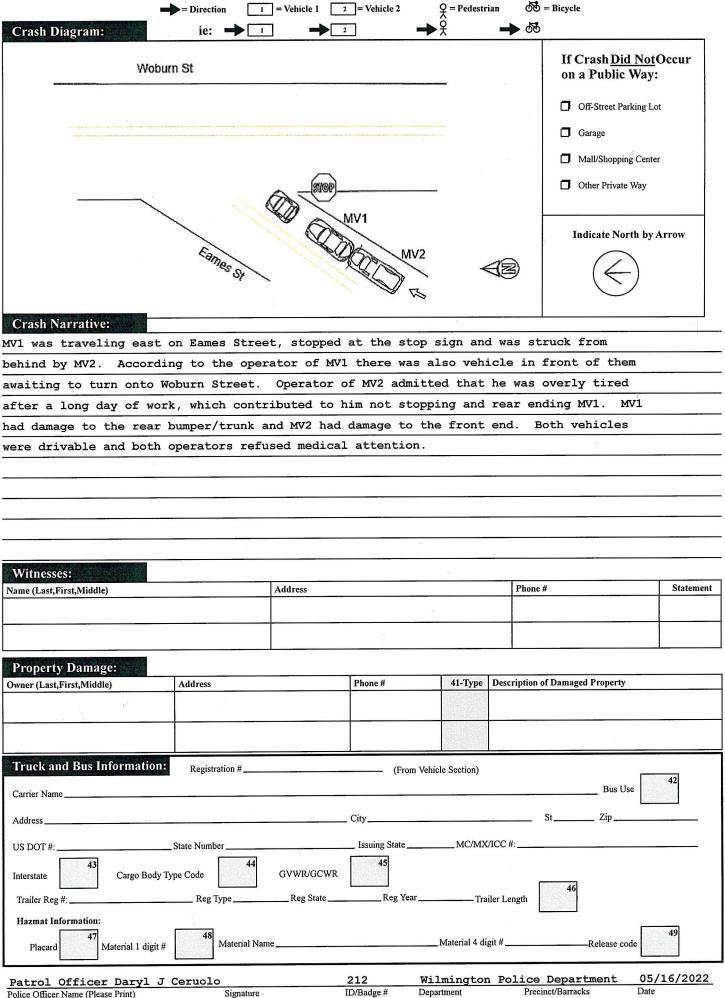
Date of Crash Time of Crash O5/16/2022 Date of Crash Difference Date of Crash Difference Diff
AT INTERSECTION: Route# Direction Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Name of Intersecting Roadway/Street Route# Direction Route#
AT INTERSECTION: Context Contex
Route# Direction Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark Please Select One Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Landmark
Route# Direction Name of Roadway/Street At Feet NSEW of Mile Marker Exit Number Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of Fe
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet NSEW of Feet NSEW of Name of Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Please Select Onc Name of Intersecting Roadway/Street Landmark Please Select Onc Name of Intersecting Roadway/Street Landmark Crash Report ID# 22 - 158 - AC
Route# Direction Name of Intersecting Roadway/Street Feet NSEW of Landmark Please Select One Name of Intersecting Roadway/Street Landmark Crash Report ID# 22 - 158 - AC
Please Select One V Vahiela 1 #Occupants Hit/Run Maned Crash Report ID# 22-158-AC
Please Select Onc Vehicle 1 #Occupants Hit/Run Moped
of the Following:
License # <u>S61762467</u> St <u>MA</u> DOB/Agc 3 Reg # <u>7816CE</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2018 Veh Make HONDA Veh Config. 1 21
Operator GILLIS, SANDRA ANN Owner GILLIS, SANDRA ANN
Last First Middle Last First Middle Address 71 APACHE WAY Address 71 APACHE WAY
insurance company <u>922 00 921 122 21 22 22 22 22 22 22 22 22 22 22 </u>
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 23 Type of Test:
Citation # (If Issued) BAC Test Result: 30
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 Towed from scene? 2 33
Near 511 out for consists and all companies involved. 34 35 36 37 38 39 40
Name (Last First Middle)
Operator See Above 1 1 4 0 0 10 1
Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped
License # <u>\$58593321</u> St MA DOB/Age Reg # <u>5VA256</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Veh Year 2011 Veh Make GMC Veh Config. 1 21
Endorsement Operator RAMOS, NICOLAS IGNACIO Last First Middle Owner RAMOS, NICOLAS IGNACIO Last First Middle
Address 28 RUDOLF ST Last First Middle Address 28 RUDOLF ST Address 28 RUDOLF ST
City MALDEN State MA Zip 02148-0000 City MALDEN State MA Zip 02148-0000
22 27 27 27
Insurance Company Live States
