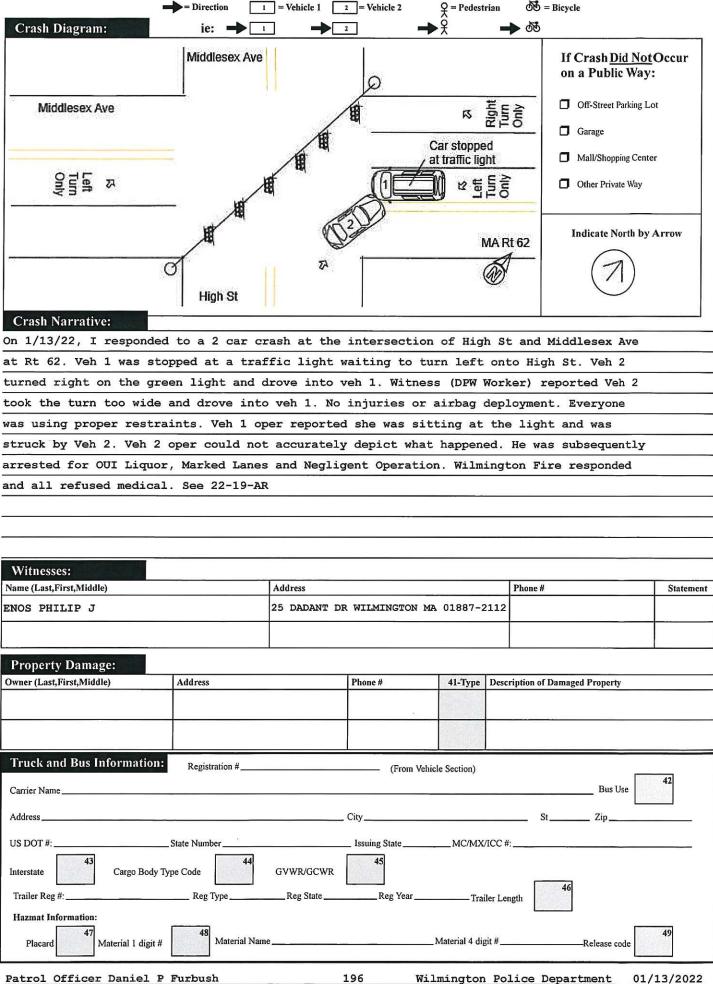
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¹ 1		At				_				1100001			1
	HIGH ST			Feet [N S E V	of		 Marker	• —	or _	Exit	Number	L.,
		of Intersecting Roadway Also at Intersection with	·····	Feet N	NSEV	/l _{of}						***	3 11
		3 200 U			NSEV	_	Route	ļ	Inters	ecting I	Roadway	/Street	
² 2	Route# Direction Name	of Intersecting Roadway	//Street		1 - 1 - 1	_ 1 ~.			1:	ındınarl			.
	Please Select One XI Value 13	Occupants Hit/Ru	ın Moped	Crash Re	nort ID#	22	-2	1 _ 7					1
3	of the Pottowing:												-
		DOB/Age		167R50								21	1 12
		strictions CDI Ende	orsement	rear <u>2020</u>						Veh	Config.	1	
4	Operator MASTROPIETRO,	KAYLA S	Middle	er <u>BEAUDIN</u>	131		Firs	ι .		Mi	ddle		
⁴ 3	Address 20 DENAULT DR			ess 17 COL									
	City WILMINGTON State 1		_	NORTH CH	ELMS	FOR						<u>-1903</u>	
	Insurance Company GREEN MOUN	<u>TAIN INSUR</u>	ANCE Vehic	le Action Prior to C		2	22	Damag Test St			78	27 27	
⁵ 1	Vehicle Travel Direction: NSE	Responding to Emerger	ncy?_2 Event	Sequence 1	3 23	23	23	Type o			29		
т	Citation # (If Issued)		Most	Harmful Event	1 24			• •	est Res	ult:	1 ³⁰		
	Viol. 1: Ch/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	r Contributing Cod		25	25	Susp. A	Alcohol:	2 31	Susp. I	Orug: 2 32	1 13
⁶ 1	Viol. 3: Ch/Sec/Sub ———Vi	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	O 26			Towed	from so	епе?	2 33		
1	Please fill out for operato Name (Last First Middle)	•	ved Idress	DOB/Age	34 Seat Sex Pos.	35 Safety System	36 Airbag Status	37 38 Eject Trap Code Cod	n Injury	40 Transp. Code	Μα	lical Facility	
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i	<u> </u>			+ +		<u>"</u>	4	, 0	10	1]]
		<u> </u>							<u> </u>				4
⁷ 2	Please Select One of the Following:	Occupants Non-M	otorist A Type	Action	Locati	on	17 Co	ondition	18		Hit/Run	Moped	
	License # S34481793 St MA	DOB/Age	Reg #	2SPN78			Reg	Туре Р С	3	Re	eg State]	MA.	1
	Sex M Lic. Class A Lic. Res	trictions 20 CDL	Veli Y	ear 2019	Veh 1\	íake T					Config.	1 21	
	Operator MANJOURIDES, G	ENE J	rsement Owne	r MANJOUR	RIDES	, G	ENE	J			_		
⁸ 1	Address 78 HIGH ST	rst M	fiddle Addre	ess 78 HIGI	H ST		First			Mi	ddle		
	City WILMINGTON State N	<u>(A</u> Zip 01887-	1475 City 1	WILMINGT	ON			State M	A 2	Zip 01	1887	-1475	1 14
	Insurance Company PLYMOUTH RO	CK ASSURAN	CE C Vehic	le Action Prior to C	Crash	3	22	Damag	ed Area	Code:	1 27	27 27	
	Vehicle Travel Direction: SEW	Responding to Emergen	cy? 2 Event	Sequence 1 23	3 23	23	23	Test Sta	atus:		3 28	_	
,	Citation # (If Issued) 257745AB		Most	Harmful Event	1 24			Type of			29 . 30		
⁹ 2	Viol. 1: Ch/Sec/Sub 90 24 Vio	ol. 2: Ch/Sec/Sub 90	24 Drive	r Contributing Code	e 14	²⁵ 1	0 25	BAC To Susp. A			1	lme a 32	
		ol. 4: Ch/Sec/Sub	Drive	r Distracted by	99 26	!		Towed			3 33	Z	
	Please fill out for operator/non-n	notorist and all occupants	s involved		34 Seat	35 Safety	Airbag I	37 38 Eject Trap	39 Injury	40 Transp.			1
	Name (Last First Middle) Operator/Non-Motorist		Above	DOH/Age	Sex Pos.	System 1	Status 6	Code Code	Status 10	Code 1	Med	lical Facility	1
	Operator/Hon-Motorist	Sec 8		 	\'	-	-		+	\vdash			-
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Department

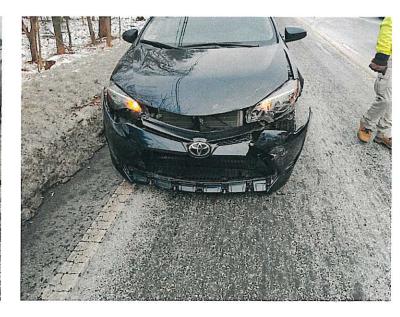
Wilmington Police Department Images Associated with 22-21-AC







