	Poi	lice Use Only		C	ommon	wealth	of Mass	ach	us	etts	5	İ		RM	V Docu	ment N	umber	
	Date of Crash	Time of Crash	ı	City/Town	Mo	otor Vel	iicle Cra	ash		umber			Speed		35	- Local	Police D	
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	Route# Dire	ction			g Roadway/Stree	et		NIC	Les lavo	1 ,	IVI	ile Ma	rker			EXIL	Number	- 3
				Also at Interse	ection with			NS			Route	e#		Interse	ecting R	oadway	/Street	
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 2	Please Select (of the Followi		e 1 <u>1</u> #	Occupants	Hit/Run	Moped	Crash	Report	1D#	23	-1	.36	5 –.	AC	;			
<u>-</u>	License # S9	4739533	St MA	DOB/Ags		Reg	#_481XW1				Rei	g Type	PC		Re	g State	MA	T
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				L	Endorseme	ent	er MEUSE								,,,,,	Comig.		
		USE, THO Last PRATT S'		irst	Middle		ess 23 PR	Last				irsi	<u></u>		Mide	dle		
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	Insurance Comp	any LIBERT		TUAL I	NSURAN	CE Vehi	cle Action Prior to		-	1			ımagec st Statı		Code:	2	27 ₈ 27	1
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	Citation # (If Iss	sued)				Mos	Harmful Event	1	24				C Tes		ılt: 1	30		
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2		Please fill out	for operator	r and all occup				Ī	34 Sent	35 Safety	36 Airbag	37 Eject Code	38 Trap Code	39 Injury	40 Transp.			7
	Name (Last First M				Address		DOB/Age	Sex	Pos.	System 1	Status			Status	Code	Med	ical Facility	+
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2	of the Followin		2#	Occupants	Non-Motoris	st A Type	Action	1	Locatio	on	C	Conditi	on		!!	it/Run	Moped	_
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	Operator RA	FFI, EVA	N PH	ILIP	Endorseme		er RAFFI ,	EV	/AN	PH								
	· •	RIDGE LI	Fin	rst	Middle	Addr	ess 8 BRII	Last DGE	LN	·	Fü	rst			Midd	ile		
	City WILMI			12A zin 01	L887-267		WILMING					Stat	e MA	7	in 01	887	-2672	1
		any AMICA		•		•	ele Action Prior to		1	4	22				Code: 1			_
					_		_		23	23	23		st Statu		1	28		
	Vehicle Travel D	K	EW	Responding to	Emergency? 2		t Sequence 1		24		(A) (A)	Тур	e of T	est:	ľ	29		
2	Citation # (If Iss	•					Harmful Event	1		25 -	25	ВА	C Test	t Resu	lt: 1	30		
	Viol. 1: Ch/Sec/S	Sub	Vic	ol, 2: Ch/Sec/S	ub	Drive	er Contributing Co			²⁵ 9	25		sp. Alc	- 1	~ +	Susp. D	nug: 2 32	
	Viol. 3: Ch/Sec/5	Sub	Vio	ol. 4: Ch/Sec/S	ub	Drive	r Distracted by	99	26	,		Τον	ved fro			33		
	Ple Name (Last First M	ase fill out for ope	rator/non-in	otorist and all	occupants invol	lved	DOB/Age	Sex	34 Seni Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medi	ical Facility	
		or/Non-Mo	torist		See Above			V	1	1				10	1	with		1
	Sperate	IVIO IIAU							Ĥ						 			-
								<u> </u>	<u> </u>									

	Direction	= Vehicle 1	2 = Vehicle 2	오 = Pedestria	ın Øo = Bicy	rcle	
Crash Diagram:	ie: 🖚 🗔	□ →□	2	▶ ♀	→ ॐ		
Shawsheen Ave, Wilmington, MA	UT Pole: ○		Bridge Ln			f Crash Did Note n a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way Indicate North by A	
			Carter Ln	F			
Crash Narrative:							
MV 1 and MV 2 agreed u	pon the follow	ing. MV 1 w	as traveling	on Bridge	e Ln, appro	aching the	
intersection of Bridge							
left from Shawsheen Av							
and took the left turn							
stated no injuries. MV							
							
