insurance Company SAFETY INS			cle Action Prior to C		6	_		Area Cod			\vdash
	NA LID	Responding to Emergency?		at Sequence 2	I and the last	23	23 To	est Status	s:	1 28		
	And the second s	Responding to Emergency?			1 24		T ₂	ype of Te	est:	29		
⁹ 2	Citation # (If Issued)	•		<u></u>		25	25	AC Test		1 30	22	
	Viol. 1: Ch/Sec/Sub — Viol.		Driver Contributing Code Susp. Alcohol: 2 31 Sus						554922	Drug: 2 32		
		ol. 4: Ch/Sec/Sub		er Distracted by	34	35	36 37	38 T	39 40	2		4
	Please fill out for operator/non-n Name (Last First Middle)	notorist and all occupants inv Address	oivea	DOB/Age	Sex Pos.	Safety System	Airbag Eject Status Code	Trap	Injury Trans Status Cod	sp.	edical Facility	1
	Operator/Non-Motorist	See Abov	ve		\times 1	1	5 0	0 3	10 1			
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CDP1 11-24-00

	Police Use Only	chuse	tts			Superior	nent Number				
			tor Veh	icle Crasl	h Nu Vel			eed Limit	30	State Police Local Police MBTA Police Campus Police	
	05/31/2021 1632 Wilmi	Ington	Police 1	Report	1	0	La	ngitude		Campus Police Other:	
	AT INTERSECTION:		LOCA	TION >		NO	T AT I	NTER	SECT	ION:	
					-			am.			2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	n Addre		EST	Name of	Roadwa	y/Street	
¹ 1		At		- N	c E w					. Vale	
	Route# Direction Name	of Intersecting Roadway/Street		Feet N	S E W	of — M	ile Marke	• — er	or	Exit Number	11
	1000 Care (100 C	Also at Intersection with		Feet N	SEW	of			ı'. D	1 (0, 1	
				Feet N	SEW	Rout	e#	Interse	cting Ko	adway/Street	
² 1	Route# Direction Name	of Intersecting Roadway/Street						Laı	ıdmark		
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash Rep	ort ID#	21-1	.30	-AC			
		_ DOB/Age	_	# <u>KKM4301</u>						21	3 12
	Sex M Lic. Class B 19 19 Lic. Res	trictions 20 CDL	Veh	Year <u>2020</u>	Veh Ma	ke FORI)		_ Veh C	Config. 1	