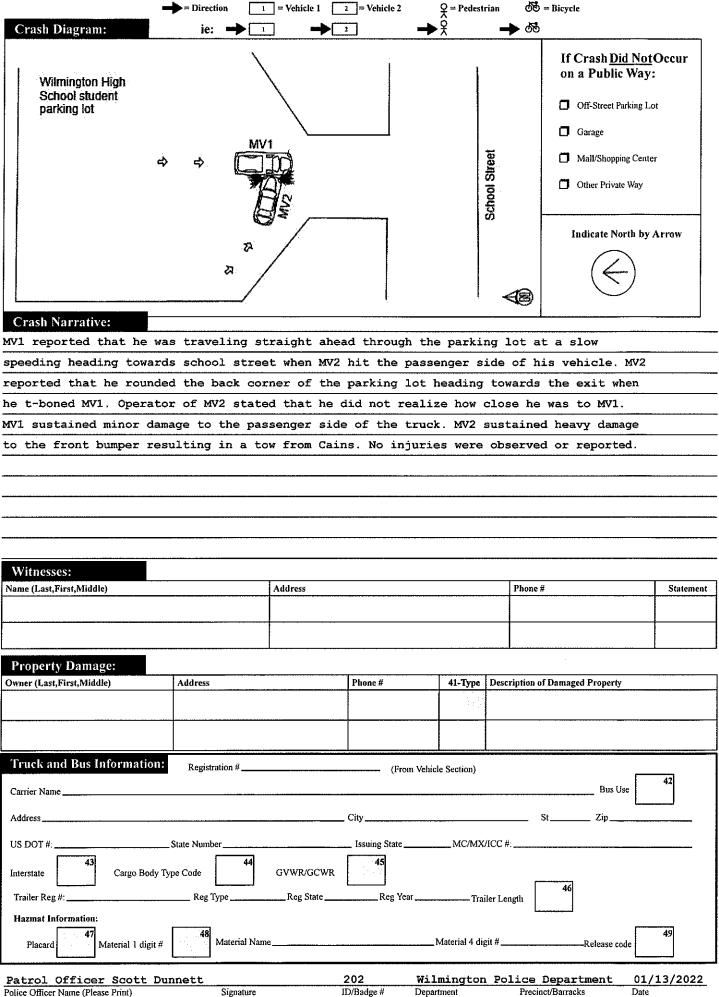




	Polic	e Use Only		(Commo	onwe	ealth -	of M	ass	ach	lus	etts	;			RM	V Doc	ument	Number		
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		24HR				P	olice :	Repo	ort		2		0			tude_			mpus Police her:	_ <u> </u>	
		AT INTERS	SECTIO	ON:		<	LOCA	TION		>			NO	T A?	L IN.	TER	SEC	TIO	N:		
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1	Route# Direct	ion	Name	of Intersect	ing Roadway/S	Street					1 1	,				1.a	ndmar	k		—	
	Please Select O	ne 🔯 valeati	3 #	#Occupants	Hit/Run		Moped		Crash I		ID#	22		2	_ 7		ш				1
	of the Followin	g: Venicio	. 15	· occupants	HIVKUI			L													
	License # SA5			_ DOB/Ag			Reg #	STB	862				Re	д Турс	ST		R	eg Stat		21	
	Sex F Lic. C	iass D 19 1	Lic. Res	stríctions 1	CDL_	sement	Veh '	rear <u>20</u>	12		Veh M	ake <u>E</u>	'ORI)			Vel:	Confi	g 1	21	3
	Operator DAN	G, NINA	<u> </u>	irsl		ddle	Own	er MAS		USE	TTS	DE	PAR	IME)	NT (OF !	[RAN	ISPO	RTATI	ON	
1	Address 75 4	TH AVE		ust	MR		Addr	ess <u>66</u>		eteror.	H F	VE		itaţ			м	ıddie			
\dashv	City LOWEL	L	State 1	MA Zip	01854-2	2729	City_	WEST	ON					Sta	te M Z	A _ 2	ip 0	249	3-112	20	
	Insurance Compar	ny SELF 1	NSUR	ED			Vehic	le Action	Prior to	Crash	1	1	22				Code:		2 27	27	
	Vehicle Travel Dir	·			g to Emergenc	v? 2		Sequenc			23	23	23	Те	est Stat	tus:		28		_	l
	Citation # (If Issue				g to zimetgeme,	,		Harmful)	•	2	24			Ту	pe of	Test:		29			
\dashv	·							r Contrib			97	25	25	1		st Resi		30	ا	22	
	Viol. 1: Ch/Sec/St								_	99			A state] Su		cohol:		Susp 33	,	32	2
	Viol. 3: Ch/Sec/Su						Drive	r Distract	ea by	99	34	35	36	37	wed b	rom sc	ene?	2 33	<u> </u>		ļ
_	Name (Last First Mid-	Please fill out :	ior operato	rand all occ	Addr			DO	VAge	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp.		Medical Facility		
	Operato	r			See Al	bove			<	X	1	99	4	0	0	10	1				
2	ASHLEY KING				HESTER DR , MA 0184-30	034		1		F	3	99	4	0	0	10	1				
ļ	SAMATH PHATE	I		55 SARAT	OGA ST MA 01852-561	17				M	4	99	4	0	0	10	1				
ŀ								 													
	N			<u> </u>	<u> </u>		<u> </u>	15	1111	16	L		17	<u> </u>	┸┯	18			1		ł
L	Please Select On of the Following		20_#	Occupants	Non-Mot	torist A	Туре	Act	ion]	Locatio	on .	<u></u>	Condit	ion	16		Hit/Ru	n Mo	ped	
	License #		St	_ DOB/Ag	e		Reg#	STC	359				Re	д Туре	ST		R	eg Stat	е <u>МА</u>		
	Sex Lic. Cl	ass 19 1:	Lic. Res	trictions	20 CDL_	sement	Veh Y	ear <u>20</u>	14	'	veh M	ake E	ORI)			Veh	Config	, 1	21	
	Operator Dri						Owne	, MAS	BACH	USE	TTS	DE	PART	ME!	VT (F 7	'RAN	SPO	RTATI	ON	
1 1	Address			rat	Mid	idle		58	1	Lust				ırst				iddle			
	City			7in				.00						Stat	ta	Z	Gin.				1
				21p _							1	11	22				Code:	27	27	27	
	Insurance Compan				. =			le Action			23	23			st Stat			28		┛┃	
ľ	Vehicle Travel Dir	ection: NS	EW	Responding	g to Emergency	y?		Sequence	L	ᆂ	24			Ту	pe of '	lest:		29			
2	Citation # (If Issue	ed)					Most	Harmful I	Event	1		25	25		AC Tes	t Resu	dt:	30			
_	Viol. 1: Ch/Sec/Su	b	Vic	ol. 2: Ch/Se	c/Sub		Drive	r Contribu	ting Co	de	<u> </u>	25	25	Su	sp. Ale	cohol:	31	- mp		32	
Ŀ	Viol. 3: Ch/Sec/Su	Ъ	Vic	ol. 4: Ch/Se	c/Sub		Drive	Distracte	d by		26			То	wed fr	om sc	ene?	2 33			
Ī	Pleas Name (Last First Midd	se fill out for oper	rator/non-n	notorist and	all occupants i			non	VAge	Sex	34 Seat Pos.	35 Safety System	36 Airbog Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code		Aedical Facility		
r		r/Non-Moi	torist		See Ab					Ŝ	1	-yacai	- 41,43	Çede	SMA		Ç.CAR		I HULLILY		
ŀ	- Operator	72 1011-27201			200710				<u> </u>		<u> </u>	<u> </u>			 						
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	= Directio	n 1	= Vehicle 1	2 =	Vehicle 2	Q = Pedest	rian	රී්් = Bicycle	
Crash Diagram:	ie:	1	¬ →	2	→	·ĝ		₫	
	/ehicle 1				Vehicle 2			If Crash Dic on a Public Off-Street Pa Garage Mall/Shoppin Other Private	Way: rking Lot g Center
Crash Narrative:									
		 !		<u> </u>		1.1 :	1. / . T	4 13	1
Vehicle 1 pulled out o									
to turn right towards								-	
seat attempted to grab	the whee	and	steer awa	y fro	om Vehicle	2. As	this h	appened, Vehic	le
1 operator stepped on	the gas i	instead	d of the b	rake	and accele	erated	into v	ehicle 2.	
		• • • • •				 			
					1				
Witnesses:							······································		
Name (Last,First,Middle)			Address				Phe	one #	Statement
(,							7 "		- Diatement
									1
Property Damage:						· · · · ·	1		
Owner (Last,First,Middle)	Address			Pho	ne#	41-Type	Descripti	on of Damaged Property	
Truck and Bus Information	: Registrati	ion#			(From Vehic	le Section)			
					(FIOIII VEINC	ie Beerlon;		Dec 11-	42
Carrier Name								Bus Us	
Address				City.			,	St Zíp	
He DOT#	Cinto M.—L			T., -	uing State	እለርሳሌ የህ	ACC #-		
	State Number	· · · · · · · · · · · · · · · · · · ·		188		IVIC/IVIX	/100 #:		
Interstate 43 Cargo Body	Type Code	- "1"	GVWR/GCWR		45				
Trailer Reg #:	Ran Tar	ne	Reg State		Reg Year	art.	ilar I ar -41	46	
	Neg 1yl	,	1\0g otate			ira	ner Length	(4), 人(4)	
Hazmat Information:	1.0.40								40
Placard Material 1 digit #	, 48 M	laterial Nam	e			Material 4 di	git #	Release coo	49 le
									<u> </u>
Patrol Officer Michael				207				ce Department	01/13/2022
Police Officer Name (Please Print)	;	Signature		ID/Bac	lge# Depar	tinent	P	recinct/Barracks	Date

