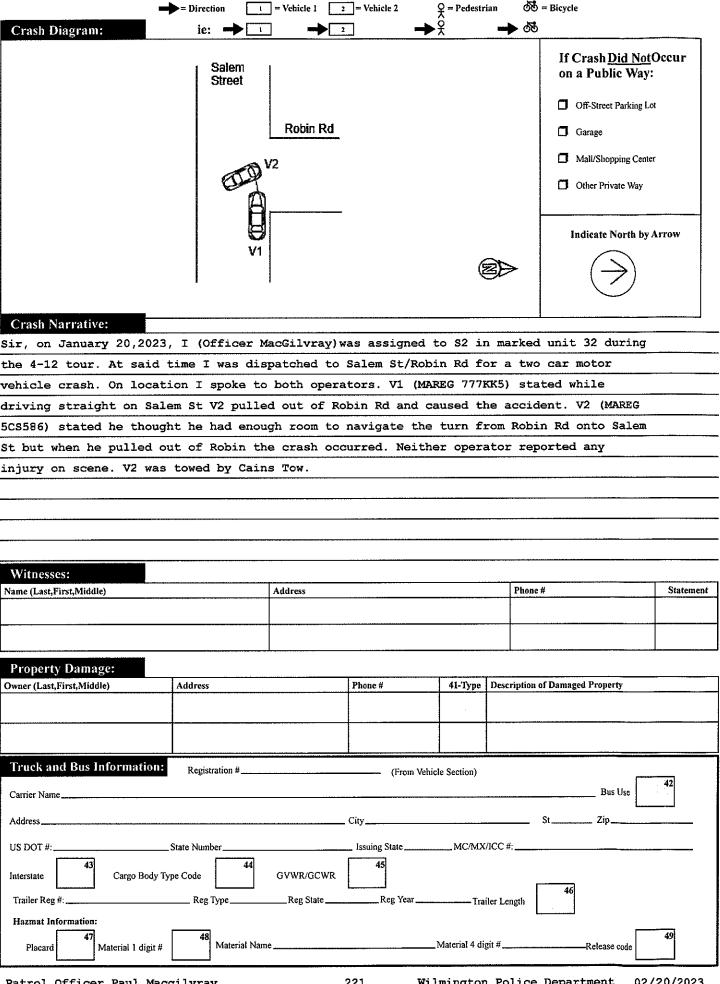
	Pol	lice Use Only		Com	ımonwea	lth c	of Massa	ich	use	tts		Γ		RMV	Docu	ment Nur	ber	
	Date of Crash	Time of Crash	F	City/Town			icle Cras		Nu	mber	Num	احا د	oeed I	imit_		State Pol Local Po	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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																		2
	Route# Dire	ction	1	Name of Roadway/	Street		Route# Direct	ion	91 Addre	ess #	SA	LEM			Roadw	ay/Street		
¹ 4				At				n o	- IV	_						·		
	Route# Dire	ction	Name o	of Intersecting Roa	dway/Street		Feet	NISI	E W	of	Mil	e Mark	er		or _	Exit No	mber	<u></u>
	- Itoures Bire	Otton		Also at Intersection	<u>·</u>		Feet [N S	EW	of .	Route	<u></u> -	7.	ntarca	otina D	loadway/St	rest	3
2	Route# Dire	ction	Nome	of Intersecting Roa	duran/Straat		Feet	N S	E W	of	Koute	H	11	nerse	cung r	(Oauway/3)	rect	
² 1	Route# Disc	CHON	nanc	or intersecting real	idway/Silver									Lan	ıdmark			-
³ 2	Please Select (of the Followi		le 1 <u>.1</u> #	Occupants H	it/Run 🔲 M	loped	Crash R	eport	ID#	23	- 4	8-	A(Ç				
	License # S9	8961854	St MA	_ DOB/Age		Reg#	777KK5				Reg	Туре	PC		Re	g State M		
	Sex F Lic.	Class D	19 Líc. Res	trictions B 20	CDL	Velı Y	ear 2014		Veh Ma	ke <u>N</u>	ISS	AN			_ Veh	Config.	L 21	1
	Operator FO	OKSON,	SLAVA	<u> </u>	Endorsement	Owne	FOOKSO	Ν,_	SL	AVA	٥					ddle		
⁴ 2	Address 59	CALIFOR	NIA R	D	Middle	Addre	ess 59 CAI	IF(ORN	IA	RD	rst			Mi	adie	· · · · · · · · · · · · · · · · · · ·	
	City TEWK	SBURY	State 1	7A Zip 018	76-4112	City_	PEWKSBU	RY				_ State	MA	Z	ip 01	<u> 1876-</u>	4112	
	Insurance Comp	pany THE H	ANOVEF	NSURAL	NCE COM	Vehic	le Action Prior to	Crash		1	22				Code:	2 27 1	27 ₈ 27	
5	Vehicle Travel I	Direction: N S	S E 🗙	Responding to Em	nergency? 2	Event	Sequence 1	23	23	23	23		Statu			1 ²⁸		l
⁵ 2	Citation # (If Iss	sued)				Most	Hannful Event	1	24				of To Test	est: Resu	lt:	30		
	Viol. 1: Ch/Sec/	/Sub	Vic	oł. 2: Ch/Sec/Sub –		Drive	r Contributing Co	de	1	25	25	Sus	. Alce	ohol:	2 31	Susp. Dr	ıg 2 32	1
6	Viol. 3; Cli/Sec/	/Sub	Vic	ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26			Tow	ed fro	om sce	ene?	2 33		
⁶ 1	Name (Last First N		t for operator	and all occupants	involved Address		DOB/Age	Sex	34 Seat Pos.	35 Salety System	36 Airbog Status			39 Injury Status	40 Transp. Code	Medica	l Facility	
	Operat				See Above		X	X	1	1		0 0			1		-	
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							15	16			17			18		1,-		1
⁷ 1	Please Select C of the Followi		le 2 <u>1 </u> #1	Occupants N	on-Motorist A 1	Гуре	Action	I	Locatio	n	• • • • • • • • • • • • • • • • • • •	Conditio	n 		L I	Hit/Run	Moped	
	License # S4	3156664	_	_ DOB/Age		Reg#	5CS586				_ Reg	Туре	PC		Re	g State M		
	Sex.M_ Lic.	Class D	Lic. Rest	trictions 20	CDL	Veh Y	ear 2014	`	Velı Ma	ke T	OYC	TA			_ Veh	Config.	L 21	
⁸ 1	Operator DO	HERTY,	COLIN Fit	J	Middle	Owne	DOHERT	X,	CO	LIN	J	rsi			Mie	ddle		
1	Address 2 P	CORN DR				Addre	ess 2 ACOR	N I	DR									
	City WILM:	INGTON	State N	fA Zip 0188	37-1560_	City J	WILMING'	CON	<u> </u>						7			1
	Insurance Comp	Dany ARBEL	LA MU	rual ins	URANCE	Vehic	le Action Prior to		<u></u>	4	22		aged Statu		Code:	6 ²⁷ 7	0 27	
	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23		of To			29		
⁹ 2	Citation # (If Iss	sued)				Most	Harmful Event	1	24	251	25		C Test	Resu	lt:	1 30		
	Viol, 1; Ch/Sec/	'Sub	Vic	ol. 2: Ch/Sec/Sub =		Drive	r Contributing Co	de	33	25	25	Sus		-	2 31		1g: 2 32	
				ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	10	30			om sce	1	1 33		
	Plo Name (Last First N	-	erator/non-m	notorist and all occ	upants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbog Status	37 Eject Code	38 Trup Code	39 Injury Status	40 Transp. Code	Medica	l Facility	
	Operate	or/Non-Mo	otorist		See Above			X	1	1	4	0 0) :	10	1			
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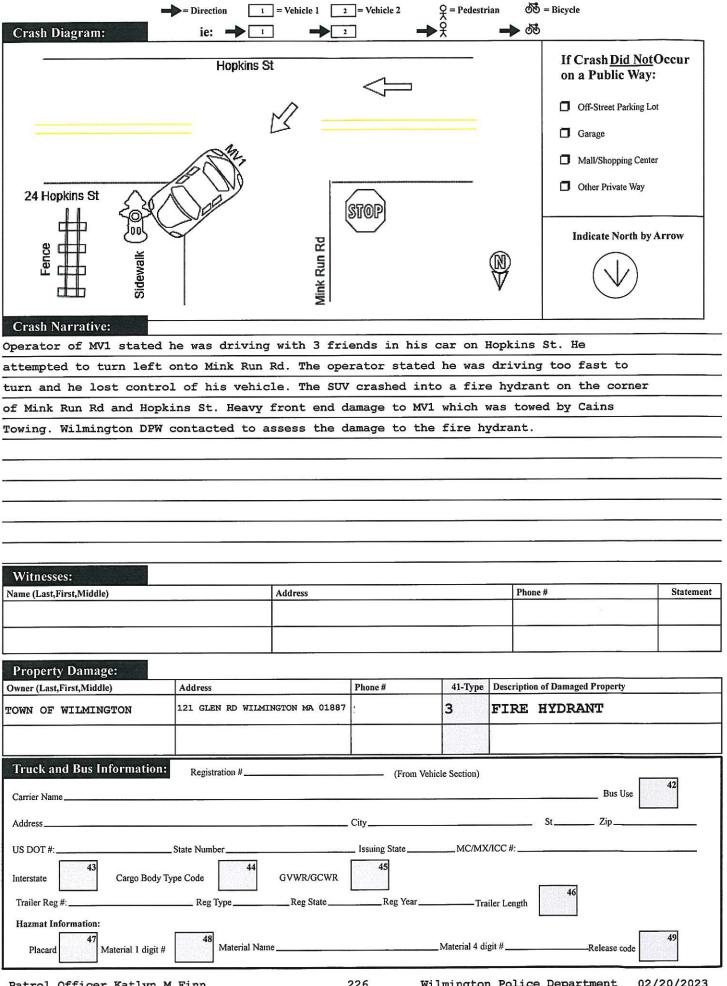