3313							
Witnesses: Name (Last,First,Middle)		Address			Phone #		Statement
Titute (Zastyr 1134, 1150)							
0.10.40							
The state of the s							
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Dam	aged Property	
Truck and Bus Information	Registration #		(From Ve	chicle Section)		[42
Carrier Name						Bus Use	
Address			City		St	Zip	
				MOARY	CC #-		
US DOT #:	State Number		Issuing State	MC/MLX/I	CC #:		
Interstate Cargo Body		GVWR/GCWR	A STATE			16	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length		
Hazmat Information:	40					_	49
Placard 47 Material I digit	# Material Na	me		Material 4 digi	t #	Release code	
Patrol Officer James R	י שיון		225 W	ilminaton	Police Dep	artment 04/	30/2023

Department

Wilmington Police Department Images Associated with 23-136-AC



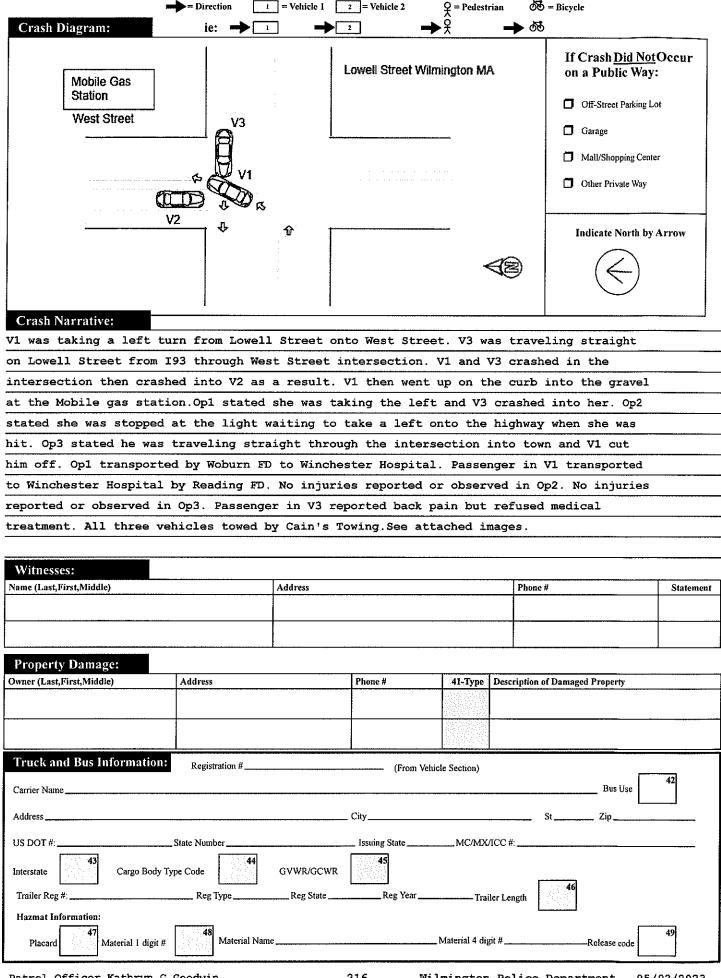






	Police Us	se Only	Com	monw	ealth/	of Mass	ach	lus	etts	3			RM	V Doc	ument l	Number	48 48 48
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	Route# Direction	LOWELL S	ST Name of Roadway/S	Street		Route# Direc	tion	Add	ress #			Na	ame of	Roady	vay/Stre	et	-
¹ 4			At														1
	1	WEST ST				Feet	NS	EW	of	M	ile Ma	•	-	OF ,	Exi	t Number	<u> </u>
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								EW	_	Rout	e#		Inters	ecting l	Roadwa	y/Street	
² 1	Route# Direction	Nam	e of Intersecting Road	lway/Street		1001		1=1) (ı				Fa	adınar	lr		-
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³ 3	of the Following:	venicie iza	in Oscapianis III	UKBB [_
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	Operator TREFF	REY, KATH		Middle		er TREFRE	Υ,	KA	THE			'NN			iddle		
⁴ 3	Address 269 L	INDEN ST	that	Middle	Addr	ess 269 L	IND	EN	ST	ŀ	irst			м	ıddle		
	City SOUTH HA	MILTON State	MA Zip 0198	2-1642	City_	SOUTH H	AMI	LT	ON		Sta	te M	A 2	.ip 0	1982	2-1642	1
	Insurance Company Z	RBELLA M	JTUAL INS	URANCE	L Vehic	le Action Prior to	Crash	1	4	22	D	amage	d Area	Code:	3 27	10 27 27	
	Vehicle Travel Direction	on: XISEW	Responding to Eme	rgency7_2			23 20		23	23	Te	est Stat	tus:		1 28		
⁵ 1	Citation # (If Issued)_			<i>u</i> ,		Harmful Event	1	24			Ту	pe of	Test:		29		
	Viol. 1; Ch/Sec/Sub —					r Contributing Co		1	25	25	-1		st Resu		30	_ [3]	1 13
						r Distracted by	0	26		140 P. C.	,		cohol: rom sc	2 31	Susp.	Drug 2 32	<u> </u>
⁶ 2	Viol, 3: Ch/Sec/Sub		or and all occupants in		Drive	I Distracted by	T	34	35	36	37	38	39	ine?			_
	Name (Last First Middle)	case in our for operat	or and an occupants n	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag	Eject Code	Trap Code	Injury Status	Transp. Code		edical Facility	_
	Operator		\$	See Above			X	1	1	3	0	0	8	2	Winche Hospit		
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⁷ 2	Please Select One of the Following:	Vehicle 2.1	#Occupants No	n-Motorist A	Туре	Action	16 I	Locatio	on	17	Condit	ion	18		Hit/Run	Moped	
_	License # S9906	2906 St MZ	DOB/Ag:		Reg #	295TT5				Re	д Туре	PC		R	eg State,	MA	1
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³ 1	Address 13 ALE	•	First	Middle		ess 13 ALE	Last				irst			Mi	ddle		
	City WOBURN		MA Zip 0180	1-4609		WOBURN	AL1	* *			Stat	MZ	1 7	<u></u> ∩1	1801	-4609	4 14
	Insurance Company F		-				G . I		_	22					8 27	27 27	
		- K 7				le Action Prior to	23	23	23	23		st Stat			1 28		
	Vehicle Travel Directio	n: NXEW	Responding to Emer	rgency? _Z		Sequence 1		24			Ту	pe of	Test:		29		