	Pol	ice Use Only	Com	monwealth -	of Massac	husett:	8	RI	MV Docu	ıment Number	
	Date of Crash	Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicle		Speed Lin	nit20	State Police Local Police MBTA Police	
	01/13/2022	1420 Wi	lmington	Police	Report	2	0	Latitude Longitude		Campus Police Other:	
		AT INTERSEC	CTION:	< LOCA	TION >		NOT A	T INTE	RSEC'	TION:	7
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	Route# Direc	etion	Name of Roadway/S	treet	Route# Direction	Address #	SCHO	OOL S'	T of Roadw	av/Street	_}_
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	<u> </u>				Feet N	S E W of	— — Mile M	— • — arker	— or _	Exit Number	- 🖳
	Route# Direc	ction	Name of Intersecting Road Also at Intersection v		Feet N	s E W of					⊣ 3 ''
					_	S E W of	Route#	Inter	rsecting R	Roadway/Street	
² 1	Route# Direc	ction	Name of Intersecting Road	way/Street		<u> </u>		ī	Landmark	*	-
	Please Select C	One Distriction of	#Occupants	/n	C	rt ID# 2 2	-22		Janumark	`	_
3	of the Followin		Hit	/Run Moped	Crash Repo	irt 110# <u>Z</u> Z	-23	-AC			
	License # SA	4360544 St	MA DOB/Age	Reg i	1MSD35		Reg Typ	e <u>PC</u>	Re		- 12
	St Lic. (Class D 19 Li		DL Veh Y	/ear <u>2019</u>	_ Veh Make <u>【</u>	CHEVRO	LET	Veh	Config. 21	1
	Operator.	Last		Own	er VINAL, N	/ICHAE	JOSI	EPH	N.E.	ddle	-
⁴ 1	Address	Lusi	1.51-01	Addr	ess 3 SPRUC	EWOOD	RD rust		Min		-
	City	s	iti Zîp	City_	WILMINGTO	N	St	ate MA	Zip 01	L887-1912	.
	insurance Comp	any FARMERS	PROPERTY &	CASUAL Vehic	le Action Prior to Cra	sh 1	22	amaged Are	ea Code:	2 27 3 27 4 27	
	Vehicle Travel D	Pirection: NSE	Responding to Emer	gency? 2 Even	Sequence 23	23 23	23 T	est Status:		1 28	
⁵ 2		ued)			Harmful Event 1	24		ype of Test:		29	
			Viol, 2; Ch/Sec/Sub		r Contributing Code	1 25	25	AC Test Re		1 30	1 13
			Viol. 2; Ch/Sec/Sub		r Distracted by	26		usp. Alcoho owed from :		Susp. Drug: 2 32	
⁶ 1	Viol. 3: ClySec/s		perator and all occupants in		1 Distracted by	34 35	36 37	38 39	40	2	4
	Name (Last First M	-	zeracor and an occupants w	Address	DOB/Age Sc	Seat Safety x Pos. System		Trap Injur Code State	ry Transp. as Code	Medical Facility	_
	Operate	or	s	ee Above	>>>	1 1	4 0	0 10	1		
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⁷ 1	Please Select O of the Followin		#Occupants Non	-Motorist A Type	15 Action 16	Location	17 Condi	tion 18	Ĭĺ□ŀ	lit/Run Moped	1
_	License # SA3	3570590 st	MA DOB/Age	Reg #	1MKD59		Reg Typ	e PC	Re	g State MA	
	Sex M Lic. C	19 19	20	_	ear 2010	Veh Make S				Config. 21	
			KOLAS LUKAS	ndorsement	GINIOTAS						
⁸ 1	-	Last VERETT AVE	First	Middle	Last ESS 2 EVERE		First		Mid	Idle	
	City WILMI		tate MA Zip 0188		WILMINGTO		St	ne MA	7in 01	887-1706	1 14
			ERCE INSURAL		le Action Prior to Cra	<u> </u>		amaged Are			
Ī	Vehicle Travel D			_	Sequence 1 23	23 23		est Status:	İ	1 28	
		<u> </u>	Responding to Emer	•	· <u> </u>	24		ype of Test:		29	
2		.ed)			Harmful Event 1		B	AC Test Re		1 30	
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	Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Please fill out for operator/non-motorist and all occupants involved				Distracted by 7			owed from s		1 33	_
	Plea Name (Last First Mi		non-motorist and all occup	ants involved Address	DOB/Age So	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trup Injur Code Statu	Y Transp.	Medical Facility	
ľ	Operato	r/Non-Motori	ist s	ee Above		1 1	4 0	0 10	1		
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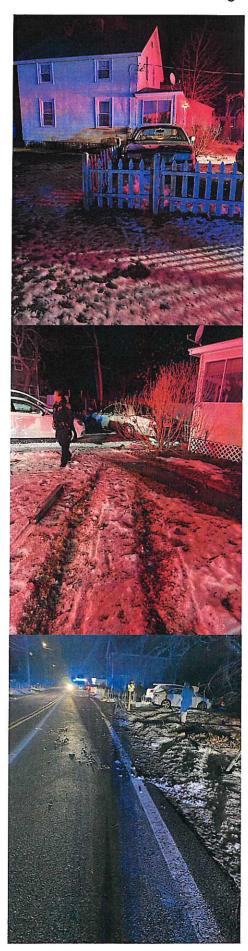