Patrol Officer Paul Macgilvray

221 ID/Badge# Wilmington Police Department

02/20/2023

	Police Use Only	Comi	monwealth (of Massa	chuse	etts		- 1	RMV Docu	ment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	h Nu			Speed L Latitude		State Police Local Police MBTA Police Campus Police	
	02/20/2023 2056 Wil	mington	Police 1	Report	1	0	. 1	Lannude Longitud		Campus Police D	
	AT INTERSECT	ION:	< LOCA	TION >		N	OT AT	INT	ERSEC	TION:	<u></u> ,
	HOPKINS	ST									2 10
<u> </u>	Route# Direction HOPKINS	Name of Roadway/St	reet	Route# Direction	n Addr	ess#		Nam	e of Roadw	ray/Street	
¹ 4		At		Feet N	SEW	of —			— or _		
	Route# Direction MINKRUN	RD me of Intersecting Roady	way/Street				Mile Ma	rker		Exit Number	1 11
		Also at Intersection v	vith	_	SEW	Ro	oute#	In	tersecting F	Roadway/Street	
² 1	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N	S E W	of			F 4 1		_
_	Please Select One Value 1 A	#Occupants Hit/		Crash Re		22_	10-	_ _	Landmark	<u> </u>	7
3	of the Following:	Hit/	<u>_</u>								4
	License # St ,	_ DOB/Age		4LVF11						21	3 ¹²
	Sex M Lic. Class D Lic.	Restrictions I C	ndorsement	/ear <u>2011</u>					Veh	Config. 1	
4	Operator	First	Middle	er REALEJO	st		MARY First		Mi	iddic	-
⁴ 1	Address			ess 65 GEDI		R					-
	City Stat	•		TEWKSBUR		4 22			Zip U . Area Code:	1876-3468 27 27 27	
	Insurance Company ARBELLA N			ele Action Prior to C		23 23	<u> </u>	st Status		1 28	
5	Vehicle Travel Direction: NSWW	Responding to Emer		Sequence 35		25 2.	1	pe of Te	est:	29	
	Citation # (If Issued) T2749735			_	33	²⁵ 6	35	AC Test		30	30 ¹³
	Viol. 1: Ch/Sec/Sub 90 17			r Contributing Code		6	Su		hol: 2 31	Susp. Drug: 2 32	30
⁶ 1	Viol. 3; Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub — rator and all occupants in		r Distracted by	0 26	35 3	6 37	38	m scene?	1 1	_
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age	Sex Pos.	Safety Air System Sta	rbog Eject		Injury Transp. Status Code	Medical Facility	_
	Operator	S	ee Above		X 1	1 4	0	0 1	10 1		
	,				M 4	1 4	0	0 1	10 1		
				1	м 6	1 4	o	0 3	10 1		
				, ,	м з	1 4	0	0 3	10 1		
7	Please Select One Vehicle 2	#Occupants Non	n-Motorist A Type	15 Action	16 Locatio	1	7 Condit	ion	18	Hit/Run Mopes	
⁷ 3	of the Following:										4
	19 19	DOB/Age	Reg #						R	21	-
			ndorsement	(ear	Veh M	аке			ven	Conng.	
⁸ 1	OperatorLast	First	Middle	erLa:	ısı		First		Mi	iddle	-
	Address Star	a 7in		ess			Sta	te	Zip		1 14
	Insurance Company	·		le Action Prior to C		22	1		Area Code:	27 27 27	
	Vehicle Travel Direction: NSEW			Sequence 23		23 2.	٠,	st Status		28	
	Citation # (If Issued)		-	Hannful Event	24	L	_	pe of Te		30	
⁹ 2	Viol. 1: Ch/Sec/Sub			r Contributing Code	e T	25	25	AC Test isp. Alco	Result: ohol: 31		
	Viol. 3: Ch/Sec/Sub			r Distracted by	26				m scene?	33	
	Please fill out for operator/no		ants involved	.	34 Seat	Safety Air	36 37 rbag Eject	38 Trup	39 40 Injury Transp.		
	Name (Last First Middle) Operator/Non-Matoris		Address ee Above	DOB/Age	Sex Pos.	System Sta	itus Code	Code	Status Code	Medical Facility	-
	Operator/Non-Motoris	3	L. AUUVC		\ <u>\</u>			\vdash			-
							<u> </u>				-
											4



Patrol Officer Katlyn M Finn

226

Wilmington Police Department

02/20/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

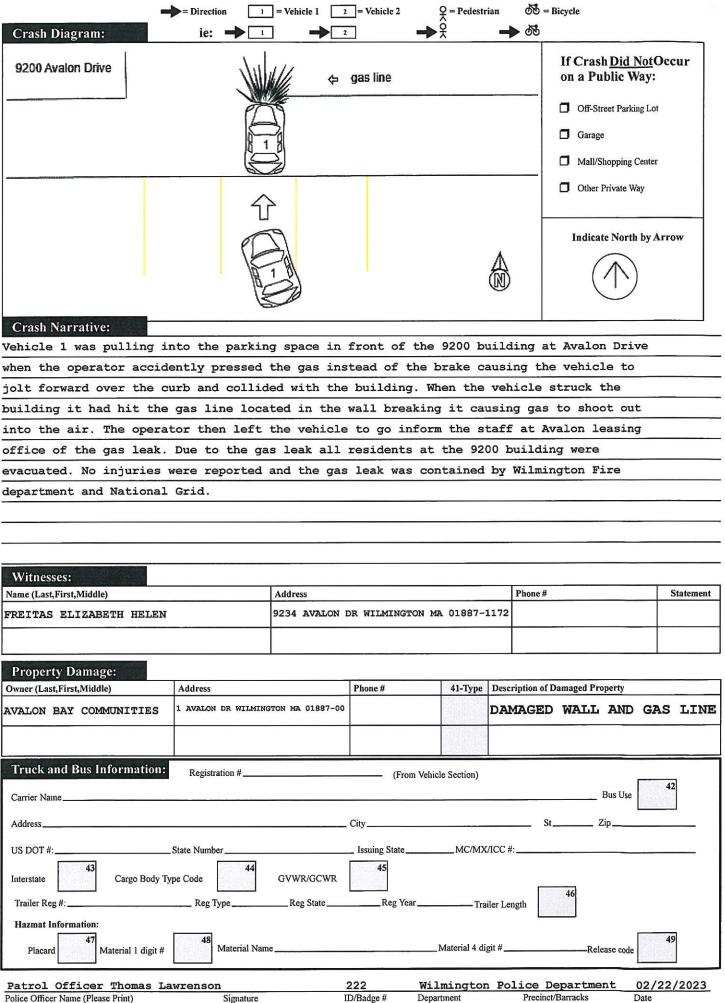
Wilmington Police Department Images Associated with 23-49-AC







Poli	ce Use Only		Com	ımonwea	alth (of Massa	ach	use	tts			.	RMV D	Oocum	ent Numbe	1 1 1 1 1 1 1 1 1 1 1
Date of Crash 02/22/2023	Time of Crash		City/Town Ington			icle Cra	sh		mber hicles	Num Inju	151	eed Li		10	State Police Local Police MBTA Police	: 3
00,12,2020	24HR	**				Report		1		0	- 1	ongitud			Campus Pol Other:	ice 🖸
	AT INTERS	ECTIO	N:	<	LOCA	ΓΙΟΝ	>			NOT	AT	(NTI	ERSE	ECT.	ION:	
								920	00	AV	ALO	N I	OR.			
Route# Direc	tion	ì	Name of Roadway/	Street		Route# Direc	tion	Addr					e of Ro	adway	//Street	
			At			Feet	NS	E W	of ·				O	r		
Route# Direc	tion	Name o	of Intersecting Roa	idway/Street						Mil	e Mark	er			Exit Num	ber
		1	Also at Intersection	ı with		Feet		=		Route	- -	In	tersecti	ng Ro	adway/Stree	et
Route# Direc	tion	Name o	of Intersecting Roa	dway/Street		Feet	NIS	EW	of .							
Please Select C	ne iSZ	. 2 #	0						22		^	7. (Landn	nark		
of the Followin		14#	Occupants H	it/Run	Moped	Crash R	teport	ID#	23	<u>-5</u>	<u>u –</u>	AC				
License # SA		73	_ DOB/Age		Reg#	4WYD81				_ Reg	Туре	PC_		_ Reg	State MA	21
Sex. M Lic. C	Class D	Lic. Res	trictions	CDL Endorsement		ear <u>2012</u>								Veh C	config. 1	
-	NGAVANI,	Fi	EMANTH 151	Middle		T JUNGAV	Last			Fit	NTI:	<u> </u>		Middl	lc	
	3 AVALON					ess <u>9223 <i>1</i></u>			DF							
•			(A Zip 0188		-	WILMING		ſ		22				_	887-1 27 27	
Insurance Compa	-		TUAL INS			le Action Prior to		<u>.</u> !	23	22		Status	Area Co	ne: 2	28	
Vehicle Travel D	irection: S	EW	Responding to Em	ergency? 2		Sequence 35	<u></u>	23	4	23		of Te		-	29	
·	ued)						35		25	25			Result:		30	
Viol. 1: Ch/Sec/S	Sub	——Vio	ol. 2: Ch/Sec/Sub -			r Contributing Co		97 26					hol: 2		Susp. Drug:	2 32
Viol. 3: Ch/Sec/S			ol. 4: Cl/Sec/Sub -		_ Drive	r Distracted by	0	34	35	36			n scene	? <u>2</u>		
Name (Last First Mi		or operator	and all occupants	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject '	Trap b	njury Tra	insp. ode	Medical Fa	cility
Operato)r			See Above		> <	\boxtimes	1	1	4	0 0	1	.0 1			
SETTY VENKA	TAUMAPATHI		9223 AVALON DR WILMINGTON, MA			05/21/1996	м	3	1	4	0 0	, 1	.0 1			
3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3																
Please Select O		> #6	Occupants N	on Matariet A	Tyme	15 Action	16	Locatio		17	onditio		18	T His	t/Run	Moped
of the Followin	ig: Cartele	4			1,100											Mopeu
License #	19 19	9	DOB/Age 20		Reg#									_		21
Sex Lic. C	Class	Lic. Rest	trictions	CDL Endorsement		еаг		Veli Ma	ake					Veh C	ontig.	
Operator	Last	Fit	rsi	Middle			Last		···	Fir	şi			Middl	le	
Address		Stata	Zip			ess					State		Zip_			
Insurance Compa		State	5-th		•	le Action Prior to				22			Area Co		27 27	27
Vehicle Travel Di	-	EW	Responding to Em	nergency?		_	23	23	23	23	Test	Status	11		28	I
	ied)		1140ponding to Di			Harmful Event		24	!_		•••	of Te			29	
•	•		ol. 2: Ch/Sec/Sub =			r Contributing Co	de		25	25		Test l	Result:		::30] Susp. Drug:	32
			ol. 4; Ch/Sec/Sub =			r Distracted by		26	!)	-		m scene	-	33 33	
			otorist and all occ			T	<u> </u>	J4 Scat	35 Safety	36 Airbag				40 msp.		
Name (Last First Mic		lovist		Address		DOB/Age	Sex	Pos.	System	Status				ode	Medical Fa	cility
Operato	r/Non-Moi	OTIST		See Above				1					-	_		
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Police Officer Name (Please Print)