2	Citation # (If Issued)		-			Harmful Event	1		25	25	1	AC Tes	st Resu	ilt:	30		
	Viol, 1: Ch/Sec/Sub —	V	iol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	<u> </u>	25	25	Su	sp. Ale	cohol:	2 31		Drug 2 32	
	Viol, 3: Ch/Sec/Sub —	V	iol. 4: Ch/Sec/Sub		Drive	Distracted by	0	26			То	wed fr	om sc		1 33		Ţ
	Please fill Name (Last First Middle)	l out for operator/non-	motorist and all occup	oants involved Address	d	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	19 Injury Status	40 Transp. Code	Me	dical Facility	
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	Pol	ice Use Only		Comi	monwealth	of Massa	ach	use	etts			RM	V Docu	ment Nuo		
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		T OTTE	LL S	FTI.												2 10
1	Route# Direc			Name of Roadway/St	reet	Route# Direc	tion	Addre	ss#		N	ame of	Roadw	ay/Street		_
¹ 4				At		Feet	NS	E W	of .				O.			
	Route# Direc	WEST		of Intersecting Roady	vay/Street	- 1.000	1110	~ [``]	Ut.	Mile	Marker		01 _	Exit No	лпрег	3 11
				Also at Intersection w	vith	Feet	NS	E W	of .	Route#		Intere	ectina R	loadway/Si	treet	3
2	Route# Direc		Name	of Intersecting Roady	uav/Street	Feet	N S	E W	of	Kouica		micis	ceing iv	toauway/o	icci	
² 1	Router Direc	JOH	ranc	or merseeing reads								La	ındmark			_
³ 3	Please Select O of the Followi	One Vehicle	32_	Occupants Hit/	Run Moped	Crash R	Report	id# 🏻	23	-1:	37-	AC	3			
3	License # S2	6699012	St MA	DOB/Agi	Re	# 2THS11				Reg T	ype PC	7	Re	g State M	A	<u> </u>
		Class D 19 1		20		Year 2020									L 21	1 12
		RINO, RO		E ₁	ndorsement	ner TORINO								, L		
⁴ 3		SALEM F		irst	Middle	dress 334 SF	Last			First			Mid	ldle		
				MA Zip 01821	•	BILLERI					State M	A 2	Zip <u>0</u> 1	821-	2136	
				OPERTY & C		nicle Action Prior to		Г	1	22			Code:			
	i '	Direction: N S		Responding to Emer			,	<u>L</u>	23	23	Test Sta	atus:		1 28		
⁵ 1		ued)					1	24			Type of			29		
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				ol. 4: Ch/Sec/Sub		ver Distracted by	0	26		100000000	Towed		-	33 July 33	·6·[2	F
⁶ 2	1101. 3. 012 500.			r and all occupants in				34 Scat	35 Safety	36 Airbag E	37 38 ject Trap	39 Injury	40 Transp.			4
	Name (Last First M			_	Address	DOB/Age	Sex	Pos.	System		ode Code	Status	Code	Medica	1 Facility	-
	Operate	or		334 SALEM RD	ee Above	/	X	1	1	4 0	0	10	1			-
	JUSTIN TORI	NO		BILLERICA, MA 01	921		М	3	1	4 0	0	8	1			_
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7	Please Select C		4 #	Occupants Non-	-Motorist A Type	15 Action	16 L	ocatio	n	17 Co	dition	18	П	lit/Run	Moped	1
⁷ 2	of the Followin					enter en	11141			<u> </u>	Ŀ	#1111-1	<u> </u>			┨
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⁸ 1	Operator	Last	F	îral	Middle		Last			First			Mid	ldle		
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						icle Action Prior to		Г		22	Damage		· -	27	27 27	
	Vehicle Travel D	,	EW	Responding to Emerg				 23	23	23	Test Sta	itus:	ŀ	28		
		ued)			, ,	st Hannful Event	44 × 440 1973	24	SALL SEC	<u></u>	Type of	Test:		29		
⁹ 2	,	ŕ		ol, 2: Ch/Sec/Sub		ver Contributing Co	de [25	25	BAC To			30	32	
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				ol. 4: Ch/Sec/Sub notorist and all occupa		Distracted by		34	35		7 38	39				4
	Name (Last First Mi	iddle)		1	Address	DOB/Age	Sex	Post.	Safety System		ect Trap ode Code		Transp. Code	Medica	l Facility	4
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Patrol Officer Kathryn C Goodwin