Vehicle Travel Direction: N S W Responding to Emergency? 2 Event Sequence 1 23 23 23 Type of Test: 29
Citation # (If Issued) BAC Test Result: 30
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Towed from scene? 2 33
Di Cil de constante dell'appropria inchesi
Name (Last First Middle) Address DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility
Operator/Non-Motorist See Above 1 1 4 0 0 10 1



	Police Use Only Commonwealth of Massachusetts RMV Document Number											
	White books - Committee and the committee of the committe		Iotor Veh	icle Cras	$\mathbf{h} \begin{bmatrix} \mathbf{h} \\ \mathbf{h} \end{bmatrix}$	Number Vehicles	Number Injured		l Limit	35	State Police Local Police	080
	05/17/2022 0805 Wilmi	ngton	Police 1	Report	2		0	Latitu Longi			MBTA Police Campus Police Other;	8
	AT INTERSECTIO	N:	< LOCA				NOT A			SECT		
	THE INTERNATION OF THE INTERNATI				W.F.							2 10
					27		MAI					2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direction	n Ado	iress#		Na	ame of	Roadwa	ay/Street	_
		At		Feet N	SEV	v of			. —	or _		
	Route# Direction Name of	of Intersecting Roadway/S	Street				Mile N	larker			Exit Number	3 11
	1	Also at Intersection with		Feet N	SEV	of	Route#	-	Interce	ecting R	.oadway/Street	- 🗀
2	Destall Diseases Name	- Clatara etia a Dandunou/C		Feet N	SEV	V of	reducii		Interse	oung re	.ouaway/oneoc	
² 1	Route# Direction Name of	of Intersecting Roadway/S	ireet						La	ndmark		
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	port ID#	22	-15	9-	AC	:		
3	of the Following:				_							-
	10 10	_ DOB/Ag	_	# 2CLA28							g State MA	1 12
	Sex_ F Lic. Class D Lic. Rest	trictions CDL_ Endors	Veh '	Year 2019	Veh N	/lake_C	HEVR	OLE:	<u> </u>	Veh	Config. 1	
La .	Operator PERKINS, EMILY	RAE rst Midd	Own	er PERKINS	, AL	MAC	T First			Mid	ldle	-
⁴ 1	Address 31 FRANKLIN ST	** ***********************************	Addr	ess 31 FRAI	KLI	N S	ľ				90°001	_
	City TEWKSBURY State M	IA Zip 01876	City_	TEWKSBUR	Y		S	tate M	A z	ip <u>01</u>	876-436	5_
	Insurance Company PROGRESSIVE	DIRECT INS	SURA Vehic	cle Action Prior to C	rash	1	22	Damage	d Area	Code:	3 27 27 2	27
	Vehicle Travel Direction: N E W	Responding to Emergency	y?_ 2 Even	t Sequence 1 23	23	23	23	Test Star	tus:		1 28	
5	Citation # (If Issued)			Harmful Event	24	ESPECIAL RES	,	Type of	Test:		29	
L	27			er Contributing Code	SERVICE SERVICE	25	25	BAC Te	_		1 30	13
	Viol. 1: Ch/Sec/Sub —————Viol			Г	26			Susp. Al			Susp. Drug: 2 3	<u> </u>