Signature

Department

Precinct/Barracks

Wilmington Police Department Images Associated with 23-50-AC











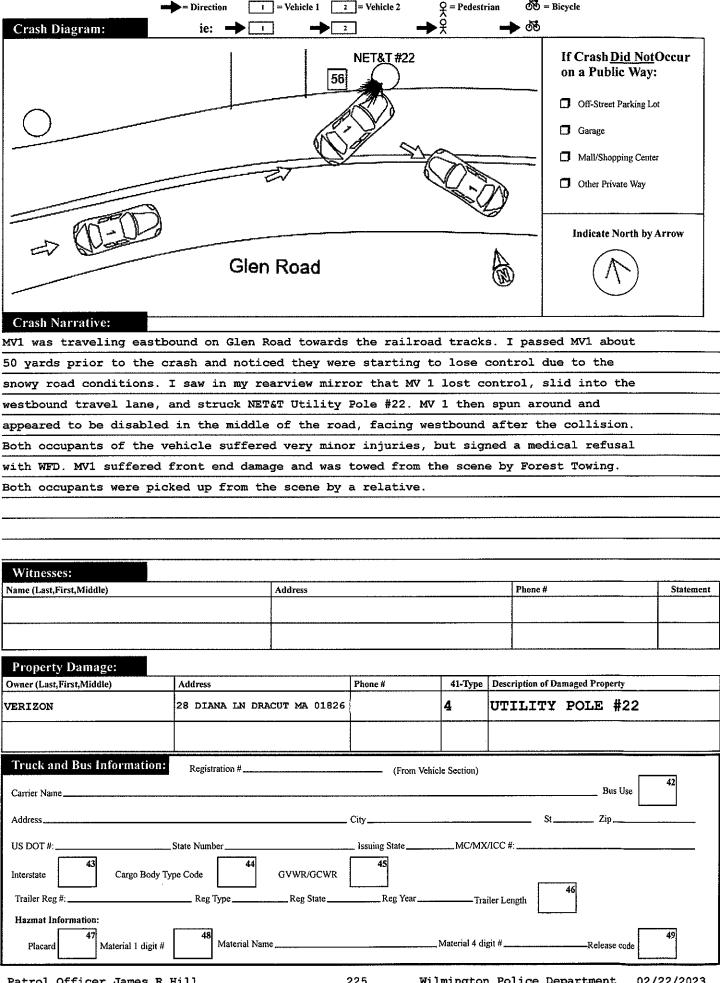


Wilmington Police Department Images Associated with 23-50-AC





	Police Use Only	Com	monwealth	of Massac	huse	etts		2	RMV	V Docu	ament Number	
	Date of Crash Time of Crash 02/22/2023 2239 W	City/Town	Motor Vel	iicle Crash	Nt Ve	imber hicles	Number Injured	Speed	Limit.	25	State Police Local Police MBTA Police	
	24HR		Police	Report	1		2	Lantu			Campus Police Other:	
	AT INTERSE	CTION:	< LOCA	TION >		I	NOT A	T IN	rer:	SEC	TION:	<u> </u>
					56		GLE	ı pr	,			2 10
	Route# Direction	Name of Roadway/S	Street	Route# Direction		ess#				Roadw	/ay/Strect	
4		At		Feet N	SEW	of -				ог _		
	Route# Direction	Name of Intersecting Road	lway/Street				Mile M	arker			Exit Number	1
		Also at Intersection	with	Feet N			Route#		Înterse	ecting F	Roadway/Street	<u> </u>
4	Route# Direction	Name of Intersecting Road	lway/Street	Feet N	S E W	of						_
4			1_							ndmark	k	-
5	Please Select One of the Following:	2 #Occupants Hi	t/Run Moped	Crash Repo	ort ID#	23-	-51	-A	.C			
	License # SA6970651	St_MA_ DOB/Age_	- Reg	# 1GLE12			Reg Typ	e <u>PC</u>		R		- 12
	Sex M Lic. Class D 19		CDL Veh	Year 2002	_ Veh Ma	ake TC	YOTZ	.		Veh	Config. 1 21	3
	Operator MATOS . JEAN			ner DASILVA	, AD	RIA	YO LO	OPE:	S	Mi	iddle	_
1	Address 57 GOLDIE ST	Ţ.	Add	ress 3121 EV	ERGR	EEN		AP	т 3			-
	City REVERE	State MA Zip 0215	1-1904 City	WILMINGTO	N_		_				1887-1176	-
	Insurance Company SAFECO	INSURANCE C	OMPANY Vehi	cle Action Prior to Cra	sh	1 2				Code:	8 27 1 27 2 27	
	Vehicle Travel Direction: N S X	W Responding to Eme	ergency? 2 Ever	nt Sequence 42 23	10 ²³ 22	23	200	est Stat			1 28 29	
	Citation # (If Issued)		Mos	t Hannful Event 2	2 24			ype or SAC Te:		ult:	30	
	Viol. 1: Ch/Sec/Sub		Driv	er Contributing Code	7	²⁵ 11	25	usp. Al	cohol:	2 31	Susp Drug 2 32	22 ¹¹
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		ו	owed fi	rom sc	ene?	1 33	
3	Please fill out for	operator and all occupants in	nvolved Address	DOB/Age S	34 Scat ex Pos.		36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	7
	Operator		See Above		1	1 4	$\neg \vdash$	0	8	1	The close 1 services	7
	4			M	3	0 4	1 0	0	8	1		
								ļ	-			\dashv
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									10			_
1	Please Select One of the Following:	#Occupants No	n-Motorist A Type	15 Action 16	Locatio	n	17 Cond	ition	18	i Di	Hit/Run Moped	· [
	License #	St DOB/Age	Reg	#			Reg Typ	e		R		
	Sex Lic. Class 19 19			Year	_ Veh Ma	ake				Veh	Config.	
	Operator	First	Endorsement Owr	ner			First			¥ #:	iddle	-
2	Address	Lit21		ress			Pirst			Mi		
	City	. State Zip	City				St	ate	z	Zip		. 4
	Insurance Company		Vehí	cle Action Prior to Cra	ish	2	┙)атаде		Code:		
	Vehicle Travel Direction: NSE	W Responding to Eme	ergency? Ever	nt Sequence 23	23	23	23	est Stat			28	
	Citation # (If Issued)		Mos	t Harmful Event	24		F	SAC Tes		ıit:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Driv	er Contributing Code		25	25	usp. Al	cohol:	31	Susp. Drug: 32	
	Viol. 3: Cli/Sec/Sub	Viol. 4: Ch/Sec/Sub	Driv	er Distracted by	26		T	owed fi	rom sc	ene?	33	
	Please fill out for operat	or/non-motorist and all occu	pants involved Address	DOB/Age S	34 Seat ex Pos.	35 Safety / System	36 37 Airbag Ejec Status Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Non-Moto	rist :	See Above		1							7
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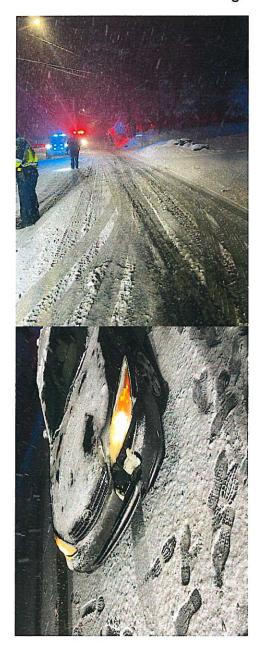
Patrol Officer James R Hill