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Wilmington Police Department

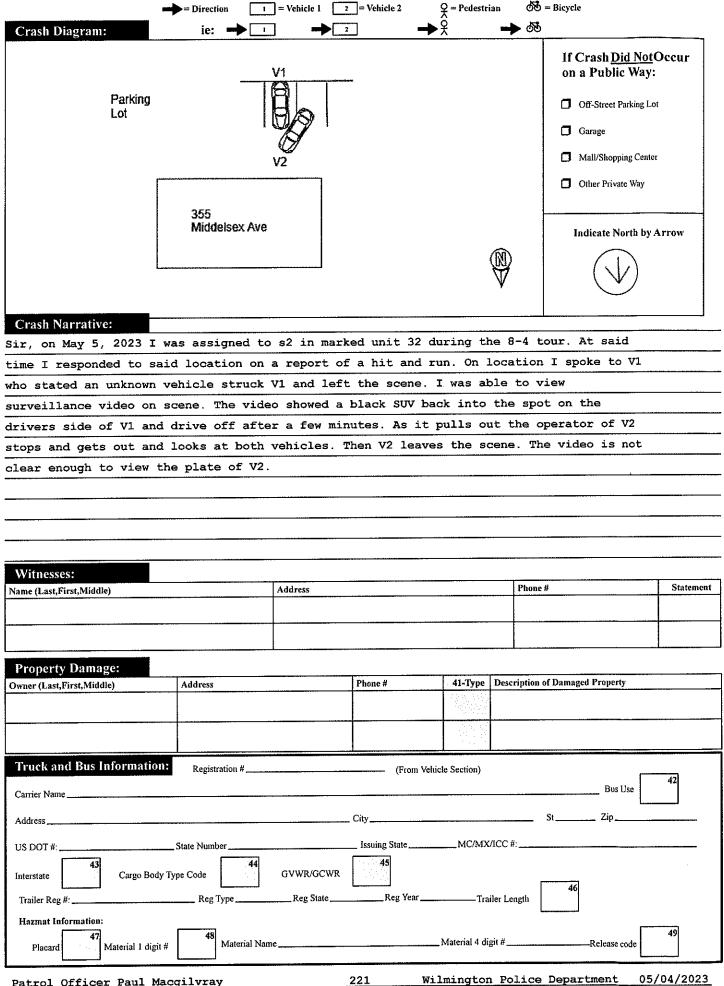
05/02/2023

Wilmington Police Department Images Associated with 23-137-AC





	Police Use Only	Common	wealth (of Massa	ach	use	tts			RMV	Docume	nt Number		
	Date of Crash Time of Crash 05/04/2023 1358 Wiln	City/Town Mo	otor Veh	icle Cra	sh	Nun Vehi		lumber njured	Speed :	_	<u> </u>	State Police Local Police MBTA Police	080	
	24HR		Police 1	Report		2	0	-	Lantud Longiti			Campus Police Other:	Ğ	
	AT INTERSECTI	ION:	LOCA	TION	>		N·	OT A	T'INT	ERSI	ECTIO	ON:		· ·······
						355	1	ATDE	T.E.S	EX .	2 1/1F:			2 10
1.	Route# Direction	Name of Roadway/Street		Route# Direct	tion	Addres		A			adway/S	Street		
¹ 1		At		Feet	N S	E W c	ıf		•	_ 0	or			
	Route# Direction Nam	ne of Intersecting Roadway/Street	ŧ					Mile Ma	ırker]	Exit Number	<u> </u>	4 11
		Also at Intersection with		Feet [Ro	ute#	I	ntersect	ing Road	lway/Street	-	
² 2	Route# Direction Nam	ne of Intersecting Roadway/Street	t	Feet [NS	EW c	f 							
	Please Select One Value 1	#Occupants Hit/Run	<u></u>			O	2	1 2	0 7	Land	mark			
³ 3	of the Following:	_#Occupants Hit/Kin	Moped	Crash R	eport	1D# 	<u> </u>	T 2	0 - 1	AC			_	
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	Sex Lic. Class Lic. R	estrictions CDLEndorseme	Veh Y	/ear	— `	Veh Mak	e				Veh Con	ofig. 1	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓֡֓֓֡֓֡	
⁴ 1	Operator unknown	First Middle	Owne	er	Last			First			Middle		-	
1	Address			ess			··· ··· ···							
	CityState	-					23			Zip	ode: 3	27 27 2	<u> </u>	
	Insurance Company			le Action Prior to			3 23		amaged est Statu			28	_	
⁵ 2	Vehicle Travel Direction: SEW	Responding to Emergency? 2		2		24	1		pe of To	est:	- 2	29		