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol.			er Distracted by	34	35	36 37	Towed f	rom sc	ene?	1	_
_	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Seat Pos.	Safety	Airbag Eje Status Cox	t Trap	Injury Status	Transp. Code	Medical Facility	
	Operator	See Ab	oove		\times 1	1	4 0	o	10	1		l
												\neg
								+		\vdash		-
	7							-	_			_
		ii										
7	Please Select One Vehicle 2 1 #0	Occupants Non-Mot	torist A Type	15 Action	Locat	ion	17 Cond	lition	18	П	lit/Run Mop	ed
⁷ 1	of the Following:			006770				DO				\dashv
	License # S08850432 St MA	_ DOB/Age	-	296BV8			Reg Ty				g State MA 21	T
	Sex M Lic. Class D Lic. Resi		sement				OYOT	Α		_ Veh	Config. 1]
⁸ 1	Operator BULLEN, TODD M	rst Midd	Own	er BULLEN , Las	TOL	D M	First			Mid	ldle	-
1	Address 5 COMANCHE CIR	•	Addr	ess 5 COMAI	CHE	CII						14
	City BILLERICA State M	1A Zip 01821-3	052 City	BILLERIC	<u> </u>					_	821-305	2 1
	Insurance Company GREEN MOUN	<u> TAIN INSURA</u>	NCE Vehic	cle Action Prior to C	rash	4	22	Damage	d Area	Code:	Company of the Compan	27
	Vehicle Travel Direction: N S W	Responding to Emergency	y?_ 2 Even	t Sequence 1 23	23	23	23	Test Sta		Ŀ	1 28	
	Citation # (If Issued)		Most	Harmful Event	L 24			Type of			29	
⁹ 2	,	ol 2: Ch/Sac/Sub		E er Contributing Code	18	25 1	- 25	BAC Te			Susp. Drug: 2 3	2
	Viol. 1: Cit/Sec/Sub Susp. Architor. 2 Susp. Brug. 2 Susp. Architor. 2 Susp. Brug. 2 Susp. 2 Sus									33	21	
	Viol. 3: Ch/Sec/Sub — Vio	34	35	36 37	38	39	40	L Control	-			
	Please fill out for operator/non-in Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	Safety	Airbag Eje Status Coo	et Trap le Code	Injury Status	Transp. Code	Medical Facility	\dashv
	Operator/Non-Motorist	See Ab	oove		X	1	4 0	0	10	1		
			Y	+		+				$\vdash \vdash$		\dashv
									-	$\vdash \vdash$		-
				1 1					1	1 1		

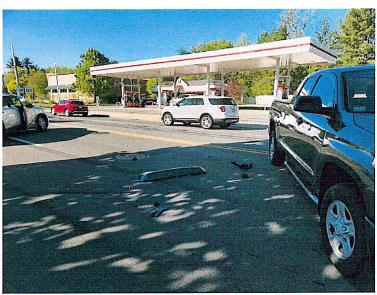
	= Direction 1	= Vehicle 1	2 = Vehicle 2	Pedestri		Bicycle	
Crash Diagram:	ie: 👈 🔟	→	2	<u>X</u>	<u>→ №</u>		
Entrance to S	Speedway 273 Main	St 2				If Crash Did Not on a Public Way:	
						☐ Garage	
						■ Mall/Shopping Cente	r
						Other Private Way	
						Indicate North by	Arrow
Management of the second of th	Main St/ N	//A Rt 38	-		2 >		
Crash Narrative:		3 110 3 0					
On 05/17/22, I responde	ed to a two veh	icle crash	in the area	of 273 M	ain St.	There was no	
airbag deployment or in							
southbound and veh 2 pu					8	100 000	
reported he was pulling							
stopped to let him out.							