	Operator CALDWELL, ROBE		Own	er HERTZ V	EHIC:	LE LL	C		Midd	le	
⁴ 1	Address 616 INDIAN SCOU		Addr	ess 8201 BA	RTRA			-			
	City SPRING BRANCH State	TX Zip 78070	City	PHILADEL	PHIA			PA Z	_		,
	Insurance Company		Vehic	cle Action Prior to Cr	rash	12-12-12-12-12-12-12-12-12-12-12-12-12-1					
5	Vehicle Travel Direction:	Responding to Emergency? 2	Even	t Sequence 22 23	23	23 23		Status: of Test:	1	28	
⁵ 2	Citation # (If Issued) T2445899		Most	Harmful Event 2	22 24		_ BAC	Test Resu	lt:	30	
	Viol. 1: Ch/Sec/Sub <u>89 4A</u> Vio			er Contributing Code	Department of the	²⁵ 15 ²⁵	Susp	. Alcohol:	2 31	Susp. Drug: 2 32	22 ¹³
⁶ 1	Viol. 3: Ch/Sec/Sub Vio		Drive	er Distracted by	9 26	35 36		ed from sco	40 1		4
۲	Please III out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Pos.	Safety Airbag System Status		Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator	See Above		>>>	\backslash 1	1 4	0 0	10	1		
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											1
			The state of the s	15 1	6 .	17		18			1
⁷ 1	Please Select One of the Following: Vehicle 2#	Occupants Non-Motorist	t A Type	Action	Locatio	n '	Condition	n	H	it/Run Moped	
		DOB/Age	Reg	#		Re	g Type _		Reg	State	
	Sex Lic. Class 19 19 Lic. Res	etrictions CDL		Year	Veh Ma	ıke			_ Veh C		
0	Operator	Endorsemer irst Middle		erLast		ī	First		Midd	lle	
⁸ 1	Address	int Middle	Addı	ress							_ 14
	City State_	Zip	City				State	Z	ip		1 14
	Insurance Company		Vehi	cle Action Prior to Cr	rash	22		aged Area	Code:	27 27 27 28	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	at Sequence 23	23	23 23		Status: of Test:	200	29	
9	Citation # (If Issued)		Mos	t Harmful Event	24			Test Resi	dt:	30	
⁹ 2	Viol. 1: Ch/Sec/Sub — Viol	ol. 2: Ch/Sec/Sub	Driv	er Contributing Code		25 2:	5 Susp	. Alcohol:	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol	Driver Distracted by 26 Towed from seen						ene?	33		