225

Wilmington Police Department Department

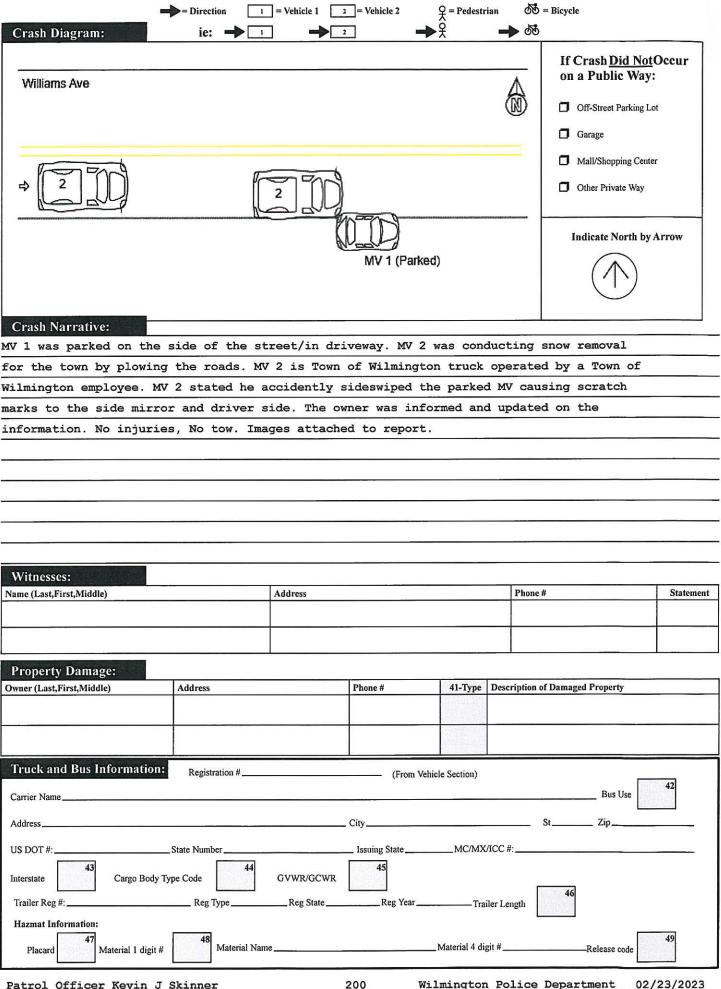
02/22/2023

Wilmington Police Department Images Associated with 23-51-AC





Police Use Only	Com	monwealth	of Massacl	ıusetts		R	MV Doc	ument Number		
Date of Crash Time of Crash	City/Town mington	Motor Ve	hicle Crash	Number Vehicles		Speed Lin		State Police Local Police MBTA Police	0800	
24HR	mining con	Police	Report	2	0	Longitude		Campus Police Other:		
AT INTERSECT	TION:	< L00	ATION >		NOT A	T INTE	RSEC	TION:		
			İ	25	WTT.T	LIAMS	A 1/16	,	ŀ	2 1
Route# Direction	Name of Roadway/S	treet	Route# Direction	Address #				vay/Street		
	At		Feet N S	E W of			or			
Route# Direction No	nne of Intersecting Road	way/Street			Mile M	arker	· .	Exit Number		4
	Also at Intersection	with	Feet N S	E W of	Route#	Inte	rsecting I	Roadway/Street	— F	
Route# Direction No	une of Intersecting Road	way/Street	Feet N S	E W of						
		·					Landmarl	k		
of the Following: Vehicle 10	#Occupants Hi	t/Run Moped	Crash Repor	t 1D# 23	-52	-AC	•			
License #St_	DOB/Age	Re	g # 2YWT58		Reg Typ	e PC	R			1
Sex Lic. Class 19 19 Lic.	Restrictions 20	CDL Ve	h Year 2008	Veh Make H	YUNDA	\I	Veh	ı Config.	21	1
Operator Driverless M		Endorsement Ov	vner RICE-BOU	DREAU,	HUN	rer j	<u> </u>	idále		
Address	l-fråf		dress 23 WILL]	AMS A	First VE		М	naole		
CitySta	teZip	Ci	y WILMINGTO	<u> </u>	St	ate MA	Zip O	1887-352	25	
Insurance Company SAFETY II	SURANCE CO	OMPANY Ve	hicle Action Prior to Cras	h 11	22	amaged A	rea Code:		27	
Vehicle Travel Direction: NSEW	Responding to Eme	rgency? Ev	ent Sequence 23	23 23	23	est Status:		28		
Citation # (If Issued)		Me	ost Harmful Event 1	24		ype of Test AC Test R		30		
Viol. 1: Ch/Sec/Sub	- Viol. 2: Ch/Sec/Sub -	Dr	iver Contributing Code	1 25	25	usp. Alcoh		Susp. Drug: 2	32	2 1
Viol. 3: Ch/Sec/Sub	- Viol. 4: Ch/Sec/Sub -	Dr	iver Distracted by	26		owed from		2 33	'	
•	rator and all occupants in			34 35 Seat Safety		Trap Inj	9 40 jury Tmansp.			
Name (Last First Middle) Operator		Address See Above	DOB/Age Sex	Pos. System 1 0	Siatus Code	Code Sta	ius Code	Medical Facility		
operator.			+			-	+	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·					-	<u> </u>		
							_			
Please Select One of the Following:	#Occupants	n-Motorist A Type	15 Action 16	Location	17 Cond	ition	18 🗀	Hit/Run 🔲 M	oped	
License # S19917636 St 1	1A DOB/Age	Re	g# M3441A	<u> </u>	Reg Тур	e CI	R	eg State MA		
19 19		DDL Ve	h Year 2019	Veh Make_ E	'ORD	*****	Veh	Config. 2	21	
Operator JENNINGS, SAN		Endorsement Ov	vner WILMINGT	ON TOW	N OF		HAI	L	<u> </u>	
Address 135 ANDOVER S	First	Middle Ad	dress 121 GLEN	I RD	First		М	iddle		
City WILMINGTON Sta	te MA Zip 0188		y WILMINGTO	Ŋ	St	ate MA	Zip Q	1887-350	20 :	1 1
Insurance Company MIIA		Ve	hicle Action Prior to Cras	h 1	22	amaged Ai	rea Code:	0 27 27	27	
Vehicle Travel Direction: N S WW	Responding to Eme	rgency? 2 Ev	ent Sequence 23	23 23	20	est Status:		1 28		
Citation # (If Issued)		Mo	ost Harmful Event 1	24		ype of Test AC Test R		29		
Viol. 1: Ch/Sec/Sub —	- Viol, 2: Ch/Sec/Sub	Dr	iver Contributing Code	19 ²⁵	25	usp. Alcoh	_	Susp. Drug: 2	32	
Viol. 3: Ch/Sec/Sub	-Viol. 4: Ch/Sec/Sub	Dr	iver Distracted by	26		owed from	_	2 33	-	
Please fill out for operator/ne	on-motorist and all occup		ponu :	34 35 Seat Safety	36 37 Airbag Eject	Trap Inj	9 40 ury Transp.			
Name (Last First Middle) Operator/Non-Motoris	<i>y</i>	Address See Above	DOB/Age Sex	Pas. System	Status Code	Code Sta		Medical Facility	<u>'</u>	
operatorization intotories		· · · · · · · · · · · · · · · · · · ·	+	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	- 	+	_		_	
						 				

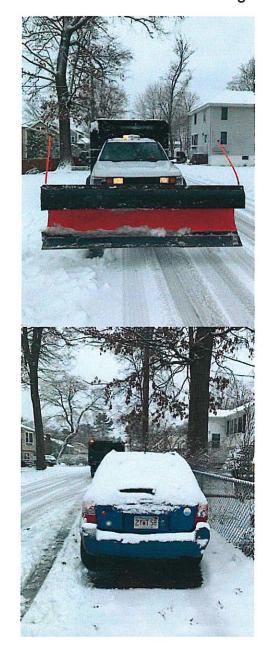


Patrol Officer Kevin J Skinner

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Wilmington Police Department Department