	Citation # (If Issued)			Harmful Event r Contributing Co	2	99 2	sl	25		Result:	<u> </u>	30	_	13
	Viol, 1; Ch/Sec/Sub			-	99		JL	St		ohol: 2 om scene	-	sp. Drug: 2 3		
⁶ 2	Viol. 3: Ch/Sec/SubV	tor and all occupants involved	Dive	I Distracted by	99	34	35 36	37	38	39	· <u> </u>			
	Name (Last First Middle)	Address		DOB/Age	Sex	Pas. S	afety Airb ystem Stat	ag Eject us Code	Code	Status C	ansp. ode	Medical Facility		
	Operator	See Above			X	1 9	9 4	0	0	10 1			_	
7 .	Please Select One Vehicle 20	#Occupants Non-Motorist	t A Type	15 Action	16 _L	ocation	17	Condit	ion	18	Hit/R	tun 🔲 Mop	ed	
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	Operator Driverless M. V	Endorsemen	nt ·	r KIMLY,							ven Con	iig. 125]	
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	CityState_	Zip		BRIGHTON					te MA	Zip	0213	35-451	6 1	L 14
	Insurance Company THE COMMER	•		le Action Prior to (1	22			Area Co			7	
	Vehicle Travel Direction: NSEW	Responding to Emergency?	Event	Sequence 2	23	23 2	3 23		st Statu:		<u> </u>	18		
) _	Citation # (If Issued)		Most l	Hannful Event	2	24		-	pe of Te ar Test	est: Result:	<u> </u>	10		
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	Viol. 3: Ch/Sec/Sub ———— V	/iol. 4: Ch/Sec/Sub	Driver	Distracted by	0	26				m scene		13	-	
•	Please fill out for operator/non- Name (Last First Middle)	-motorist and all occupants involv	ved	DOB/Age	Sex	Seat S.	35 36 afety Airls atom State	g Eject	38 Trap Code	Injury Tra	10 insp. ude	Medical Facility		
1	Operator/Non-Motorist	See Above	·····		X	1 0		1					\exists	
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Patrol Officer Paul Macgilvray

Police Officer Name (Please Print)