	Please fill out for operator/non-r	notorist and all occupants invol-		DOB/4	34 Seat	35 36 Safety Airbag System Status	Eject	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility]
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age	Sex Pos.	System Status	Code	- Sunus	Cour		1
	Operator/11011-1110101181	55715576		+	+		++				†
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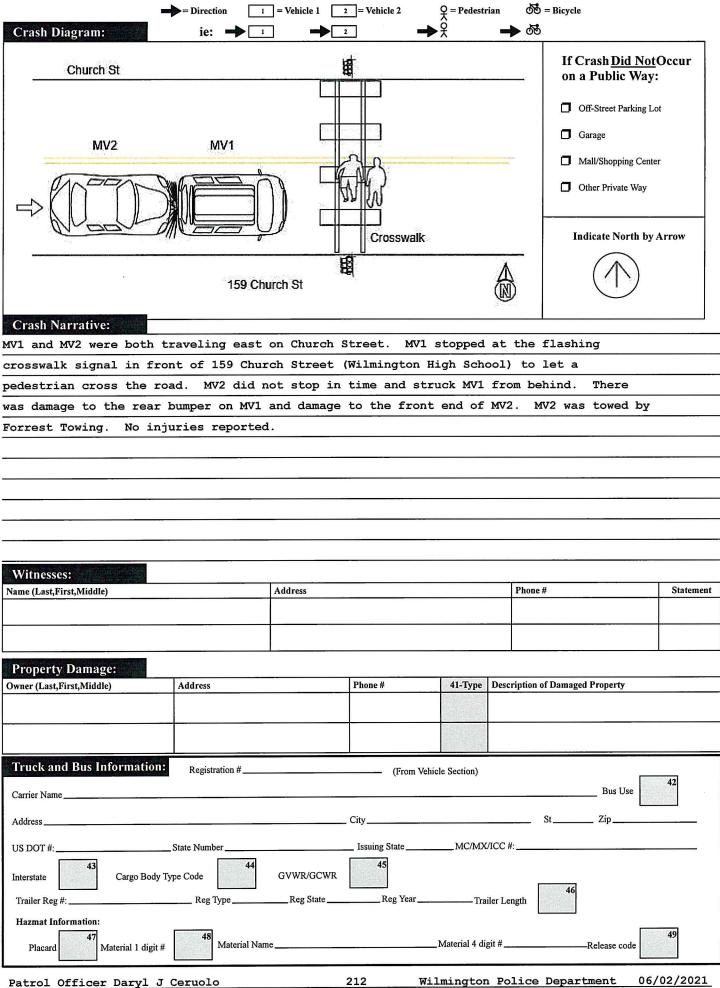


Wilmington Police Department Images Associated with 21-130-AC

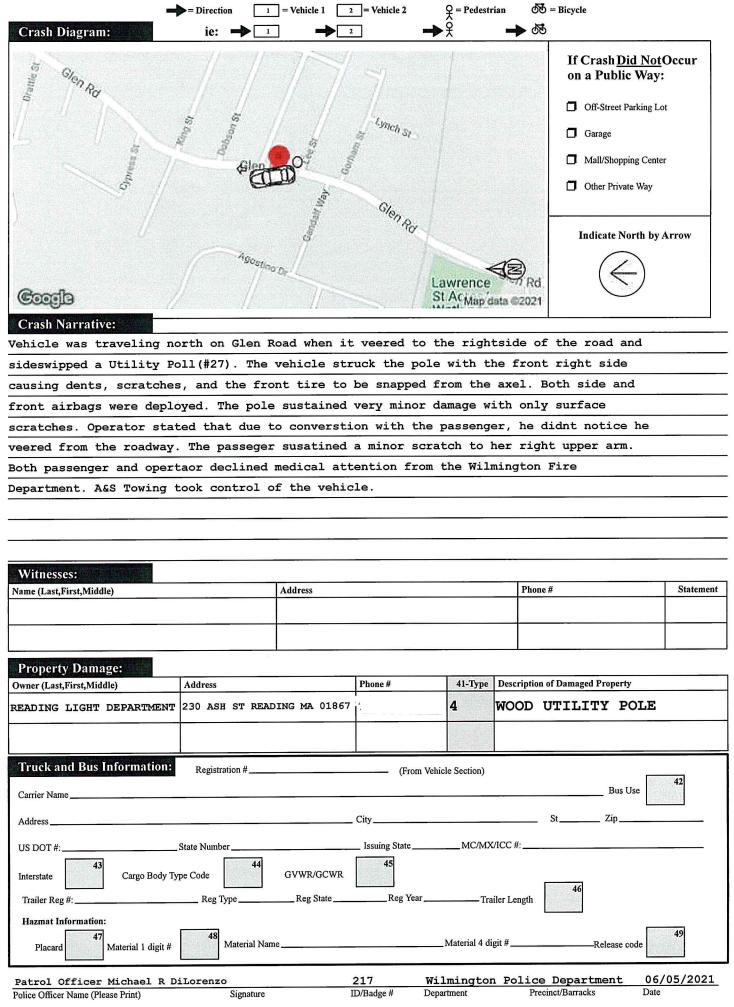




	Police Use Only	Com	monwealth	of Massac	husetts	\$	RM	V Docun	nent Number	Depart
	Date of Crash Time of Crash	City/Town	Motor Vel	nicle Crash	Number Vehicles	The second secon	Speed Limit	35	State Police Local Police	1
	06/02/2021 1637 Wil	mington	Police	Report	2	Injured O	Latitude Longitude _		MBTA Police Campus Police Other:	
	AT INTERSECTION:			ATION >		1	CINTER	SECT		1
	ATINTERSECT	TION.	Loca			NOTA	INIE	SECT	TON.	_ 10
				l	159	CHUR	CH ST	!		2
1	Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #		Name of	Roadwa	y/Street	_
¹ 1		At		Feet N	S E W of			- or		
	Route# Direction Na	ame of Intersecting Road	lway/Street			Mile Ma		<u> </u>	Exit Number	1011
		Also at Intersection		Feet N	S E W of					10
n.				Feet N	S E W of	Route#	Inters	ecting Ro	oadway/Street	
² 1	Route# Direction Na	ame of Intersecting Road	way/Street				La	andmark		-
	Please Select One Vehicle 11	#Occupants Hi	t/Run Moped	Crash Reno	rt ID# 21	-13	1 – 🔼 (7		1
3	of the rollowing:									4
	License # NHL11402181 St 1		Reg	# <u>3864071</u>		Reg Type	PC	Reg	State NH	1 12
	Sex F Lic. Class D 19 Lic.	Restrictions 1 20	CDL Veh Endorsement	Year 2019	Veh Make	Геер		Veh C	Config. 1	
	Operator HARDY, CHRIST			ner HARDY, C	HRIST	NE EI	IZABE	TH Midd	n.	