side of the vehicle as					,	***	
passenger side includir							
the front bumper, grill							
une rrone zamper, gran					_		
							100
-							
Witnesses:					11,11		
Name (Last,First,Middle)		Address			Phone #		Statement
			-5.51				
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
				400			
Truck and Bus Information:	Registration #		(From Vehic	cle Section)		PANS.	20
Carrier Name						Bus Use	42
Address			City		\$	St Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
43	44		45				
Interstate Cargo Body		GVWR/GCWR	Reg Year	The	los I apath	46	
Trailer Reg #:	Neg Type	Reg Brate	Reg real	1 rail	ier rengin		
Hazmat Information: 47 Placard	48 Material Nam	ne		Material 4 dig	it #	Release code	49
Appropriate Community			106	· · · · · · · · · · · · · · · · · · ·	Dell' :	Danasta	/17/2022
Patrol Officer Daniel I	Furbush			Lmington		Department 05,	/17/2022

Wilmington Police Department Images Associated with 22-159-AC













Wilmington Police Department Images Associated with 22-159-AC









Police Use Only	Common	wealth	of Massac	husetts	5	RM	IV Documen		
Date of Crash Time of Crash	City/Town Mo	tor Veh	icle Crash	Number Vehicles		Speed Limi	1 <u> </u>	State Police Local Police MBTA Police Campus Police	3
05/18/2022 0422 Wil	mington	Police	Report	1	o	Latitude Longitude _		MBTA Police Campus Police Dother:	i
AT INTERSECT	0.070.4500		TION >		NOT A		RSECTIO		٦
				N/A	500 M 1000 S000-5 SASSE	100			2
					<u> 193</u>	SB35			_ _
Route# Direction	Name of Roadway/Street At		Route# Direction	Address #		Name of	f Roadway/S	street	-
	Al		Feet N	S E W of			- or		_
Route# Direction Na	me of Intersecting Roadway/Stree	t			Mile M	arker]	Exit Number	-
	Also at Intersection with		Feet N	S E W of	Route#	Intere	secting Road	lway/Street	. [
			Feet N	S E W of	Routen	Titlers	secting Road	way/street	
Route# Direction Na	me of Intersecting Roadway/Street	t				L	andmark		
Please Select One Vehicle 12	#Occupants Hit/Run	Moped	Crash Reno	rt ID# 22	-16	0-20	~		
of the Following:				-					4
	DOB/Age	Reg	# 3LBC74	***************************************	Reg Typ	e <u>PC</u>	Reg St	tate MA	- 1
Sex M Lic. Class D 19 Lic.	Restrictions CDL CDL	Veh	Year 2017	Veh Make <u>I</u>	ACNO		Veh Con	ıfig. 1	ľ
Operator GONZALEZ DIAZ,	AMBIORIX MICHA First Middle	EL Own	er GONZALEZ	DIAZ	, AMB	CORIX	MICHA	\EL	-
Address 116 SARATOGA	The state of the s	Add	ess 116 SAR	ATOGA	ST A	PT 2	Middle		
City LAWRENCE Sta			LAWRENCE			ate MA	Zin 018 4	41-1749	
Insurance Company GEICO GEN			cle Action Prior to Cra	sh 1	-	Damaged Are		27 27 27	
				23 23		est Status:		28	
Vehicle Travel Direction: N E W	Responding to Emergency? 2		t Sequence 5 23			ype of Test:		29	1
Citation # (If Issued)	_	Most	Harmful Event 5	24		AC Test Res	sult:	30	F
Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1 25	25 S	usp. Alcohol	31 Su	isp. Drug: 32	5
Viol, 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26	Γ	owed from s	cene? 1	33	
Please fill out for ope	rator and all occupants involved			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	y Transp.		7
Name (Last First Middle)	Address	- F	DOB/Age Se	/				Medical Facility	\dashv
Operator	See Above	į		1 1	1 0	0 10	1		4
YORDY FERNANDEZ RODRIQUEZ	LAWRENCE, MA 01841-1805	į.	м	3 1	4 0	0 10	1		
			. 8						
		100	15 16		17	18		T	7
Please Select One of the Following:	#Occupants Non-Motoris	st A Type	Action	Location	Cond	ition	Hit/F	Run Moped	1
License #St	DOB/Age	Reg	#		Reg Typ	e	Reg St	tate	_
19 19	Restrictions 20 CDL	Veh	Year	Veh Make			Veh Con	ofig.	