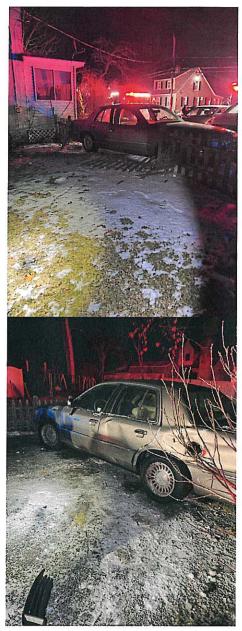
	Police Use Only	Commo	nwealth (of Massac	husett	S	RN	AV Docum	ment Number	
	Date of Crash Time of Crash	City/Town N	Iotor Veh	icle Crasl	Numb Vehicle		Speed Lim	it <u>25</u>	State Police Local Police MBTA Police Campus Police	1
	01/14/2022 0101 Wil n	nington	Police 1	Report	2	0	Latitude Longitude		MBTA Police Campus Police Other:	
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¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direction	Address	4	Name o	f Roadwa	y/Street	-
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	Route# Direction Nam	ne of Intersecting Roadway/S	treet			Mile M	arker		Exit Number	3 11
		Also at Intersection with			SEW of	Route#	Inter	secting Ro	padway/Street	
² 1	Route# Direction Nam	ne of Intersecting Roadway/S	treet	Feet N	S E W of					
1	Traines Brooking Train	of Intersecting Robbins	4				L	andmark		
3	Please Select One of the Following:	_#Occupants Hit/Run	Moped	Crash Repo	ort ID# 2 2	2-24	-AC			
	License # S63744436 St M	7 DOD/4		2SAS84		.	DC.		a. MA	<u> </u>
	Sex M Lic. Class D 19 Lic. R								21	1 I2
	1	T	ement	ear <u>2002</u>			<u> </u>	Veh C	Config. 1	
⁴ 1	Operator PIERCE, BREND	AN L First Mide	die	PIERCE,		AN L First		Midd	lle	
1	Address 23 BURNAP ST		Addre	ess 23 BURN	AP ST			······································	· · · · · · · · · · · · · · · · · · ·	
	City WILMINGTON State	MA Zip 01887-3	713 City_	WILMINGTO	N			_	887-3713	
	Insurance Company GOVERNMENT	' EMPLOYEES I	NSU Vehic	le Action Prior to Cra	sh 1		amaged Are	a Code: 1		
5	Vehicle Travel Direction: NSE	Responding to Emergency	? <u>2</u> Event	Sequence 2 23	23 23		est Status:	1	28	
J	Citation # (If Issued) 258714AB	_	Most	Hannful Event 2	24		ype of Test:		30	
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	Viol. 3: Ch/Sec/Sub 90 18			Distracted by		~	owed from s		33 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
⁶ 1		tor and all occupants involved			34 35	36 37	38 39	40		4
	Name (Last First Middle)	Addres		DOB/Age Se	Sent Safe x Pos. Syste	ny Airbag Eject m Status Code	Trap Injury Code Status	s Code	Medical Facility	
	Operator	See Abo	ove	>>>	1 1	4 0	0 10		inchester ospital	
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⁷ 1	Please Select One of the Following:	#Occupants Non-Moto	orist A Type	15 Action 16	Location	17 Condi	tion 18	П н	t/Run 🔲 Moped	
	License #St	DOB/Age	Pan#	7WS655	<u> </u>	Pag Tun	e PC	J Den	State MA	1
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		estrictions CDLEndorse	ement		_			ven C	onig.	
⁸ 1	Operator Driverless M. V	First Midd	le	SIRBAK,		First	ANIN	Middle	le	
	Address			ss 135 GRO		·				14
	CityState	•	•	<u>VILMINGTO</u>		22		_	887-3720	
	Insurance Company LIBERTY MU	<u> ITUAL INSURAI</u>	NCE Vehicl	e Action Prior to Cras		┙ ~	amaged Area est Status:	Code: 5	27 3 27 27 28	
	Vehicle Travel Direction: SEW	Responding to Emergency	? <u>2</u> Event	Sequence 2 23	23 23		pe of Test:	ᅣ	29	
⁹ 2	Citation # (If Issued)	-	Most I	Harmful Event 2	24	•	AC Test Res	ult:	30	
2	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub ———	Driver	Contributing Code	1 25	25	ısp. Alcohol:		Susp. Drug 2 32	
	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Driver	Distracted by	26	Te	owed from so		33	
	Please fill out for operator/non-	•			34 35 Seat Safet	Airbag Eject	38 39 Trap Injury	40 Transp.		1
}	Name (Last First Middle)	Address		DOB/Age Sea	Pos. System	n Status Code	Code Status		Medical Facility	1
	Operator/Non-Motorist	See Abo	ove		1					
-					+ + -					
J		1		1	1 1	1 F	1 1	1		1

•	= Direction 1	= Vehicle 1	= Vehicle 2	웃 = Pedesti	rian Ø5 ≃∶	Bicycle	
Crash Diagram:	ie: 👈 📑	→ [:	<u>→</u>	· 옷	→ ₩		
Grove Ave		95 Grove Ave filmington MA				If Crash Did Note on a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	t
					¥3.		
Crash Narrative:			······································				
V1 was traveling West o							
parked, unoccupied vehi							
vehicle.V1 had damage t							
including but not limit							
crash but there was no							
Winchester Hospital for							
attached. Opl issued MA						rked Lanes,	
and Speed greater than	reasonable. Se	e 22-20-AR	for further o	detalls	•		
Witnesses:		T			····T=:::		
Name (Last, First, Middle)		Address			Phone #		Statement
CHARGE TO THE PARTY OF THE PART							
							:
Property Damage:							
Owner (Last, First, Middle)	Address	,	Phone #	41-Туре	Description of D	amaged Property	
SIRBAK KATHERINE ANN	135 GROVE AVE WILMI	INGTON MA 01887~			FENCE		
	 						.,,,,,
Truck and Bus Information:	Registration#		(From Vehic	ele Section)			
Carrier Name						Bus Use	42
Address			City		St_	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC#:_		
Interstate Cargo Body T	44	GVWR/GCWR	45				
Trailer Reg #:			Reg Year	Trai	iler Length	46	
Hazmat Information:		- """	•				
Placard 47 Material 1 digit #	48 Material Nam	e		Material 4 di	git #	Release code	49
Patrol Officer Kathryn C	Goodwin		216 Wil	minator	Police De	epartment 01/	14/2022

Department

Wilmington Police Department Images Associated with 22-24-AC

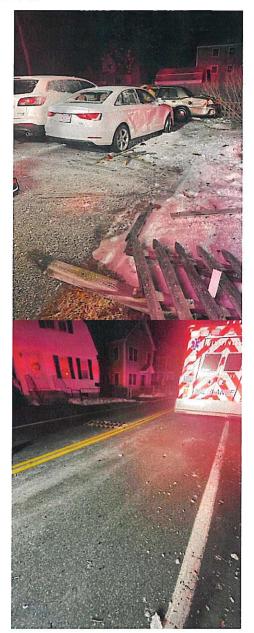






Wilmington Police Department Images Associated with 22-24-AC





Attachments for 22-24-AC	
Description	Туре
MV INVENTORY	PDF
Attachment#: FEAA649B787448CDB5A38EDACBAB9097	