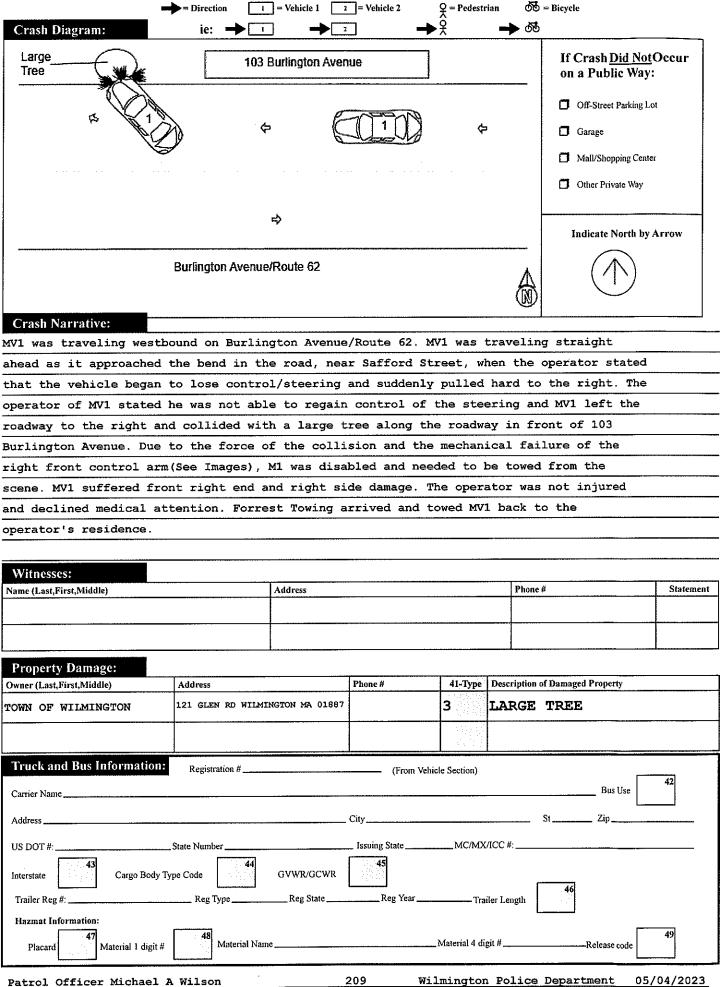
Signature

ID/Badge #

Precinct/Barracks Department

Date

Date of Crash	lice Use Only	Co.	mmonwe	aith ()i Iviassa	chus	etts			RM	V Docu	ment Numb	
05/04/2023	Time of Crash 1551 Wi	City/Town .lmington			icle Cras	sh 🖟	Number /ehicles	Numbe Injure	, Jopes	ed Limit	25	State Police Local Polic MBTA Poli	⊎ 20
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Sex <u>M</u> Lic. (c. Restrictions	CDL		ear <u>2006</u>							Config. 1	
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Citation # (If Iss	ued)	***************************************		Most I	Harmful Event	21 24			BAC T		ılt:	30	
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Police Officer Name (Please Print)

Signature

ID/Badge#

Department

Precinct/Barracks

Date

Wilmington Police Department Images Associated with 23-139-AC





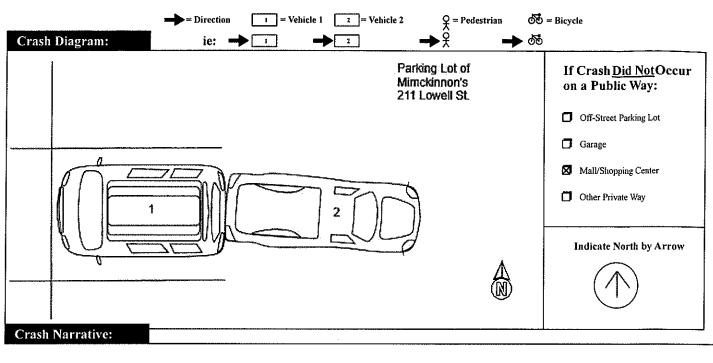








	Police Us	se Only	Com	monwea	lth e	of Massa	ach	use	etts	;		RM	IV Doc	ument Numbe		
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A female party, Ellen Emmons, came into the station to report a hit and run. Her motor vehicle (MV1) was parked in a parking space of 211 Lowell St. 2 witnesses, attached below, observed a pickup truck (MV2) back into the rear of MV1. The plate the witnesses stated they got from MV2 is NH REG GABBERS. The damage/location to MV1 is consistent to a trailer hitch ball colliding into a motor vehicle from a pickup truck. The witnesses also told the reporting party that the operator was a male, the registered owner is a female. I was later able to identify the operator, Zachary Fanjoy, and he was added into the report. Mr. Fanjoy's statements reflect accurately to the time, place, vehicle he was driving and the damage consistent with the parked motor vehicle.