The second secon	Endorseme	ent	er	1				O COLUMN TO THE REAL PROPERTY.	1
Operator	First Middle		Last		First		Middle		
Address	T	*	ress						1
City Sta				ethods.		ate	1	27 27 27	-
Insurance Company	1	Vehic	cle Action Prior to Cra	-ACTIONS		Damaged Area Test Status:	a code.	28	
Vehicle Travel Direction: NSEW	Responding to Emergency?	Even	t Sequence 23	23 23		ype of Test:	C.60	29	
Citation # (If Issued)	_	Mos	Harmful Event	24		AC Test Res		30	
Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub	Driv	er Contributing Code	25	25	usp. Alcohol	- 0 k	isp. Drug: 32	
Viol. 3: Ch/Sec/Sub			er Distracted by	26	_	owed from s	172 Pech-176	33	
	on-motorist and all occupants invol			34 35 Sent Safety	36 37 Airbag Ejec	38 39 Trap Injury			7
Name (Last First Middle)	Address		DOB/Age Se					Medical Facility	\dashv
Operator/Non-Motoris	See Above	<u> </u>	\rightarrow	1					
	7			++	Α.	1	+ +	-	\dashv
					100	+-	+		\dashv
									_

	= Direction	1 = Vehicle 1	= Vehicle 2	Q = Pedestrian	0 20 = B	cycle	
Crash Diagram:	ie: →□		2	→ 🖁 -	→ ‱		
		i I				If Crash <u>Did N</u> on a Public Wa	
						Off-Street Parking	g Lot
						☐ Garage	
H						☐ Mall/Shopping C	enter
		İ				Other Private Wa	
	*	A Y					
	a a					Indicate North	by Arrow
	î î			(K)		\bigcirc	
Crash Narrative:			•				
n 05/18/22 car 1 wh							е
	as deceased ther					eir lot.	
oth the operator ar	d passenger refu	used medical,	/transport	by Andover E	FD/EMS.		
	,	-	-				
							2000
-					-		
Witnesses:						5.740	
Name (Last, First, Middle)		Address			Phone #		Statement
	-						
Dronouty Domogos	1						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	scription of Da	maged Property	
Truck and Bus Informat	Registration #		(From	n Vehicle Section)		[42
Carrier Name				¥ 7,65 p		Bus Use	
Address			_ City		St_	Zip	
US DOT #:	State Number		Issuing State_	MC/MX/ICO	C #:		
Laterature 43	3ody Type Code	GVWR/GCWR	45				
Eligible 1	多点为各种的		Pag Ver			46	
	Reg Type	Keg State	Keg 1ea	Trailer	Length		
Hazmat Information: 47	48	t		Motorial 4 dirita			49
Placard Material 1	ligit # Material N	ame		Material 4 digit #	S	Release code	
Patrol Officer Dill	on Halliday		205	Wilmington P			5/18/2022
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/I	Barracks D	ate

	Police Use Only	Common	wealth	of Massa	chuse	etts		RM	V Docui	ment Number	
		ity/Town Mo		icle Cras	sh N	State attended to the second		peed Limit	25	State Police Local Police MBTA Police Campus Police	
	24HR	.ng con	Police	Report	2	0		ongitude		Campus Police Other:	<u> </u>
	AT INTERSECTION:			TION >	<u> </u>	NO	TAT	INTER	SECT	TION:	
	Route# Direction N	Name of Roadway/Street		Route# Directi		0 <u>I</u>	OWE	LL ST Name of		ny/Street	2
1	redicit Direction .	At			0.0000000000000000000000000000000000000		_			7	
_	Route# Direction Name of	of Intersecting Roadway/Stree	et		N S E W	1	— — Mile Marl	ker	or _	Exit Number	-
		Also at Intersection with		_	N S E W	Roi	ıte#	Inters	ecting R	oadway/Street	
1	Route# Direction Name of	of Intersecting Roadway/Stree	et					La	ndmark		
	of the Following:	Occupants Hit/Run	Moped Moped		eport ID#		1,550				
-	License # S80406612 St MA		_ Reg	# <u>2SEG39</u>		R	eg Type	PC	Re	g State MA	- 1
	Sex F Lic. Class D 19 19 Lic. Rest Operator WIKLUND , AMAND	trictions 1 20 CDL_Endorsem	ent	Year <u>2019</u> her WIKLUN I					Veh (Config. 1	-