	Poli	ce Use Only		Co	mmo	nwealth	of Mas	sacl	lus	etts	3			RM	V Deci	ument Ni		
	Date of Crash	Time of Crash	T.T 7	City/Town	M	[otor Ve	hicle Ci	rash		lumber ehicles		nber wed	-	Limit	35	Local	Police Police Police Police Police Police Police	
	01/14/2022	1525 24HR	MITW	ington		Police	Report	t	2	••.	0		Latitu Longi				us Police	i
		AT INTERS	SECTION	ON:	<	< LOC	ATION	>			NO'	T AT			SEC	TION:		7
									•									2 10
	Route# Direc	tion		Name of Book	wardStarest		Route# D	,	30	O ress #	L	OWE				/ay/Street		
¹ 1	Koute# Direc	11011		Name of Roads			Koute# D	irection	Ada	ress #			iNa	une or	Koadw	/ay/Sireet		-
	-						Fe	et NS	EW	of					or _	F2	N	
	Route# Direc	tion	Name	of Intersecting		reet		- Ivi	I - I -		M	ile Ma	rker			EXIT	Number	2 11
				Also at Interse	ction with			et NS		_	Rout	e#		Inters	ecting I	Roadway/	Street	-
² 1	Route# Direct	tion	Name	of Intersecting	Roadway/Str	reet	Fe	et NS	E W	of								
							<u> </u>							La	ndmarl			
3	Please Select O of the Followin		13	#Occupants	Hit/Run	Moped Moped	Cras	sh Repor	t ID#	22	-2	25-	-A	C				
	License # S12	2501702	Sr MA	DOB/Age		Res	# <u>649FP</u>	4			Re	g Type	PC		R	eg State	M/A	-
	Sex F Lic. C	10 10	9	strictions B	20 CDL_		Year 2019									Config.	21	1 12
					Endorce	ment	ner PARSO								veii	Comig.	-	
⁴ 3		RSONS, E	141111	First	Middl	le		Last		1111	F	irst	SC	<i>.</i>	Mi	ddle		-
3	Address 11						ress 11 T.											-
	1	NGTON				·	WILMIN	[GTO]	<u> 1</u>		_						-3726	
	Insurance Compa	my THE CO	MMER!	CE INSU	RANCE	CO Veh	icle Action Prio	r to Cras		1	22				Code:	1 27 28	27 27	
⁵ 1	Vehicle Travel Di	irection: N	EW	Responding to	Emergency?	2 Éve	nt Sequence	1 23	23	23	23		st Stat pe of "			29		
1	Citation # (If Issu	ed)		-		Mo	st Hannful Even	ıt 1	24			-	•	st Resi	ılt:	30		
	Viol. 1: Ch/Sec/S	ub	Vi	iol. 2: Ch/Sec/Si	ub	Driv	er Contributing	Code	19	25	25	1	sp. Ale	1	31	Susp. E	Orug: 32	1 13
	Viol. 3: Ch/Sec/S	ub	Vi	iol. 4: Ch/Sec/Si	ub	Driv	er Distracted b	y 0	26	,		To	wed fi	om sc	ene?	2 33		
⁶ 1		Please fill out f	or operate	or and all occupa	ınts involved				34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.		***************************************	
	Name (Last First Mic				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Med	lical Facility	
	Operato	or			See Abo	ove		\checkmark	1	1	4	0	0	10	1			4
									1	4	4	0	0	10	1			
	l			1			,		5	4	4	0	0	10	1			
	,																	
	Please Select O	ne 57 1	. 1 .	#O	.		15	16			17			18				_
⁷ 2	of the Followin		2	Coupants	Non-Moto	rist A Type	Action		Locatio	on		Conditi	on		<u> </u>	lit/Run	Moped	<u>'</u>
	License # 574	608001	St MA	_ DOB/Age_		Reg	# <u>7BR43</u>	6			Reį	з Туре	PC		Re	eg State 🛚		
	Sex F Lic. C	lass D 19	Lic. Res	strictions B	CDL Endorse	Veh	Year 2019	<u> </u>	Veh M	ake <u>G</u>	MC				_ Veh	Config.	1 21	
0	Operator KEN	TON, LO	RI H		Engorsei	Ow	ner ARI E	LEE	r L	T								-
⁸ 1	Address 61 I	HARRISON	ST	ırsı	Middle	•	ress 4001	LEA	DEN	HAJ	Fi L	RD_			Mic	dale		
	City READ	NG	State 1	MA Zip 01	867-26	546 City	MT LAU	REL				_ Stat	e NJ	<u> </u>	ip 08	3054	-0000	2 14
	Insurance Compar	ny OLD RE	PUBL:	IC INSU	RANCE	CO Veh	cle Action Prior	r to Crasi		2	22	Da	maged	i Area	Code:	5 27	27 27	
	Vehicle Travel Di	rection: NX	EW	Responding to	Emergency?	2 Eve	it Sequence	23	23	23	23	Tes	st Stati	us:		28		
	Citation # (If Issue						t Hannful Even	t 1	24			Туг	pe of T	Test:		29		
⁹ 2	,	•					er Contributing	L	1	25	25			t Resu		30	22	
		ub					_	_	26	I			sp. Ale	ι	31	Susp. D)rug: 32	
	Viol. 3: Cli/Sec/Si						er Distracted by	<u> 0</u>	34	35	36	37	wed II	OIN SC	40	2 33		4
	Plea Name (Last First Mid	se fill out for oper		notorist and all	OCCUPANTS INV		DOB/Age	Sex	Seat Pes.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Med	ical Facility	
	Operato	r/Non-Mot	torist		See Abo	ve	\rightarrow	(X	1	1	4	0	0	10	1			
				1														
									+									\dashv
								_	 									_
									<u> </u>									

	_	= Directi	on 1	= Vehicle 1	2 = Vehicle 2	ç	= Pedesti	rian 📆	= Bicycle		
Crash Diagram:		ie:	→ [1] →	2	→ 9	È	→ ‱			
	West St							- Thronton and a supposition a	If Crash on a Pub Off-Stree		ceur
					201	> ←		D	☐ Mail/Sho		
		Lowell	St.								
					300 Lov (Red Ho Tavern Entranc	eat	(3>	Indicate	North by Ar	row
Crash Narrative:											
Car 2 while sit										hed	
into by Car 1 in					in traffic	for a	a gree	n light	at the		
intersection of	West St	, and L	owell S	t.					· · · · · · · · · · · · · · · · · · ·		
		 									
Witnesses:											
Name (Last,First,Middle)				Address				Phone	1		Statement
Property Damage				L							
Owner (Last, First, Middle)		Address			Phone #		41-Type	Description o	f Damaged Prope	erty	
Truck and Bus Info	ormation:	Registra	tion #		(Fr	om Vehicle	Section)				42
Carrier Name									Bu	s Use	
Address					City				StZip		
US DOT#:		State Numbe	г		Issuing State		MC/MX	/ICC #:			
43		Γ	44		45						
L	Cargo Body Ty	L,		GVWR/GCW	25.5			Γ	46		
Trailer Reg #:		Reg Ty	ре	Reg State_	Reg Y	ear	——— Trai	ler Length			
Hazmat Information:		48									49
Placard	erial I digit#		viaterial Name			M	ateriał 4 dię	git #	Releas	e code	<u> </u>
Patrol Officer	Dillon H	allidav			205	Wilm	ington	Police	Department	: 01/1	4/2022
Police Officer Name (Please			Signature		ID/Badge #	Departn			ct/Barracks	Date	