Wilmington Police Department Images Associated with 23-52-AC



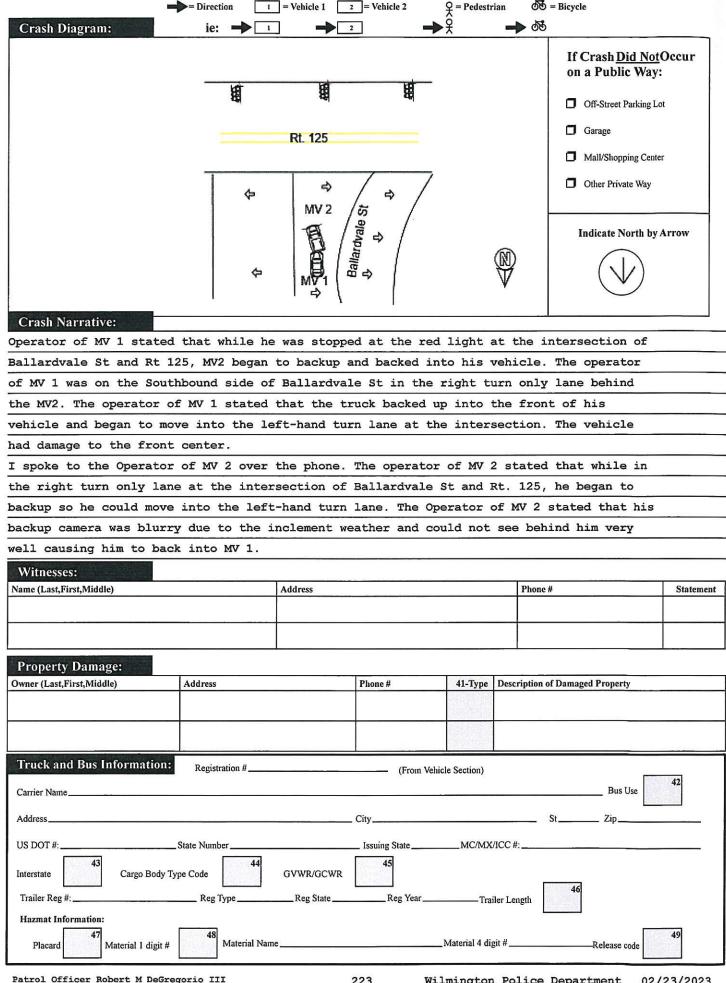








	Pol	lice Use Only	Com	monwealth	of Massac	huse	etts			RM	V Docı	ument Number	
	Date of Crash 02/23/2023	Time of Crash	City/Town .lmington	Motor Veh	icle Crasl	h N	umber chicles	Numb		l Limit.	40	State Police Local Police MBTA Police	
	02/23/2023	24HR	.Inding con	Police 1	Report	2		0	Lantu Longi			Campus Police Other:	5
		AT INTERSEC	CTION:	< LOCA	TION >			NOT	AT IN	TER	SEC	TION:	
		PAT.T.AT	RDVALE ST										2 ¹⁰
1	Route# Dire		Name of Roadway/S	Street	Route# Direction	ı Addı	ess#		Na	ame of	Roadw	vay/Street	
¹ 1		DOITME	125 HWY		Feet N	SEW	of		(. —	or _		
	Route# Dire		Name of Intersecting Road	dway/Street			1	Mile	Marker			Exit Number	1 11
			Also at Intersection	with	Feet N			Route#	-	Interse	ecting F	Roadway/Street	
² 5	Route# Dire	etion	Name of Intersecting Road	dway/Street	Feet N	SEW	of			. I o	ndmarl		_
	Please Select		#Occupants H	it/Run Moped	Crash Rep	ort ID#	23	_5	3 – 2		numan		-
3	of the Followi	III III											
		10 10	t MA DOB/Age	_	# <u>2JNR45</u> Year <u>2020</u>			-				eg State MA	- 1 12
	Sex M Lic.	ERRINI, TI		Endorsement	er DONLEN			nev.	хоне.	.	ven	Conng. 1	
⁴ 3	· -	Last WALNUT ST	First	Middle	ess 3000 LA			DR			Mi	iddle	-
	City FOXBO		State MA Zip 0203		BANNOCKBI				State_I	L 2	Zip 60	0015-0000	_
			RICAN INSURA	•	ele Action Prior to Cr		2	22	Damage				7
	Vehicle Travel I	Direction: N E	W Responding to Eme	ergency? 2 Even	t Sequence 23	23	23	23	Test Sta			1 28	
⁵ 1	Citation # (If Iss	sued)		Most	Harmful Event 1	24			Type of BAC Te		.14.	30	
	Viol. 1: Ch/Sec/	'Sub	— Viol. 2: Ch/Sec/Sub —	Drive	er Contributing Code	1	25	25	Susp. Al				1 13
6	Viol. 3; Ch/Sec/	'Sub	— Viol. 4; Ch/Sec/Sub —	Drive	er Distracted by	26	1		Towed f			2 33	'
⁶ 2	Name (Last First A		perator and all occupants i	nvolved Address	DOB/Age 5	34 Sent Sex Pos	35 Safety System	Airbag	37 38 Eject Trap Code Code	39 Injury Status	40 Transp. Code	Modical Facility	
	Operat			See Above		1	1	4 0		10	1	(Majori) activ)	7
											<u> </u>		
										1			
	Please Select C	One Marrie of	#Occupants No	on-Motorist A Type	15 1	6		17	ndition	18	<u></u> ,	Hit/Run Mope	_
⁷ 3	of the Followi	og: Venicle 23			Action	Locati	on L		L		L		
		L12342071 S	20		<u>v55809</u>			=				eg State MA	-
	Sex M Lic.	Class D L LLIDAY, M		Endorsement	Year <u>2019</u> er DW LEAS						Veh	Config.	
⁸ 1	•	last EMORY LN	First	Middle	er <u>DW HEAS</u> Last ess 100 BUR			First	APT	G 01		idulie	-
	City HANC	·	State NH Zip 0344		ANDOVER		·					1810-5920	1 14
	-		A FINANCIAL	•	ele Action Prior to Cr	ash	10	22	Damage				n 1
	Vehicle Travel I	Direction: N E	W Responding to Eme	ergency? 2 Even	t Sequence 23	23	23	23	Test Sta			1 28	
9_	Citation # (If Iss	sued) 829476A	B	Most	Harmful Event 1	24			Type of BAC Te		ılt.	30	
⁹ 2	Viol. 1: Ch/Sec/	Sub 90 10	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	18	²⁵ 1	9 ²⁵	Susp. Al	1		<u> </u>	
	Viol. 3: Ch/Sec/	Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	9 ²⁶			Towed f		, <u>.</u>	2 33	
	Ple Name (Last First M	•	/non-motorist and all occu	pants involved Address	DOB/Age S	34 Sent Sex Pos.	35 Safety System	Airtag	37 38 ject Trap Code Code	19 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or/Non-Motor	rist	See Above		1	99	99 9	9 99	99	99		
	·····			 									
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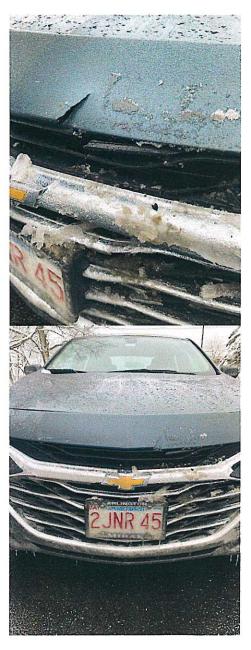
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Wilmington Police Department Department

02/23/2023

Wilmington Police Department Images Associated with 23-53-AC





	Pol	ice Use Only		Com	monwe	alth c	of Massa	ich	use	tts			RM	V Doc	ument Nu		
	Date of Crash	Time of Crash	1	City/Town .ngton	Motor	·Veh	icle Cra	sh		mber hicles	Num Inju		ed Limi tude	30	Local .	Police Police Police Police Police Police Police Police Police	
	02/23/2023	1425 24HR	MITIUI	.ng con	Po	lice I	Report		2		0	1	gitude_			us Police	
		AT INTER	SECTIO	N:	<	LOCA	ΓION	>			NO	AT I	TEF	SEC	TION:		ļ.,
						1			640)	WC	BURI	ı sı	•			2 10
¹ 1	Route# Direc	ction	1	Name of Roadway/	Street		Route# Direct		Addre						vay/Street		
1	 			At			Feet	N S	E W	of -			•	- or _	F 3.3	VI L	
	Route# Direc	ction		of Intersecting Roa			Feet	N C	e w	. c	Mi	le Marke	•		EXIL	Number	3 11
			1	Also at Intersection	with	į		N S			Route	#	Inters	ecting l	Roadway/	Street	
² 4	Route# Direc	ction	Name	of Intersecting Roa	dway/Street			., 0,	~				L	andmar	k		
	Please Select 0		e 1 1 #	Occupants H	it/Run	Moped	Crash R	teport l	D# 2	23	-5	4-3					1
3	of the Followi	mā:					876LN9								64-4- 1	M73	┫
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	Sex M Lic.	UNG, ROI			Endorsement		YOUNG,				_			vei	Connig.		
⁴ 1	1	last WOBURN	Fit	rst	Middle		ss 640 WC	l,ast			Fin	rsi		М	iddle		
				1A Zip 0188	37-2963		WILMING					State]	1A_	Zip 0	1887	-2963	
	1			rain ins			le Action Prior to		Г	4	22					27 27	
	Vehicle Travel I	Direction: S	EW	Responding to Em	ergency? 2	Event	Sequence 1	23	23	23	23	Test S			28		
5	Citation # (If Iss	sued)				Most	Harmful Event	1	24		_		of Test; Test Res	ault:	29 30		
	Viol. 1: Ch/Sec/	/Sub	Vio	ol. 2: Ch/Sec/Sub		_ Drive	r Contributing Co	de	1	25	25		Alcohol		Susp. E	Orug: 32	1 13
6	Viol. 3: Ch/Sec/	'Sub	Vic	ol. 4: Ch/Sec/Sub =		_ Drive	r Distracted by	0	26			Towe	d from s	cene?	2 33		
⁶ 3			for operator	and all occupants			banu	c	34 Seat	35 Safety	36 Airbag	Eject Ti	8 39 ap Injur de Statu	40 Transp. Code	14-1	lical Facility	1
	Name (Last First N			1	Address See Above		DOB/Age	Sex	Pos.	System 1	Status 4	0 0	10	1	Maa	acai Facility	
													-				1
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							16	16			17		18	1_			1
⁷ 3	Please Select C of the Followi		e 2 1 _#	Occupants No	on-Motorist A	Туре	15 Action	L	ocatio	n	<u>'</u>	Condition	10		Hit/Run	Moped	
	License # S9	3937633		DOB/Age		Reg #	1VHL26				Reg	Туре Е	С	R	eg State		
	Sex.M Lic.	Class D 19	Lic. Rest	trictions 1 20	CDL		_{ear} <u>1998</u>							Vel	ı Config.	1 21	
⁸ 1	Operator DO	BENS, JO	OSHUA Fin	LEE	Middle		r DOBENS	Last			LF	rst		М	liddle		
1	i	RUMFORD					ss 84 RUN	ÆO!	<u> </u>	ST							14
				IA Zip 0185		City 🕹	LOWELL				22					-5768 27 27	4
	Insurance Comp	Dany LIBERT	·	UAL PERS			le Action Prior to			<u> </u>	23	Dama Test S	ged Are	a Code	28	27 27	
	Vehicle Travel I	Direction: N S	Xw	Responding to Em	ergency? 2		Sequence 1	23	23	23	23		of Test:		29		
⁹ 2	,	sued)					Hannful Event	1		25	25	BAC	Test Re		30		
				ol. 2: Ch/Sec/Sub -		-	r Contributing Co		1. 26			•	Alcohol		22	Orug: 32	
	Viol. 3: Ch/Sec/			il. 4: Cli/Sec/Sub -		_ Drive	r Distracted by	0	34	35	36	37 3	d from s	40	2 33]
	Ple Name (Last First M		crator/non-in	IOLOGIST AND ALL OCCI	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Tr Code Co		Transp.	Med	ical Facility	
	Operate	or/Non-Mo	otorist		See Above		$\geq \leq$	X	1	1	4	0 0	10	1			
:																	