⁴ 4	Address 95 GEROGETOWN			ress 95 GERO				Midd	lle	
	City CENTER BARNSTEAD Sta	nte NH Zip 0325	5 5 City	CENTER BA	RNSTEA	D Sta	ite NH	Zip 03	255	
	Insurance Company METROPOL			icle Action Prior to Cra			amaged Area	_		
	Vehicle Travel Direction: N S W			23	23 23	23 Te	est Status:	1	28	
⁵ 2				Sequence I		Ty	pe of Test:	9	29	
_	Citation # (If Issued)	_		t Harmful Event	0.5	3.5		5.2	30	13
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Driv	er Contributing Code	_	Sı	sp. Alcohol:	2 31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	er Distracted by	26	Description Property Proper	33			
⁶ 1	27/0/2/1/2000 TO 1/2/2/2000 TO 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	rator and all occupants in		DOB/A S-	Seat Safety	Airbag Eject	Trap Injury	Transp.	Madical Facility	Ĩ
	Name (Last First Middle) Operator		Address See Above	DOB/Age Se	1 1	4 0	0 10	1	Medical Facility	1
	Орегию				1 -	-		\vdash		-
										4
]
	Please Select One Valvation 2.1	#O	_	15 16		17	. 18	<u> </u>		1
⁷ 1	of the Following:	#Occupants No	n-Motorist A Type	Action	Location	Condit	tion	Hi	it/Run Moped	
	License # S49826026 St 1	MA DOB/Age	Reg	# <u>815XJ3</u>		Reg Type	PC	Reg	State MA	
	Sex F Lic. Class D 19 19 Lic.	Restrictions 1 20	CDL Veh	Year 2009	Veh Make M	ERCEDE	S-BEN	Z Veh C	Config. 21	
	Operator WHIFFEN, WADA	September 1	Endorsement Own	ner WHIFFEN,	JAMES	5 G				
⁸ 1	Address 39 WEYLAND CI	First	Middle	ress 39 WEYL		First		Midd	lle	
	City N ANDOVER Sta			NORTH AND			te MA	zin 01 3	845-4933	1 14
					NOON N				27 27 27	
	Insurance Company QUINCY MU			icle Action Prior to Cra	sh 1 23 23	5596	est Status:	1	28	10 ¹¹ 10 ¹¹ 11 ¹² 11 ¹³ 11 ¹⁴
	Vehicle Travel Direction: N S W	Responding to Eme	rgency? 2 Eve	nt Sequence 1 23			pe of Test:	25115	29	
⁹ 2	Citation # (If Issued)		Mos	t Harmful Event 1	24	В.	AC Test Res	ult:	30	1
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub _	Driv	er Contributing Code	19 ²⁵ 5	25 St	sp. Alcohol:	2 31	Susp. Drug: 2 32	
	Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub _	Driv	er Distracted by	9 ²⁶		owed from se	554	33	
	Please fill out for operator/n	on-motorist and all occu		_ down	34 35 Seat Safety		38 39 Trap Injury	40 Transp.	Maria In	Ī
	Name (Last First Middle)		Address	DOB/Age Se			Code Status	Code 1	Medical Facility	1
	Operator/Non-Motoris	SZ	See Above		1 1	4 0	0 10			4
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Dote of Canals	Police Use Only	Comm	10nwealth	of Massac	husetts		RM	V Docum	nent Number	
AT INTERSECTION:	ACTION ACTION AND ACTION ACTION AND ACTION	City/Town			Number Vehicles	And the Conference of the	10 Acres 100 Contraction (100 Contractio	25	State Police Local Police MBTA Police	9
Route Direction Name of Readway/Street Route Direction Name of Readway/Street Route Direction Name of Intersecting Readway/Street Also at Intersection with Feet NS EW of Routed Intersecting Readway/Street Feet NS EW of Routed Intersecting Readway/Street Feet NS EW of Routed Intersecting Readway/Street	1 1		Police 1	Report	1	1			Campus Police Other:	ī