3	Address 81 ASTER CIR	rst Middle		ress 81 AST	ast		First		Mid	dle	
	City WEYMOUTH State M	63 a: 02188-21		WEYMOUTH			Chat	MZ -	: ∩2	188-2101	
	3					22		naged Area			
	Insurance Company ARBELLA MUT			cle Action Prior to	or Property Con-	2		t Status:	Couc.	28	'
1.	Vehicle Travel Direction: NSE	Responding to Emergency?	Ever	nt Sequence 1	23 23	23 23		e of Test:	1	29	
L	Citation # (If Issued)		Mos	t Harmful Event	1 24		_ BA	C Test Res	ult:	30	1
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Driv	er Contributing Cod	de 1	25 2	25 Sus	p. Alcohol:	2 31	Susp. Drug: 2 32	1
	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub	Driv	er Distracted by	0 26			ved from so		2 33	·
L		and all occupants involved			34 Seat	35 36 Safety Airbo	37 ng Eject	38 39 Trap Injury	40 Transp.		7
	Name (Last First Middle)	Address		DOB/Age	Sex Pos.	System Statu	is Code	Code Status	Code	Medical Facility	_
	Operator	See Above	e	\sim	X^1	1 4	0	0 10	1	140	
							-			•	-
		<u> </u>									4
2	Please Select One of the Following: Vehicle 2_1 #0			Action Action	Location Location		Condition			lit/Run Mope	d
	License # St St St Lic. Class	DOB/Age trictions CDL Endorsem	Veh	# unknown Year						21	-
	Operator unknown Last Fir			ner	ast		First		Mid	dle	-
L	Address	151 Islandie	Add	ress							-
	City State	Zip	City				State	·2	Zip		_ 1
	Insurance Company			cle Action Prior to	Crash	22	Dai	naged Area	Code:	27 27 27	
		Responding to Emergency?_		nt Sequence	23 23	23 23	Tes	t Status:		28	
		Responding to Emergency:	, , , ,	100000	24	Ages Manager	Тур	e of Test:		29	
 2	Citation # (If Issued)			t Harmful Event		25	BA 25	C Test Res		30	,
_	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub	Driv	er Contributing Co	(211100)	20	Sus	p. Alcohol:	Marie Children	Susp. Drug: 32]
	Viol. 3: Ch/Sec/Sub ———Vio			er Distracted by	26			ved from so	L	33	_
	Please fill out for operator/non-m	notorist and all occupants invo	olved	DOB/Age	Sex Pos.	35 36 Safety Airb System State	ag Eject	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motorist	See Abov	e		1						
	Operator/Hon-Motorist	30071000	-		<u> </u>	\vdash	+		+		\dashv
							1				_
	1	l .		1	1 1	1 1	1 1		1 1		

	= Direction	= Vehicle 1	= Vehicle 2	Q = Pedestrian	ood = Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2 =	▶ Ĥ ⊣	> %	
230 Lowell Street (Ro ⇒ 230 Lowell Street (Ro ⇒ 230 Lowell Street (Ro	ute 129)	900g	Woburn Street		on a Pub Off-Stree Garage Mall/She	et Parking Lot
			eet	$\overline{\mathbb{M}}$	(/	1\)
	1					
Crash Narrative:		co x				
MV 1 was stopped on L					and left the s	scene
of the crash without	exchanging into	rmation. Re	er to 22-61	7-OF.		
		ſ				
		7				
						100
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
-	· · · · · · · · · · · · · · · · · · ·					
Dunnesty Damages						
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type Desc	ription of Damaged Prop	erty
						*
	· ·					
Truck and Bus Information	Registration #		(From V	ehicle Section)		42
Carrier Name					B	us Use
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC #	ł:	
Interstate 43 Cargo Boo	ly Type Code	GVWR/GCWR	45			
Trailer Reg #:			Reg Year	Trailer Le	ngth 46	
Hazmat Information:				— Italici Le		
Placard Material 1 dig	it # 48 Material Na	me		Material 4 digit #	Relea	se code 49
						And the state of t
Patrol Officer Kevin			200 V		lice Departmen	t 05/18/2022