If Crash Did NotOccur on a Public Way: Oils Store Paking Lot Garge Mails Stepping Center Office Paking Lot Office Pa		_	chicle 1 2 = Vehicle 2	¥ = Pedestr		Bicycle	
Crash Narrative: G40 woburn street Head Struck v2 along it's side. He stated 'I thought	Crash Diagram:	ie: 👈 📋	2	→ ₹		If Crash Did Not	Occur
Clarace Mail-Shapping Course Mail-Shapping Course Mail-Shapping Course Mail-Shapping Course Collect Private Way							
MailShopping Center Other Private Way						Off-Street Parking L	ot
Crash Narrative: G40 woburn street		v 2				☐ Garage	
Crash Narrative: Indicate North by Arrow Address Address Phone # Address		(T)				•	PT
Crash Narrative: All stated that he was pulling out of his driveway at 640 woburn street, He checked both litections, atthempted to turn left and struck v2 along it's side. He stated "I thought the was clear, the car came out of nowhere." V2 stated he was traveling east on woburn street, when v1 pulled out of a driveway and struck the side of his car. Witnesses: Name (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Property Damage: Owner (Last,First,Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Informations: Carrier Name Address City S. 2D Same Name Address MCANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Istaining State McANNICC #: Is							
Crash Narrative: ## Attended that he was pulling out of his driveway at 640 woburn street, He checked both directions, atttempted to turn left and struck v2 along it's side. He stated "I thought the was clear, the car came out of nowhere." V2 stated he was traveling east on woburn street, when v1 pulled out of a driveway and struck the side of his car. Witnesses: Name (Last,First,Middle)	1					Other Private way	
Crash Narrative: ## Attended that he was pulling out of his driveway at 640 woburn street, He checked both directions, atttempted to turn left and struck v2 along it's side. He stated "I thought the was clear, the car came out of nowhere." V2 stated he was traveling east on woburn street, when v1 pulled out of a driveway and struck the side of his car. Witnesses: Name (Last,First,Middle)		¥1-	640 woburn	street	-	Indicate North hy	Aurou
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### State Phone ### Phone		as pulling out of his	drivewav at 640 wo	burn str	eet, He	checked both	
Witnesses: Name (Last, First, Middle) Address Phone # State Property Damage: Owner (Last, First, Middle) Address Phone # Address Phone # State Property Damage: Owner (Last, First, Middle) Address Phone # Address Phone # State State Property Damage: Owner (Last, First, Middle) Address Phone # Address Address City State Number Issuing State MCNN/ICC #: Issuing State MCNN/ICC #: Interstate Address Address Reg Type Reg State Reg State Reg Year Trailer Length Hazmat Information: Placard Address Release code Address Reg Vear							
Witnesses: Name (Last, First, Middle) Address Property Damage: Owner (Last, First, Middle) Address Phone # State Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name Address City State Number Issuing State MC/MX/ICC #: Issuing State MC/MX/ICC #: Issuing State MC/MX/ICC #: Trailer Reg # Reg Type Reg State Reg State Reg Year Trailer Reg # Reg Type Reg State Material 1 digit # 48 Material 1 digit # 48 Material Name Material 4 digit # Release code				 			
Property Damage: Owner (Last, First, Middle) Address Phone # Staten Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name							
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Property Damage: Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Carrier Name		14.1			- In. "		T 64.
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #	Name (Last, First, Middle)	Addi	ress		Phone #		Statemen
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #							
Owner (Last, First, Middle) Address Phone # 41-Type Description of Damaged Property Truck and Bus Information: Registration #		-					
Truck and Bus Information: Carrier Name			PL #	41 Thms	Dozavisties of	Domond Bronouts	
Carrier Name	Owner (Last, First, Middle)	Address	Phone #	41-1ype	Description of	Damaged Property	
Carrier Name							
Carrier Name							
Carrier Name	Truck and Bus Informa	tion: Registration #	(From V	ehicle Section)			
Address City St Zip	Carrier Name		trom e	emote decitory		Bus Use	42
US DOT #:			0.4		0	7:-	
Interstate			•			·	·····
Interstate Cargo Body Type Code GVWR/GCWR Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49	,			MC/MX	/ICC #:		
Trailer Reg #: Reg Type Reg State Reg Year Trailer Length Hazmat Information: Placard 47 Material 1 digit # Material Name Material 4 digit # Release code 49					, -		
Placard 47 Material 1 digit # Material NameMaterial 4 digit #Release code 49	Trailer Reg #:	Reg Type F	leg StateReg Year	———Tra	iler Length	46	
Placard Material 1 digit # Material Name Material 4 digit # Release code	Hazmat Information:				<u> </u>		
natural officer makes a mineral management of the form	Placard 47 Material 1	digit # Material Name		Material 4 di	git #	Release code	49
Patrol Officer Brian D Thornton 190 Wilmington Police Department 02/23/202	Patrol Officer Bria	n D Thornton	190 V	/ilmingtor	Police I	epartment 02	/23/2023

CDP1 11-24-00

	Police Use Only	Com	monwealth	of Massacl	ıusetts	ļ	RM	V Docum	ent Number	: 1
	Date of Crash Time of Crash	City/Town mington	i	hicle Crash	Number Vehicles		Speed Limit Latitude	25	State Police Local Police MBTA Police	
	24HR	meng con		Report	1	0	Latitude Longitude _		Campus Police Other:	ğ
	AT INTERSECT	ION:	< LOC	ATION >		NOT A	INTER	SECTI	ON:	
					45	FORE	ST ST	ı		2 10
1	Route# Direction	Name of Roadway/S	Street	Route# Direction	Address #	LOXUE		Roadway/	Street	
1		At		Feet N S	E W of			· or		
	Route# Direction Na	me of Intersecting Road	lway/Street	·		Mile Ma	rker		Exit Number	
		Also at Intersection	with	Feet N S		Route#	Inters	ecting Roa	idway/Street	- -
² 4	Route# Direction Na	me of Intersecting Road	lway/Street	Feet N S	E W of					
-	Please Select One State 17		I _C	1				ndmark		_
3	Please Select One of the Following:	_#Occupants L_ Hit	t/Run	Crash Repor	t ID# 23	-55	-AC			
		DOB/Age	Reg	# 5GHN89		Reg Type	PC_	Reg :	State MA 2	12
	Sex M Lic. Class D 19 Lic.		CDL Vel	Year 2016	Veh Make 1	ISSAN	<u> </u>	Veh Co	onfig. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֡֡֡֡
4	Operator DOHERTY DAVI	Pirst	Ow	ner <u>DOHERTY</u> ,	DAVII) First		Middle		
⁴ 1	Address 65 FOREST ST	<u> </u>		tress 65 FORES						-
	City WILMINGTON State	·	· ·	WILMINGTO				•	387-285	-, I
	Insurance Company THE HANOV	<u>ER INSURAN</u>	CE COM Vel	icle Action Prior to Cras			amaged Area	Code: 2	27 27 2	27
⁵ 1	Vehicle Travel Direction: SEW	Responding to Eme	ergency? 2 Eve	ent Sequence 22 23	23 23	~~	ype of Test:	1	29	
<u></u>	Citation # (If Issued)		Мо	st Harmful Event 22		В	AC Test Res	ult: 1	30	<u> </u>
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub -	Dri	ver Contributing Code	1 25	25 Si	usp. Alcohol:	2 31 S	usp. Drug: ₂	32 22 ¹³
6 4		Viol. 4; Ch/Sec/Sub —		ver Distracted by	26		owed from so		33	
-	Please fill out for oper Name (Last First Middle)	ator and all occupants in	nvolved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trup Injury Code Status	40 Transp. Code	Medical Facility	
	Operator		See Above	\rightarrow	1 1	4 0	0 10	1		

					+					
	Please Select One Vehicle 2	#Occupants N	n-Motorist A Type	15 16	Location	17	. 18	Hit	" In.	
⁷ 1	of the Following:		n-Motorist A Type	Action	Location	Condi	tion	L_ Fitt	/Run Moj	ea
	19 19	DOB/Age	·-	;#		V		_	2	<u> </u>
	Sex Lic. Class Lic. 1	Restrictions C	Endorsement	Year	Veh Make			Veh Co	onfig.]
8 1	OperatorLast	First	Middle	nerLast		First		Middle		-
	AddressStat	7:		/				7 :.		- 14
	Insurance Company	-		icle Action Prior to Crasi	. [te 2 amaged Area		27 27 2	<u>-</u>
	Vehicle Travel Direction: NSEW			nt Sequence 23	23 23		est Status:		28	-
	Citation # (If Issued)		• •	st Harmful Event	24		pe of Test:		29	
1	Viol. 1: Ch/Sec/Sub			ver Contributing Code	25	25	AC Test Res		30	32
	Viol. 3: Ch/Sec/Sub			ver Distracted by	26		sp. Alcohol: wed from so	L	usp. Drug: 3] [
	Please fill out for operator/no				34 35 Sout Safety	36 37	38 39 Trap Injury	40		
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System		Code Status	Code	Medical Facility	
	Operator/Non-Motorisa	: S	See Above		$\begin{vmatrix} 1 \\ \end{vmatrix}$					
							 		-	_

	= Direction 1	= Vehicle 1	= Vehicle 2	₹ = Pedestrian	Bicycle	
Crash Diagram:	ie: 🕕 🔟] → [:	2	▶ 発	→ №	
Verizone 45 For Pole 92 Street	rest				If Crash Did Not on a Public Way Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way	ot
_					Indicate North by	Arrow
Crash Narrative:			3 200 3			
Motor vehicle 1 was trav					1995 J. W. S.	
causing damage to the fi						
the front right passenge	ir side or the	ucility po	ore due to t	ne rcy roa	a.	
MATERIAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF						

					er de la	
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Damaged Property	

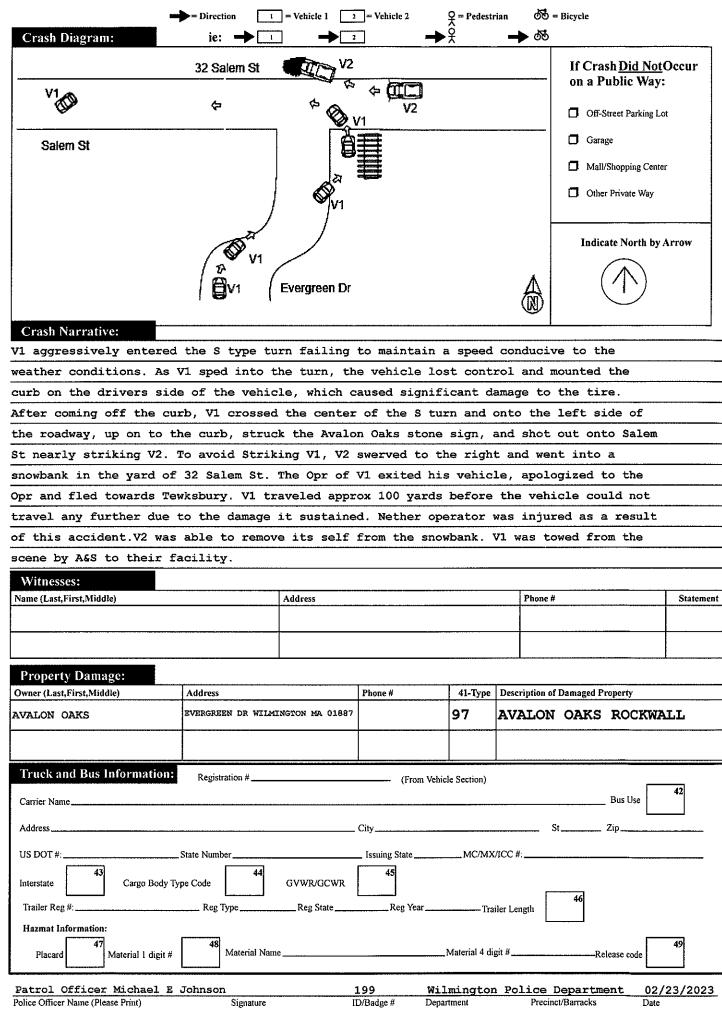
Truck and Bus Information:	Registration #		//S - 1/	1:10 :: >		
Carrier Name	Registration #		——— (From Ve	chicle Section)	Bus Use	42
Address			_ City		St Zip	(EMM)
US DOT #:						
43	44		45 45	INIC/INIX/IC	С п.	
Interstate Cargo Body Ty Trailer Reg #:	pe Code Reg Type	GVWR/GCWR Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:	— man J 7 7 E 7	— and i € i Too think				
Placard Material 1 digit #	48 Material Nam	e		Material 4 digit	#Release code	49
Patrol Officer Zachary A I	eighton		227 W	ilmington	Police Department 02/	23/2023