Routed Direction Name of Roadway/Street Alt Routed Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Also at Intersecting Roadway/Street Peet NS E W of Peet NS E W of Intersecting Roadway/Street Limbourse Limbour	AT INTERSEC	ΓΙΟΝ:	< LOCA	TION >		NOT A	T INTER	SECT	ION:	
Foot S E W o	Route# Direction	Name of Roadway/Stre	eet	Route# Direction		GLEN		Roadway	y/Street	2
Routed Direction Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Routed Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Crash Report ID# 21-133-AC Crash Report ID# 21-133-AC Lindmink All Crash Report ID# 21-133-AC Reg 8 3486VE Reg 7ppc IC Reg 7ppc IC Reg 8 3486VE Noner MONTENEGRO MILIA Name All Crist Male HONDDA Veh Config 1 2 2 3 3 4 5 1 1 1 2 3 5 1 1 3 1 1 3 5 1 1 3 5 1 1 3 1 1 3 5 1 1 3 1 1		At		F N	s le lw .c					7
Rouse# Direction Name of Intersection with Name of Intersecting Roadway/Street Feet N S E W of Intersecting Roadway/Street	Route# Direction N	ame of Intersecting Roadwa	ay/Street	Feet [N]	3 E W 01			or	Exit Number	
License S52899761 St MA DOB/Age Sex Mail Lice Class S52899761 St MA DOB/Age Crash Report ID# 21 - 133 - AC		Also at Intersection wit	th			Route#	Inters	ecting Ro	adway/Street	.
Lice Class 19 39 15 15 15 15 15 15 15 1	Route# Direction N	ame of Intersecting Roadwa	ny/Street		*		La	ndmark		_
Sex M. Lic. Class 19 19 Lic. Restrictions 1 20 10 10 10 10 10 10	of the Following:	#Occupants				***				
Sex_ML Lie. Class Lie. Restrictions Li	10 10								21	- 2
Address 1 EMERSON ST City WILMINGTON State MA Zip 01887-1712 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: SE EW Responding to Emergency? 2 Citation # (If Issued) Vehicle Travel Direction: Viol. 2: ChrSee/Sub Viol. 2: ChrSee/Sub Viol. 2: ChrSee/Sub Viol. 3: ChrSee/Sub Viol. 3: ChrSee/Sub Viol. 4: ChrSee/Sub Viol. 3: ChrSee/Sub Viol. 4: ChrSee/Sub Viol. 4: ChrSee/Sub Driver Contributing Code 20 25 25 Susp. Alcoholt. 2 31 Susp. Drug. 2 32 25 Weith Hamful Event 22 2 3	District in the second	. Restrictions 1 CD End	dorsement					Veh C	onfig. 1	F
City WILMINGTON State MA Zip 01887-1712 City WILMINGTON State MA Zip 01887-1712 Insurance Company METROPOLITAN PROPERTY AND Vehicle Travel Direction: S E W Responding to Emergency? 2 Event Sequence Z 23 23 23 23 Test Status: 1 28 Type of Test 29 BAC Test Result: 30 Susp. Alcohol: 2 31 Susp. Drug: 23 Susp. Drug: 24 Susp. Drug:		KEVIN J	Middle	Last		LVIA First		Middle	le	-
Insurance Company METROPOLITAN PROPERTY AND Vehicle Action Prior to Crash 1 22 Damaged Area Code 2 3 27 3 27 Test Status: 1 28 Type of Test: 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 25 Towed from scener 1 30 Susp. Drug 32 32 32 32 32 32 32 3						108				-
Vehicle Travel Direction:	15.			WILMINGTO	N					ı I
Vehicle Travel Direction: Vehicle Responding to Emergency 2 Event Sequence 2 2 3 3 3 3 5 5 5 5 5 5	Insurance Company METROPOL	TAN PROPERT			12-20000			Code: 2		
Most Harmful Event 22 23 Susp. Alcohol 23 31 32 32 33 34 35 36 36 36 36 36 36 36	Vehicle Travel Direction:	Responding to Emerge	ency? 2 Even	t Sequence 22 23		23		1		