	Pol	lice Use Only	ealth	of Mass	ach	use	etts	}			RM	V Doc		lumber				
	Date of Crash	Time of Crash	1	City/Town	Mot	or Veh	icle Cra	ısh		unber hicles			•	Limit	30	Loca	Police I Police]
	01/14/2022	1821 24HR	AATTIII	ington]	Police :	Report		2		0		Latitu Longi				pus Police 🔲	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO'	ΓΑΊ	'IN'	rer	SEC	TION	l:	
		MIDI	LESE	X AVE						·								2 10
1 4	Route# Dire	ction		Name of Roadway	/Street		Route# Direc	tion	Addı	ess#			Na	me of	Roadw	vay/Stree	et	-
4		итс	. cm	At			Feet	N S	EW	of			_ •		or _			
	Route# Dire	HIGH ction		of Intersecting Ro	adway/Street						М	ile Ma	rker			Exit	Number	3 11
				Also at Intersectio	n with		Feet	NS	EW	of	Route	=#		Interse	ecting l	Roadway	v/Street	
² 1	Route# Direct	ction	Name	of Intersecting Ro	adway/Street		Feet	NS	EW	of					ndmarl		,	
	Please Select (One X Vahiel	. 1. <i>i</i>	Occupants	lit/Run	Moped	Crash F	Zanort	ID# '	22	2	6.	Z					
3	of the Followi	urg:			no Kun													-
	l	5131634	_	DOB/Age	ı	Reg	# <u>3KB878</u>	···			Re	д Туре	PC		R	eg State	MA 21	1 12
	Sex M Lic.	Class D 19	Lic. Re	strictions 1	CDL Endorsement	Veh `	Year <u>2005</u>	·	Veh M	لد ake	eer	<u> </u>			Veh	Config.	1 "	<u> </u>
	Operator <u>OB</u>	RIEN, DI	ENNIS	M JR	Middle	Own	er <u>OBRIEN</u>	[, [DEN	NIS	M	JR			М.	iddle		
⁴ 3	Address 17	WILDWOO	D RD			Addr	ess <u>17 WI</u>	LDW	OOL	RI	_							
	City TEWK	SBURY	State]	MA Zip 018	76-2057	City_	TEWKSBU	RY				Sta	ie M	z	ip O	1876	<u>5-2057</u>	
	Insurance Comp	any SAFET	Y INS	URANCE C	COMPANY	<u>₹</u> Vehic	le Action Prior to	Crash		1	22	Da	unage	d Area	Code:	1 27	27 27	
	Vehicle Travel D	Direction: XS	EW	Responding to En	nergency? 2	Even	t Sequence 1	23	23	23	23	Te	st Stat	us;		1 28		
⁵ 2		sued)					Hannful Event	1	24	·		_	pe of			29		
	1			ol. 2: Ch/Sec/Sub -			er Contributing Co	<u> </u>	1	25	25	1		t Resu		30	n 32	1 13
							er Distracted by	0	26					conor: com sc	2 31	. 33	Drug 2 32	
⁶ 1	V101, 3; Ch/Sec/			ol. 4: Ch/Sec/Sub		Dive	I Distracted by		34	35	36	37	38	39	40			-
	Name (Last First M		tor operate	- and an occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System		Eject Code	Trap Code	Injury Status	Transp. Code	Mi	edical Facility	_
	Operate	or			See Above		> <	X	1	1	4	0	0	10	1			
				-														1
								 									· · · · · · · · · · · · · · · · · · ·	
										<u> </u>				- 40			1	4
⁷ 2	Please Select C of the Followin		23_#	Occupants N	lon-Motorist A	Туре	15 Action	16 1	Locatio	n	17	Conditi	ion	18		Hit/Run	Moped	
F	License # SA	5800348	St MA	DOB/Age		Rep #	92BT30				Re	з Туре	PC		R	eg State	MA	1
	Sex F Lic, (19 1	9	strictions 1 20	CDI.	-	rear 2012	,	Veh M:	ake Of							21	
		AUSON, I			CDL Endorsement		er CLAUSO											
⁸ 1		WARWIC	F	írat	Middle		ess 130 WZ	Last			Fi	rst			Mi	iddle		
	City MELRO			4A Zip 021'	76-2638		MELROSE					Stat	o MZ	7	in 02	2176	-2638	1 14
	•			RAL INSU		-	le Action Prior to			4	22				Code:		27 27	
	·							23	23	23	23		st State			1 28	<u>.</u>	
	Vehicle Travel D	L. 1	Μw	Responding to En	iergency/ <u>z</u>		Sequence 1	<u> </u>	24	<u> </u>		Ту	pe of T	Test:		29		
2	Citation # (If Iss	·					Harmful Event	1		25	25		AC Tes	t Resu		30		l
	Viol. I: Ch/Sec/S	Sub ———	Vi	ol. 2; Ch/Sec/Sub -	,		r Contributing Co	<u> </u>	26		4.7	Su	-	cohol:	_		Drug: 2 32	
ļ	Viol. 3: Ch/Sec/S	······································		ol. 4: Cli/Sec/Sub -			r Distracted by	0		1.0	'	To		om sce	ene?	1 33		
	Ple Name (Lost First M	•	rator/non-r	notorist and all occ	upants involve Address	đ	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	Transp. Code	М	edical Facility	
	Operate	or/Non-Mo	torist		See Above		\geq	X	1	1	4	0	0	10	1			
	:						'	1	3	1	4	0	0	10	1			
j		,						,	6	1	4	0	0	10	1			

	= Direction	= Vehicle 1	= Vehicle 2	Q = Pedesti	ian 🚳	= Bicycle	
Crash Diagram:	ie: 🖚 🗔	→ □		₽	→ 55		
	R62		Random vehic MV2 was trav behind			If Crash <u>Did No</u> on a Public Way	y:
MIDDLESE	XAVE	1	HIGH S	T .		Garage	
			MV1			☐ Mall/Shopping Cen	ter
And the state of t		VIV2	**************************************		:	Other Private Way	
#430 MIDDLESEX AVI	MIDDLESEX AVE			HIGH ST	- -(2) -(3)	Indicate North by	y Arrow
Crash Narrative:							
MV1 was traveling no	rth on High Stree	et, continui	ng straight	through	the 4 w	ay intersection	
onto Middlesex Ave.	MV2 was traveli	ng south/eas	t on Middle	sex Ave	attempti	ng to take a	
left at the intersec							
intersection. MV1 h							
the front passenger							
that had just made t				ries repo	orted an	d both vehicles	
towed by Cains Towin	g. Images attacl	ned to repor	t.	····			
With appara							
Witnesses: Name (Last,First,Middle)		Address			Phone	#	Statement
				······································			
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	of Damaged Property	
				1. 11.			
Truck and Bus Informati	on: Registration#		(From Veh	ticle Section)			
Carrier Name						Bus Use	42
Address			City			St Zip	
US DOT #;	State Number		Issuing State	MC/MX/	TCC #:		.
Interstate 43 Cargo Be	ody Type Code	GVWR/GCWR	45		_		
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length	46	i
Hazmat Information:	48				I		49
Placard Material I di	git # Material Nan	1ė		_Material 4 dig	git #	Release code	
			010 W-			Dopartmont 01	/14/2022