Department

Wilmington Police Department Images Associated with 23-55-AC

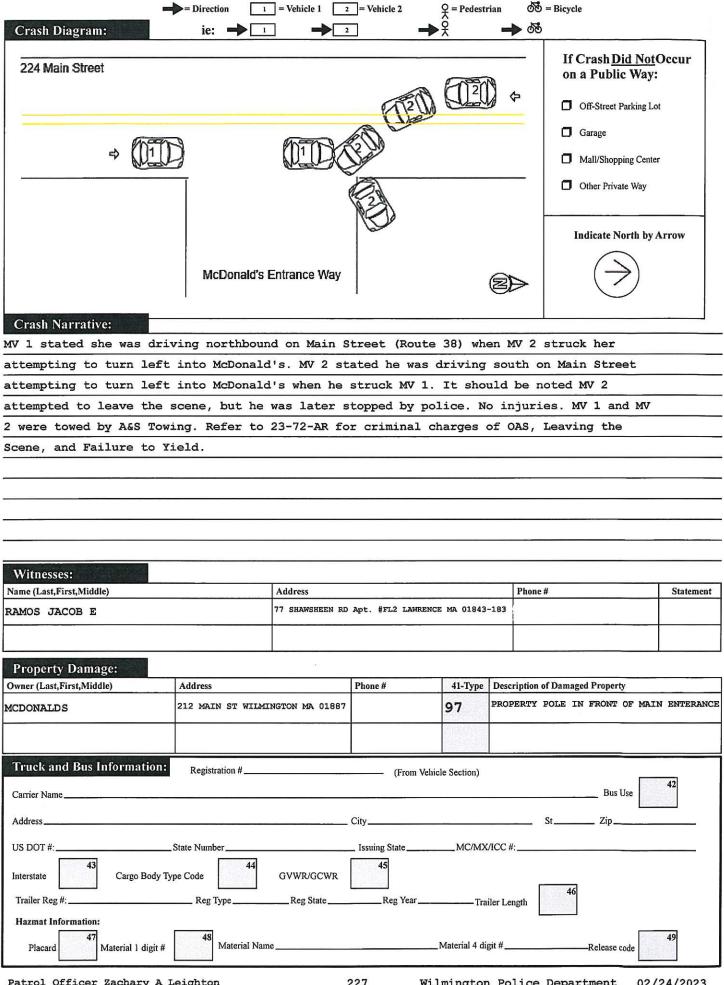


	Po	lice Use Only		Com	monw	ealth (of Massa	ich	use	tts				RM	V Docu	ıment N				
	Date of Crash 02/23/2023	1	1	City/Town ington	Moto	or Veh	icle Cra	sh		mber hicles	Nur Inju	4 -	peed atitud	Limit,	35	- Loca	Police Il Police IA Police	0000		
	02/23/2023	24HR	1	riig con	P	olice l	Report		2		0	ŀ	ongit.				pus Police	_ <u>_</u>	İ	
		AT INTER	SECTIO	ON:	<	LOCA	TION	>			NO	ГΑТ	INI	ER:	SEC	TION	i:			
		SAL	em st																2	10
¹ 4	Route# Dire	ection		Name of Roadway/St	reet		Route# Direct	ion	Addre	ess#			Nai	me of	Roadw	/ay/Stree	:t			
4		EVE	RGREE	At N. DR			Feet	N S	E W	of			- •		or _					
	Route# Dire	ection		of Intersecting Roads			Feet	NI C	E W		Mi	e Mar	ker			Exit	Number	_	1	11
				Also at Intersection v	vith		Feet Feet				Route	#	1	interse	cting F	Roadway	y/Street	_		
² 4	Route# Dire	ection	Name	of Intersecting Roads	way/Street		reet [.,,,,,	~ [• •]	O1	······································			Lai	ndmark	ς				
³ 5	Please Select of the Follow	One Vehic	le 1 1	Occupants Hit	/Run	Moped	Crash R	eport l	ID#	23	-5	6-	-A	С						
	License # <u>\$8</u>	6694805	St MA	DOB/Age		. Reg #	5AZ256				Reg	Туре	PC		R	eg State				12
	Sex.M_ Lic.	Class D	Lic. Re		DL	_ Veir Y	ear 2018	v	/eh Ma	ke <u>C</u>	ADI	LL	ЛС_		_ Veh	Config.	1 2	21	7	
	Operator BE	NEDETTO	, JAS	ON MATTHE		Own	er_BENEDE	TTC), .	JAS	ON	MA'	rtf	IEW	Mi	ddle				
⁴ 2	Address 413	34 EVERG	REEN	DR APT	4134	_ Addre	ess 4134 E	VEI	RGR	EEN	1 D	R	AP'	T 4	134			—		
	City WILM	INGTON	State]	MA Zip 0188	7-1179	City.	WILMING'	ron	·								7-117	— ·		
	Insurance Comp	pany INTEG	'AN NC	TIONAL IN	SURANC	Vehíc	le Action Prior to			1	22		maged t Stati		Code:	10 ²⁷	27	27		
⁵ 2	Vehicle Travel I	<u> </u>	EW	Responding to Emer	gency? 2	Event		23 35		23	23		e of T			29				
2	· `	sued) T2749		•				22	24	25	25	ВА	C Tes	t Resu	ılt:	30	_	[3
:				ol. 2: Ch/Sec/Sub			r Contributing Co		7 26	²³ 1	0 ²⁵			cohol:		Susp.	Drug: 2	32	20 ¹	
⁶ 2	Viol. 3: Ch/Sec			ol. 4: Ch/Sec/Sub —		Drive	r Distracted by	99	34	35	36	Tov	ved fr	om 50	ene? 40	1 33				
	Name (Last First h		i ioi operato	and an occupants in	Address		DOB/Age	Sex	Scat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Мо	edical Facility			
	Operat	or		S	ee Above		\geq	X	1	99	4	0	0	10	1					
⁷ 3	Please Select of the Followi		e 2 1 #	Occupants Non	ı-Motorist A	Туре	15 Action	16 L	ocatio.	n	17 C	Conditio	on	18	<u> </u>	Hit/Run	□ м₀	ped		
	License # <u>S 6</u>	2816040	_	_ DOB/Age.		Reg#	35VT86				Reg	Туре	PC		R	eg State.		1		
	Sex.M Lic.	Class D		E	DLndorsement		ear <u>2017</u>								_ Veh	Config.	1 -]		
8 1	[·	SCONE, I	F	írst	Middle		MOSCON	ast			Fir		RY_		Mi	ddle		-		
	ł	MCCART					ess 176 MC		RTH	Y V	YAY.		1/7			1076			4 1-	4]
	-			4A Zip 0187 CE INSURAL		•	TEWKSBUI			1	22				ip U. Code:	L876		27	4	
	Insurance Comp Vehicle Travel I		EX	Responding to Emer			Sequence 35			23	23		t Stati			1 ²⁸		기	İ	
	Citation # (If Iss	I	, LE IX	Responding to Emer	gency:		1	7	24			Тур	e of T	l'est:		1 29				
⁹ 2	ì	•	Vi	ol. 2: Ch/Sec/Sub —			r Contributing Co	<u>'</u>	<u> </u>	25	25			t Resu		1 30	Drug:	32		
				ol. 4: Ch/Sec/Sub —			·	0	26		,			om se		2 33	Jug. 2	-		
	Ple	ease fill out for op		notorist and all occup	ants involved				34 Scat	35 Safety	36 Airbeg	37 Eject	38 Trap	39 Injury	40 Transp.	<u>——</u>		ᅱ	ı	
	Operate	or/Non-Mo	otorist	s	Address ee Above		DOB/Age	Sex		System 99	Status 4		Code 0	Status 10	Code 1	Mo	dical Facility	\dashv		
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																	,, 			