Viol. 3; Ch/Sec/Sub	Citation # (If Issued)	_	Most	Harmful Event 22		В		ult:	30	\perp
Viol. 3: Ch/Sec/Sub	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	20	25 Si	usp. Alcohol:	2 31 5		2
Name (Last First Meddel)	Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by				-	33	╧
12 HOBSON AVE WILMINGTON, MA 01897-2640 02/18/2000 F 3 1 3 0 0 8 1	White the contract of the page of the			DOB/Age Ser	Seat Safety	Airbag Eject	38 39 Trap Injury Code Status	Transp.	Medical Facility	
Please Select One of the Following:		See	Above	X				1		1
Please Solect One of the Following: Vehicle 2	MEKHILA DEROSA		887-2640	02/18/2000 F	3 1	3 0	0 8	1		1
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Vehicle 2					+					-
Vehicle 2			10000		Tors.					4
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL		#Occupants Non-M	Motorist A Type	Action 16	Location	17 Condi	tion 18	Hit	t/Run Moped	1
SexLic. Class Lic. Restrictions CDLEndorsement CDLEndors	License #St	DOB/Age	Reg #	<u> </u>		Reg Type	e	Reg	State	7
Last First Middle Address	Sex Lic. Class Lic.	Restrictions CDI	lorsement		. Veh Make			Veh Co	onfig. 21	
City State Zip City State Zip 1 Insurance Company Vehicle Action Prior to Crash Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 23 23 23 23 23 23 23 23	Last	First	Middle	Last		First		Middle	e	-
Insurance Company						0.				- -
Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence 23 23 23 23 23 Test Status: Type of Test: Type of Test		7			10-20-20	and the second		- Committee	27 27 27	-
Citation # (If Issued)		-		23	63866655				28	1
Viol. 1: Ch/Sec/Sub — Viol. 2: Ch/Sec/Sub — Driver Contributing Code Viol. 3: Ch/Sec/Sub — Viol. 4: Ch/Sec/Sub — Driver Distracted by Viol. 4: Ch/Sec/Sub — Driver Distracted by DoB/Age Sex Post System Status Code Status Code Medical Facility Susp. Alcohol: 31 Susp. Drug. 32		,		Sequence			ype of Test:		29	
Viol. 2: Ch/Sec/Sub Driver Commouting Code Susp. Alcohol: 31 Susp. Drug: 32 Viol. 3: Ch/Sec/Sub Driver Distracted by Driver Distracted by DoB/Age Sex Please fill out for operator/non-motorist and all occupants involved Address DOB/Age Sex Poss System Status Code Status Code Medical Facility Medical Facility				1500			AC Test Resi	200		ŀ
Viol. 4; Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved Name (Last First Middle) Name (Last First Middle) Name (Last First Middle) North Distracted by Section 1 Solution 1 Solution 2 Solution 2 Solution 2 Solution 3 Solution 4 Solution 3 Solution 4 Solution 3 Solution 4 Solution 4	ø,			5,500		St	•	STREET, SANS	Jusp. Drug.	
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility Medical Facility				r Distracted by	34 35			100		4
Operator/Non-Motorist See Above 1	1900) STATES OF STATES AND STATES	AND A STATE OF THE PARTY OF THE		DOB/Age Sex	Seat Safety Pos. System	Airbag Eject Status Code	Trap Injury Code Status	Transp. Code	Medical Facility	_
	Operator/Non-Motori	St See	Above	$><$ \times	1					
			4		1					7



Wilmington Police Department Images Associated with 21-133-AC