Name (Last,First,Middle)		Address			Pho	ne#		Statement
CASHMAN DAWN MARIE		79 FAIRFIEI	D ST LOWELL M	A 01851-3	910			
NICKERSON JENNIFER		52 BUTTERS	ROW WILMINGTO	ON MA 018	887			
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damaged	l Property	
Truck and Bus Information:	Registration #		(From Vel	nicle Section)				
Carrier Name							Bus Use	42
Address			_ City			St	Zip	
US DOT#:S	State Number		Issuing State	MC/MX/	/ICC #:		···· <u>·</u>	
Interstate 43 Cargo Body Typ	e Code	GVWR/GCWR	45					
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	ler Length	46		
Hazmat Information:								
Placard Material I digit #	48 Material Name	·		_Material 4 dig	git #		Release code	49

Patrol Officer Brian Tavares

206

Wilmington Police Department

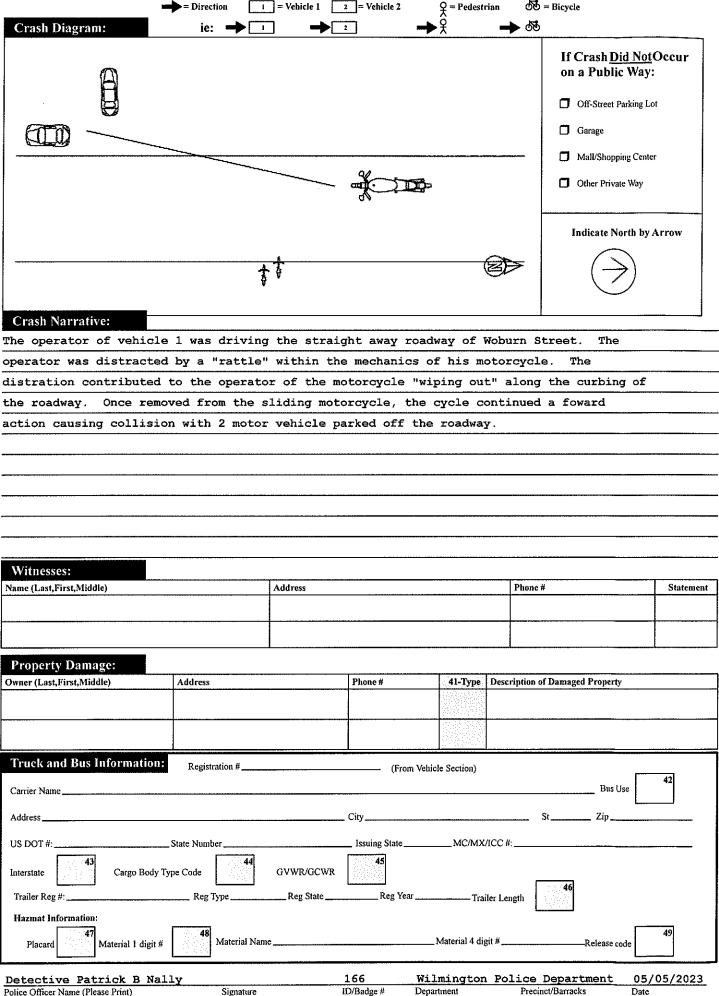
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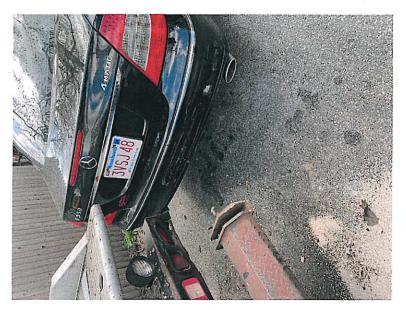
Witnesses:

	Pol	lice Use Only		Com	monw	ealth (of Mass	ach	use	etts			RM	AV Doc	ument Num		
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				MA Zip 0184	11-5125		HOOKSET					State	NH	Zip 0	310614	408	
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⁶ 1	Viol. 3: Ch/Sec/	'Sub	Vi	ol. 4: Ch/Sec/Sub =		Drive	r Distracted by	5	26				d from s	_	1 33		
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Wilmington Police Department Images Associated with 23-141-AC