CDP1 11-24-06

	Pol	ice Use Only		Com	monwea	ılth o	of Massa	ich	use	etts		Γ	1.3	RMV	/ Docu	ıment Nuı	april tarabas	
	Date of Crash 02/24/2023	Time of Crash		City/Town	1		icle Cra	sh		unber hicles	Num	I	peed l atitud	Limit_	35	State Po Local Po MBTA	olice 🔯	
	02/24/2023	24HR	MTTIII	ing con	Pol	lice]	Report		2		0	- 1	anniu ongiti			Campus Other:	Police 🗀	
		AT INTERS	SECTIO	N:	< 1	LOCA	TION :	>			NO	ГАТ	INT	ERS	SEC	TION:		
						1			212	,	MZ	IN	STP	ı				2 10
	Route# Dire	ction	1	Name of Roadway/S	itreet		Route# Direct	ion	Addre						Roadw	ay/Street		_
1				At			Feet	N S	E W	of			- •		or _			
	Route# Dire	ction		of Intersecting Road			F	a la l			Mi	e Marl	ег			Exit N	umber	3 11
				Also at Intersection	with		Feet				Route	#	I	nterse	cting F	Roadway/S	treet	<u> </u>
<u> 1</u>	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	NIS	EW	of					1 1			
	Please Select	One X Vehicle	.1 #	Occupants Hi	- In.		Crash R	4 .	VD/ *	2.3	_ =	7	. 7\ /		ndmark	<u> </u>		
}	of the Followi	ng: Venicie			zzkun 1 I	Moped												4
		1734384	_	DOB/Age			3APA97									I	21	1 12
	Sex F Lic.	Class D	Lic. Res	trictions 1	CDL Endorsement		fear <u>2008</u>								Veh	Config.	1 :]	<u> </u>
1	1	Last	Fi	NA MARIE	Middle		er DESANT	ast			NA Fi	MAI	ΚIΕ		Mi	ddle		
<u>.</u>]	VERETT A		/A Zip 0188	7-1706		ess <u>8 EVER</u> WILMING			vĽ.			N/W		<u>.</u> 01	1 2 2 7 _	1706	
	l '			CE INSURA		•	WILMING!		Г	1	22						27 27	
	Insurance Comp Vehicle Travel I	•		Responding to Eme			Sequence		23	23	23		Statu			1 28	L	
5		sued)		Responding to Ente	rigeticy:		<u>-</u>	1	24			Тур	e of T	est:		29		
	1			ol. 2: Ch/Sec/Sub			r Contributing Co	<u> </u>	 1	25	25			Resu		1 30 1 D	32	1 13
				ol. 4: Ch/Sec/Sub			_	0	26	!!				onor:	2 31 ene?	33 33	ug 2 32	<u> </u>
1	VIOL 3. CIDSCO			and all occupants in					34 Seat	35 Safety	36 Airbag	37	38 Trap	39 Injury	40 Transp.			
	Name (Last First N				Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Media	al Facility	-
	Operate	or		1	See Above			\triangle	1	1	4	0	2	10	1			-
																		-
				<u> </u>														_
<u></u>	Please Select O of the Followi		21#	Occupants No	n-Motorist A	Туре	15 Action	16 L	ocatio	ո	17	Conditio	n	18	<u></u> ,	Hit/Run [Moped	
	License # S9	8200295	St MA	DOB/Age		Reg#	2BYX70			L	Reg	Туре	PC		Re	eg State M	A	1
	Sex M Lic.	10 10	9 Lic. Rest		CDL	Veh Y	ear 2007	v	eh Ma	ike M	ERC	URY			_ Veh	Config.	1 21	
	Operator MC	PHEE, DO	NALD		Endorsement	Owne	MCPHEE	, M	[IC]	HAE	L Æ	NTI	ION	Y		ddle		
1	Address 54	BOYLSTO1	I IN	APT 6	Middle	Addre	ess 71 LYN	nsi N	ST		Fn	rst .			Mi	ddle		
	City LOWE	L	State N	IA Zip 0185	2-5562	City_	PEABODY										5706	1 14
	Insurance Comp	any SAFETY	INS	URANCE CO	OMPANY	Vehic	le Action Prior to	Crash	ľ	4	22				Code:		27 27	
	Vehicle Travel I	Direction: N	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		Statu e of T			1 28 29		
2	Citation # (If Iss	ued) 83095	7AB			Most	Harmful Event	1	24					Resu	lt:	1 30		
	Viol. 1: Ch/Sec/			ol. 2: Ch/Sec/Sub 9		Drive	r Contributing Co	de	*	25	25	Sus	p. Alc	ohol:	2 31		ug 2 32	
	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26		1			om sce	<u> </u>	1 33]
	Ple Name (Last First M	•	rator/non-m	notorist and all occup	pants involved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Modic	al Facility	
	Operate	or/Non-Mo	torist		See Above		> <	X	1	1	4	0	·	10	1			
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																		1
		-										+						1



Patrol Officer Zachary A Leighton

227

Wilmington Police Department

02/24/2023

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks Date

	Police Use Only			Commonwealth of M			of Massa	f Massachusetts					RMV Document Number							
	Date of Crash	Time of Crash	1	City/Town	Motor	Veh	icle Cra	sh		imber hicles	Nun	`ا ئەمد		Limit.	40	State Po Local P MBTA	olice			
	02/24/2023	1806 24HR	WIIII	ington	Pol	lice l	Report		2		0	I	Latitud Longit				s Police	ă		
		AT INTER	SECTIO	N:	<]	LOCA	TION	>			NO.	ГАТ	IN	TER:	SECT	TION:				
						l			200	-	т.	УКЛЕ Р.	T T	em					2	10
1	Route# Direc	ction		Name of Roadway/	Street		Route# Direct	tion	280 Addr		<u> </u>	WE.			Roadwa	ay/Street				
¹ 4	<u> </u> 			At			Fect	N S	E W	of			 •		or					
	Route# Direc	ction	Name	of Intersecting Road	lway/Street	<u> </u>					Mi	le Mar	ker			Exit N	lumber		2	11
	Also at Intersection with						Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of									-	_	_]		
² 1	Route# Direc	ction	Name	of Intersecting Road	dway/Street		Feet	N S	E W	of										
ъ.	Please Select 0	() 100 KZA											_		ndmark					
3	of the Followi		e 1 2 _#	Occupants H	it/Run	Moped	Crash R	leport	ID#	23	-5	8-	-A	C_						
	License # <u>\$8</u>	7433685		_ DOB/Age	···	Reg #	2PVL97			,	Re	з Туре	PC		Re	g State N		-	,)	12
	Sex M Lic.	Class D	Lic. Res	strictions 20	CDL Endorsement	Veh Y	ear <u>2018</u>	<u> </u>	∕eh Ma	ake H	ONE	A			Veh	Config.	1 2	1	<u> </u>	
4	Operator AL	MARANTE Last	, LUI		Middle	Owne	r ALMARA	NTE	.	LUI		rsı			Mid	kile .				
⁴ 1	Address 321	PROSPE	CT ST	1		Addre	ess <u>321 PF</u>	ROS:	PEC	T S	ST_									
	City LAWR	ENCE	State 1	MA Zip 0184	1-2022	City_	LAWRENC	E							· -	841-		1		
	Insurance Comp	oany GEICO	GENE	RAL INSUF	RANCE C	Vehic	le Action Prior to	Crash	!	ᅩ	22				Code:	5 27 4 28	²⁷ 6	47]		
5	Vehicle Travel I	Direction: N S	Xw	Responding to Em	ergency?_2	Event	Sequence 1	23	23	23	23		it Stati pe of T			29				
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⁶ 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Drive	r Distracted by	0	26	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			om se		2 33				_
<u></u>	Name (Last First M		for operato	r and all occupants i	nvolved Address		DOB/Age	Sex	34 Sent Pos.	35 Sofety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medic	al Facility			
	Operate	or			See Above			X	1	1	4	0	0	10	1					
	CESAR CANEI	LA		CARRUPTHERS PL LAWRENCE, MA 0	1841			м	3	1	4	0	0	10	1					
	Please Select ()ne 5ZI	9 "				15	16		<u> </u>	17			18	<u> </u>					
⁷ 2	of the Followi		e 2 1 _#	Occupants No	on-Motorist A	Type	Action	1	ocatio	ın		Conditi	L		<u></u>	lit/Run [ped		
	License # S1	7714324		DOB/Age	<u>i</u>		2JVP73				-		PC			g State K	2	-		
	Sex M Lic. Class 99 19 19 Lic. Restrictions 99 20 CDL Veh Year 2013 Veh Make FORD Veh Config. 1									1]									
⁸ 2	Lest First Middle						rner BARRETO, RAFAEL Lust First Middle										-			
		CHESTN					ss 131 CF		ľNU	T S	ST		T			140			. 1	14
City EVERETT State MA Zip 02149 City EVERETT State MA Zip 02149 Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash Vehicle Towal Direction: NIS May Percenting to Emergency 2 Figure Sequence 23 23 23 23 23 23 23 23 23 23 23 23 23										27	 27]		╛							
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	Vehicle Travel D		-K-N	Responding to Eme	ergency? 2		Sequence 1	- <u>` </u> -	24			Туј	pe of T	Γest:	ĺ	29				
⁹ 2	Citation # (If Iss Viol. 1: Ch/Sec/s	ued) 83139 90		ol. 2: Ch/Sec/Sub			Harmful Event r Contributing Co	[≛		25	25			t Resu		1 30		_		
							r Contributing Co	99	26	I		Sus		on sc	2 31	Susp. Dr	ug 2	<u>'</u>		
	Viol. 3: Ch/Sec/Sub ————————————————————————————————————					. Drive	Distracted by	23	34	35	36	37	38	39	40			\dashv		
	Name (Last First M	(iddle)			Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medic	at Facility			
	Operate	or/Non-Mo	otorist		See Above			X	1	1	4	0	0	10	1			_		
		·														<u></u>				
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	= Direction	= Vehicle 1 2 = Vehicle	2	ian Øð = Bicycle	
Crash Diagram:	ie: 🖚 🗆	2	→ 🖁	→ №	
280 Lowe	ll St	300 Lowell St		on a I	
					l/Shopping Center
	Indic	Indicate North by Arrow			
Crash Narrative:					
MV1 was traveling ea	st on Lowell Str	eet. MV1 stated he	was travelin	g slowly becaus	e he was
in traffic waiting i	n line for the i	ntersection of Lowe	11 Street and	d West Street.	MV1
stated MV2 rear ende	d him. The crash	appeared to be at	relatively s	low speed, with	no
apparent injuries to					
asked to produce a 1	92 July 1				370
A&S towing as the fr					l well.
MV2 was issued a cri	minal application	n for unlicensed op	eration of a	motor vehicle.	
i en					
Witnesses: Name (Last,First,Middle)		Address		Phone #	Statement
Traine (Zasiji ristjiritatie)		Hudicas		T HOLE II	butthen
Property Damage:					
Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged I	roperty
Truck and Bus Informat	ion: Registration #	(From Vehicle Section)		
Carrier Name					Bus Use 42
Address		City		St	Zip
Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th					
US DOT #:	State Number	Issuing Sta	teMC/MX	/ICC #:	
	ody Type Code	GVWR/GCWR			
Trailer Reg #:	Reg Type	Reg StateReg	YearTra	iler Length	
Hazmat Information:				SECTION CONTRACTOR	
Placard Material 1 d	igit # 48 Material Na	ne	Material 4 di	git #R	elease code
Patrol Officer James	. p uill	225	Wilmington	Police Departm	ent 02/24/2023

Department