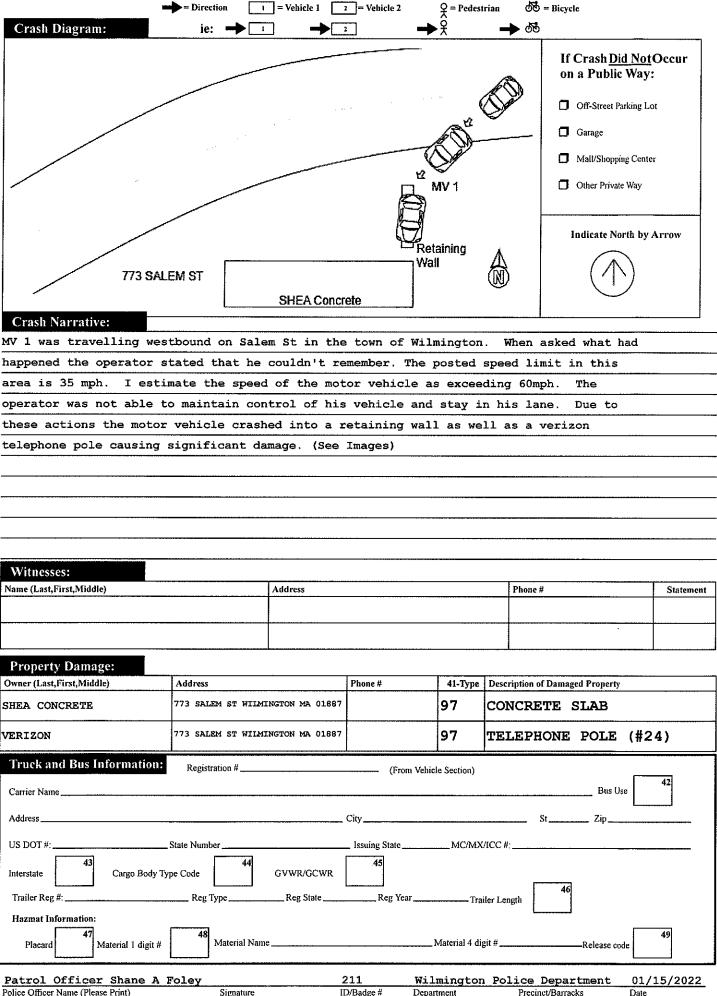
ID/Badge #

Wilmington Police Department Images Associated with 22-26-AC

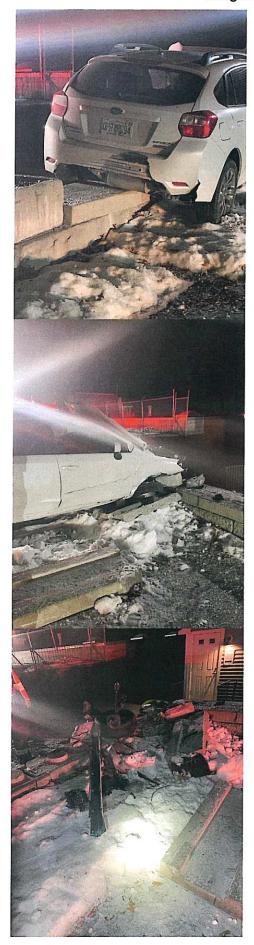




	Police Use Only	Comm	onwealth (of Massach	usetts	\$	RM	IV Docum	nent Number	
	Date of Crash Time of Crash O1/15/2022 O039 Will	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	1
	24HR	mington	Police 1	Report	1	1	Latitude Longitude _		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >	•	NOT A	INTER	SECT	ION:	1
										2 10
·	Route# Direction	Name of Roadway/Street	t	Route# Direction	773 Address #	SALE	M ST Name of	Roadway	v/Street	
4		At		F						-
	Route# Direction Nar	- CY-t	104	Feet N S	EW of	Mile Ma	rker	or	Exit Number	11
	Router Direction Nati	ne of Intersecting Roadways Also at Intersection with		Feet N S	E W of					1 "
				Feet NS		Route#	Inters	ecting Ro	adway/Street	
² 7	Route# Direction Nam	ne of Intersecting Roadway	/Street			***************************************	Li	andmark		-
2	Please Select One Vehicle 11	_#Occupants Hit/Run	n Moped	Crash Report	ID# 22	-27	- <u>a</u> c			~
³ 97	of the Pollowing.									4
	License # S69009867 St M Sex M Lic. Class 19 19 Lic. F	20		OPRS94					21	1 12
	<u> </u>		rsement	/ear 2013					config. 1	
⁴ 1	Operator FERNANDEZ, TO	First M	liddie	er FERNANDE 2	·	First	RISTI	AN Middl	le	
1	Address 94 GREENFIELD			ess 94 GREEN	FIELD					
	City LAWRENCE State			LAWRENCE		 ,	te MA	_		
	Insurance Company GEICO IND	EMNITY COMP		le Action Prior to Crash			amaged Area st Status:	Code: 1:	27 27 27 28	
⁵ 2	Vehicle Travel Direction: N S E	Responding to Emergen	cy? 2 Event	Sequence 22 23 35		43	pe of Test:	1	29	
_	Citation # (If Issued) T2446959			Harmful Event 35		В	AC Test Res	ult: 1	30	<u></u>
	Viol. 1: Ch/Sec/Sub 90 17	Viol. 2: Ch/Sec/Sub 89	4A Drive	r Contributing Code	<u> </u>	0 25 Su	sp. Alcohol:	99 31	Susp. Drug 2 32	30 ¹³
·4	Viol. 3: Ch/Sec/Sub 90 24	Viol. 4: Ch/Sec/Sub ———	Drive	r Distracted by 99	26	To	wed from so	ene? 1	33	
4	Please fill out for opera Name (Last First Middle)	tor and all occupants involv	/ed dress	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injusy Code Status		Medical Facility	1
	Operator	See A			1 1	3 0	0 8		shey Clinic	1
										1
										-
										_
					<u> </u>	<u> </u>				
, 1	Please Select One of the Following:	#Occupants Non-Mo	otorist A Type	Action 16 L	ocation	Condit	ion 18	П на	t/Run 🔲 Moped	
_	License #St	DOB/Age	Reg#		<u> </u>	Reg Type		Reg	State	1
l	19 19	20	Veh Y	ear\	/eh Make	_ 0 ,,		Veh Co	onfig.	
	Operator		Owne	ı*						
1	Address	First Mi	iddle Addre	Lasi SS		First		Middle	:	
	City State	Zip	City_			Stat	e 2	Zip		1 14
	Insurance Company		Vehic	e Action Prior to Crash		22 Da	maged Area	Code:	27 27 27	
	Vehicle Travel Direction: N S E W	Responding to Emergence	cy? Event	Sequence 23	23 23	23 Te	st Status:	_	28	
	Citation # (If Issued)	_	Most	Harmful Event	24	-	pe of Test:	.	30	
2	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub ———	Drive	Contributing Code	25	25	C Test Resu sp. Alcohol:	2.1	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub			Distracted by	26		wed from sc		33	
-	Please fill out for operator/non	-motorist and all occupants	involved		34 35 Seat Safety	36 37 Airbeg Eject	38 39 Trap Injury	40 Transp.	······································	1
}	Name (Last First Middle)	Add		DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
-	Operator/Non-Motorist	See A	JOONE		1			$\vdash \vdash$		1
-										_