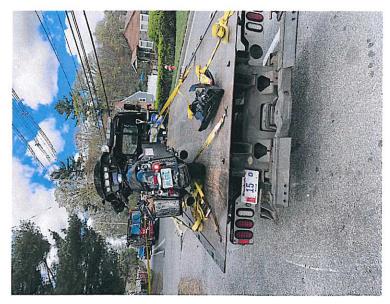












Wilmington Police Department Images Associated with 23-141-AC





	Pol	ice Use Only		Com	monwea	lth e	of Mass	ach	use	tts			RM	V Daci	ument Number	
	Date of Crash 05/06/2023	Time of Crash		City/Town ington			icle Cra	ısh		mber ricles	Numb Injure		d Limit ude	30	MBTA Police	0900
		24HR	<u> </u>		<u> </u>		Report		1		1	Long	itude_	~~~	Campus Police Other:	
		AT INTER	SECTIO	DN:	< <u>[</u>	JUCA	TION	>			NOT	AT IN	TER	SEC	TION:	2 10
	7-4-4 75			V(D1(S			Route# Direc	42	316 Addre		LO	ELĻ			vay/Street	2
¹ 4	Route# Dire	ction		Name of Roadway/S	nect							1,	ante or	ROBUN	vay/30eet	_
L	Route# Dire	dian	Nome	of Intersecting Road	way/Strant	<u>—</u> [Feet	N S	EW	of ·	Mile	 Marker	•	or	Exit Number	
	Koute# Due	ction		Also at Intersection			Fcet	NS	E W	af ,					D 1 /0:	1
2	Route# Dire		Name	of Intersecting Road	way/Street		Fcet	N S	EW	of	Route#		mers	ecting i	Roadway/Street	
² 2				1	<u> </u>		<u> </u>			•				undmarl	k	4
3	Please Select 6 of the Followi		. <u>1</u> #	Occupants Hit	/Run M	loped	Crash I	Report	ID# Z	23	-14	12-	·AC	<u> </u>		
		355079728		_ DOB/Age		Reg #	2PPV17				Reg 1	урс <u>Р</u> (2	R		7 12
	ŀ	Class D	_	Tarastra I	CDL		(car_ <u>2019</u>								Config. 1] <u>'</u>
⁴ 3	1 -	BRIEL M	Fi	inst	Middle		er GABRIE	Lasi			First		ETT	Mi	iddle	
3		3 MAIN		PT 1			ess <u>1243 </u>		N S	T	APT		···	0:	1067	
	1			AA zip 0186 OPERTY &			READING		[1 35	22				1867	27
	1	Direction: N S		Responding to Eme				23 23		L 23	23	Test St			28	9001
⁵ 1	i	sued)		Responding to Eme	Igoney !			22			960	Туре о			1 29 1 30	
	1			ol, 2; Ch/Sec/Sub			r Contributing Co	F141-141-1	10	²⁵ 9	25	BAC To Susp. A			Susp. Drug	32 22 ¹³
-	Viol, 3: Clt/Sec/			ol. 4; Ch/Sec/Sub		Drive	r Distracted by	99	-			Towed			33	9324
⁶ 1			for operator	r and all occupants in					34 Scat	35 Safety	Airbag E	17 38 ect Tran	39 Injury	40 Tionsp.	14.11.15.35	
	Name (Last First M			S	Address See Above		DOB/Age	Sex	1	99	Slatus C	ode Cod	Status 7	Codo 2	Medical Facility Lahoy Clinic	
												+				
	<u></u>							\vdash					+			
								-					 			
	Please Select €	lue Ct	- 46			923.7 158.0	<u> </u> 15	16		(828)	17	[18		<u> </u>	
⁷ 2	of the Followi		e 2#	Occupants No	a-Motorist A T	уре	Action		Location	1	Co	ioition		Ľ	Hit/Run Mo	ped
L	License #	19	St	DOB/Age		Reg#					_ Reg T	уре		R	eg State2	11
	Sex Lic.	Class	Lic. Res	trictions C	DL Indorsement		/ear	— `	Veh Mal	ke				Veh	Config.	
⁸ 2	Operator	Last	Pi	ut	Middle		er	[,nst			First			Mi	idd)e	-
	Address		State	Zio		City						Stato	2	Zip		1 14
	Insurance Comp					•	le Action Prior to	Crash			22	Damag		•	27 27	27
	Vehicle Travel D	irection: N S	EW	Responding to Emer	gency?	Event	Sequence	23	23	23	23	Test Sta			28	
⁹ 2	Citation # (If Iss	ued)				Most	Hannful Event		24			Type of BAC To		ult:	30	
2	Viol. 1: Ch/Sec/S	Sub	Vio	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode		2.5	25	Susp. A		200.00	Susp. Drug	32
	Viol. 3: Ch/Sec/	Sub	Vio	ol. 4: Ch/Sec/Sub —		Drive	r Distracted by		26			Towed			33	
	Ple Nome (Last First M	•	erator/non-m	notorist and all occup	ants involved Address		DOD/Age	Sex	34 Scal Pos.	35 Safety System	Airbag E	7 38 ect Trap als Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or/Non-Mo	torist	s	ee Above		$\geq \leq$	X	1							