Wilmington Police Department Images Associated with 22-27-AC





Wilmington Police Department Images Associated with 22-27-AC



	Police Us	e Only	Com	monwealt	h of Mass	ach	useti	S	1	RM	IV Docı	ument Number	
	Date of Crash Time 01/15/2022 06.	e of Crash	City/Town mington	Motor V	ehicle Cra	ash	Numb Vehicl		rod Popu	ed Limi	t <u>25</u>	State Police Local Police MBTA Police	
	, , , , , , , , , , , , , , , , , , , ,	24HR	illing con	Polic	e Report		1	0	Lan	itude igitude _		Campus Police Other:	<u> </u>
	AT	INTERSECT	ION:	< LO	CATION	>		NO	ΓAT II	NTER	RSEC'	TION:	
							10	Er C	REST	י פיז	1		2 10
¹ 2	Route# Direction		Name of Roadway/S	treet	Route# Dire	ction	Address					ay/Street	
2	_		At		Feet	NS	E W of				- or _		
	Route# Direction	Nan	ne of Intersecting Road					Mi	le Marker			Exit Number	1 11
			Also at Intersection	with			EW of	Route	#	Inters	ecting R	Roadway/Street	
² 1	Route# Direction	Nan	ne of Intersecting Road	way/Street	Feet	NS	E W of						_
	Please Select One	∑ 11	#Occupants D				01		0 7		andmark		\dashv
3	of the Following:		#Occupants Hit	/Run Mope	ed Crash	Report	ID# 22	2-2	8-1	AC.			
	License # <u>\$3987</u>		A DOB/Age		eg# 1029SX						Re	eg State MA	5 ¹²
	Sex_ F Lic. Class	·	I I	CDL V Endorsement	eh Year <u>2009</u>	\	/eh Make_	CHEV	ROLE	T	Veli	Config. 1	
⁴ 1	Operator <u>CARRI</u>	•	First	Middle	wner CARRIC	Last	•	Fir) FF	RANC Mic		-
1	Address 116R A				ddress 116R			RD					— I
	City WILMING		•		ity WILMING	TON		22			-	887-222	- I
	Insurance Company T				ehicle Action Prior to			22	Damag Test St		1 Code:	2 ²⁷ 3 ²⁷ 2	7
5	Vehicle Travel Direction	تتكليا	Responding to Emer			23 21		23	Туре о			29	
	Citation # (If Issued)		_		iost Harmful Event	21	24	26	BAC T	est Res	ult:	30	_ 131
	Viol. 1: Ch/Sec/Sub —		Viol. 2: Ch/Sec/Sub		river Contributing C		9 ²⁵	25		Alcohol:		Susp. Drug: 2 3	2 21 13
⁶ 1	Viol. 3: Ch/Sec/Sub —		Viol. 4: Ch/Sec/Sub — tor and all occupants in		river Distracted by	0	34 35	36	Towed	from so	ene?	1 33	
	Name (Last First Middle)	ase iii ou toi opera	tor and all occupants in	Address	DOB/Age	Sex	Smat Safet Pos. Syste	y Airbag	Eject Traj Code Cod	թ հոյաց	Transp.	Medical Facility	
	Operator		S	ee Above	\rightarrow	X	1 1	4	0	10	1		
													
7	Please Select One	Vehicle 2	#Occupants Non	-Motorist A Type	15 Action	16	ocation	17	ondition	18		lit/Run Mop	ad
1	of the Following:				1941 3				L		$\perp \equiv$		eu -
	License #	19 19	DOB/Age		eg #							21	-
	Sex Lic. Class	Lic. R	estrictions C	ndorsement	eh Year	V	eh Make _				Veh (Config.	
2	Operator		First	Middle		Last		Firs	t		Mid	dle	-
	Address	State	7in		ddress				State	7	'in		1 14
	Insurance Company				hicle Action Prior to			22		² ed Area		27 27 2	7 -
	Vehicle Travel Direction		Responding to Emer			. ,	23 23	23	Test Sta	atus:		28	'
	Citation # (If Issued)		responding to Lines		ost Hannful Event			<u> </u>	Type of	Test:		29	
2	Viol. 1: Ch/Sec/Sub				river Contributing Co	ode [25	25		est Resi		Susp Drue: 33	51
	Viol. 3: Clv/Sec/Sub —		/iol. 4: Ch/Sec/Sub —		river Distracted by		26			dechoi: from se		Susp. Drug: 32]
	Please fill		-motorist and all occupa		-		34 35 Sent Safety	36 Airbag	37 38 Eject Trap	39	40 Transp.		-
	Operator/No	n Motories		Address ee Above	DOB/Age	Sex	Pas. System	Status	Code Code	Status	Code	Medical Facility	_
}	Ορειαισι/ΙΝ	,,,-1,10101 iSt	30	S ABOYS	+	M	1	++		+	\vdash		_
ŀ	····							-		<u> </u>			
				•									

	── = Direction	= Vehicle 1		^		
Crash Diagram:	ie: →	▶ □ →	2	₽ ₽	→ ₫	
Tree 10 For	est 8 Forres	Tree	Ice/Sn	ow	on a	ash <u>Did Not</u> Occur Public Way: -Street Parking Lot rage
					_	
15 10 11 11 11 11 11 11 11 11 11 11 11 11				andress of the second of the s	Oth	er Private Way
					Indi	cate North by Arrow
Forrest St				the hand a state of the state o		
				(2)		
Crash Narrative:						
an. 15, 0651 hrs. S	un rising, no	precip, friq	gid temp. Oper	ator of MV	'1 stated that	she
rives along shoulde						
long shoulder of ro	adway. Opp MV	1 lost contro	ol of vehicle.	Pushed do	wn on accelat	or not
reak. Quickly accel	erated forward	d. Side swipe	ed tree infron	t of 8 For	rest and hit	tree
front of 10 Formor	t head-on He	avy front and	l right side d	lamage, no	airbag deploy	ment
TIONE OF 10 FOLLES	t Head-OH. He					
MV1 previously seem	for airbag re			s. MV1 tow	ed by Cain's.	
	for airbag re			es. MV1 tow	ed by Cain's.	
MV1 previously seen nventory completed, Witnesses:	for airbag re	ongings colle		es. MV1 tow		
MV1 previously seem nventory completed,	for airbag re			es. MV1 tow	Phone#	Statement
MV1 previously seen nventory completed, Witnesses: ame (Last, First, Middle)	for airbag re	ongings colle		es. MV1 tow		
MV1 previously seen nventory completed, Witnesses: ame (Last, First, Middle) Property Damage:	for airbag re	ongings colle				Statement
MV1 previously seen nventory completed, Witnesses: ame (Last, First, Middle) Property Damage:	for airbag repersonal belo	ongings colle	ected by RO.		Phone #	Statement
WV1 previously seen aventory completed, Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle)	for airbag repersonal belo	ongings colle	ected by RO.		Phone #	Statement
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle)	for airbag repersonal belo	ongings colle	Phone #		Phone #	Statement
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle)	for airbag repersonal below	Address	Phone #	41-Type D	Phone #	Statement Property Bus Use 42
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Truck and Bus Informat Carrier Name	for airbag repersonal below	Address	Phone #	41-Type D	Phone # escription of Damaged	Property Bus Use 42 Zip
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Truck and Bus Informat Carrier Name	for airbag repersonal below	Address Address GVWR/GCW	Phone # City	d1-Type D chicle Section)	Phone # escription of Damaged) St C#:	Property Bus Use 42 Zip
Witnesses: ame (Last, First, Middle) Property Damage: wner (Last, First, Middle) Truck and Bus Informat Carrier Name Address US DOT #: Interstate Cargo B	Address Address State Number	Address Address GVWR/GCW	Phone # City Issuing State	d1-Type D chicle Section)	Phone # escription of Damaged) St C#:	Property Bus Use 42
Witnesses: Ame (Last, First, Middle)	personal belomerated and the second s	Address Address GVWR/GCW Reg State	Phone # City	### A1-Type D Phicle Section) MC/MX/IC	Phone # escription of Damaged St C #:	Property Bus Use 42

Wilmington Police Department Images Associated with 22-28-AC



