

Date of Crash **05/17/2023** Time of Crash **1648** 24HR City/Town **Wilmington** **Motor Vehicle Crash** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police
Latitude _____ Local Police
Longitude _____ MBTA Police
 Campus Police
 Other: _____

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ Route# **187** Direction _____ Address # **MIDDLESEX AVE** Name of Roadway/Street _____
 _____ At _____
 _____ Feet **N S E W** of _____ Mile Marker _____ or _____ Exit Number _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 _____ Also at Intersection with _____
 _____ Feet **N S E W** of _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 _____ Feet **N S E W** of _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-146-AC**

License # **SA3520599** St **MA** DOB/Age _____ Reg # **1VHP89** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** ¹⁹/_D ¹⁹/_D Lic. Restrictions **99** ²⁰/_{CDL} Endorsement _____ Veh Year **2003** Veh Make **HONDA** Veh Config. **1** ²¹/_{_____}
 Operator **BAER, KEELIN SHAY** Owner **BAER, MELISSA A**
 Last First Middle Last First Middle
 Address **5 BYRON ST** Address **5 BYRON ST**
 City **WILMINGTON** State **MA** Zip **01887-3139** City **WILMINGTON** State **MA** Zip **01887-3139**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** ²²/_{_____} Damaged Area Code: **5** ²⁷/_{_____} **27** ²⁷/_{_____}
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** ²³/_{_____} **23** ²³/_{_____} **23** ²³/_{_____} Test Status: **1** ²⁸/_{_____}
 Citation # (If Issued) _____ Most Harmful Event **1** ²⁴/_{_____} Type of Test: **_____** ²⁹/_{_____}
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** ²⁵/_{_____} **25** BAC Test Result: **1** ³⁰/_{_____}
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** ²⁶/_{_____} Susp. Alcohol: **2** ³¹/_{_____} Susp. Drug: **2** ³²/_{_____}
 Towed from scene? **2** ³³/_{_____}

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	_____	_____	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S24543598** St **MA** DOB/Age _____ Reg # **1BWC53** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** ¹⁹/_D ¹⁹/_D Lic. Restrictions **B** ²⁰/_{CDL} Endorsement _____ Veh Year **2022** Veh Make **CHEVROLET** Veh Config. **1** ²¹/_{_____}
 Operator **FREDDURA, PAUL A** Owner **FREDDURA, PAUL A**
 Last First Middle Last First Middle
 Address **69 WILLIE ST** Address **69 WILLIE ST**
 City **HAVERHILL** State **MA** Zip **01832-3041** City **HAVERHILL** State **MA** Zip **01832-3041**
 Insurance Company **NORFOLK & DEDHAM MUTUAL F** Vehicle Action Prior to Crash **1** ²²/_{_____} Damaged Area Code: **1** ²⁷/_{_____} **27** ²⁷/_{_____}
 Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1** ²³/_{_____} **23** ²³/_{_____} **23** ²³/_{_____} Test Status: **1** ²⁸/_{_____}
 Citation # (If Issued) _____ Most Harmful Event **1** ²⁴/_{_____} Type of Test: **_____** ²⁹/_{_____}
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** ²⁵/_{_____} **25 BAC Test Result: **1** ³⁰/_{_____}
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** ²⁶/_{_____} Susp. Alcohol: **2** ³¹/_{_____} Susp. Drug: **2** ³²/_{_____}
 Towed from scene? **2** ³³/_{_____}**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	_____	_____	1	99	4	0	0	10	1	
			F	6	4	4	0	0	10	1	

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At
 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # **140 LOWELL ST**
 Name of Roadway/Street
 Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street
 Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped
 Crash Report ID# **23-147-AC**

License # **SA4490624** St **MA** DOB/Age _____ Reg # **3KZS37** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2006** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **O'CONNELL, MATTHEW** Owner **O'CONNELL, MATTHEW**
 Address **76 LOWELL ST** Address **76 LOWELL ST**
 City **WILMINGTON** State **MA** Zip **01887** City **WILMINGTON** State **MA** Zip **01887**
 Insurance Company **LIBERTY MUTUAL PERSONAL I** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **27** **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **1** 33

Please fill out for operator and all occupants involved





Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	1	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

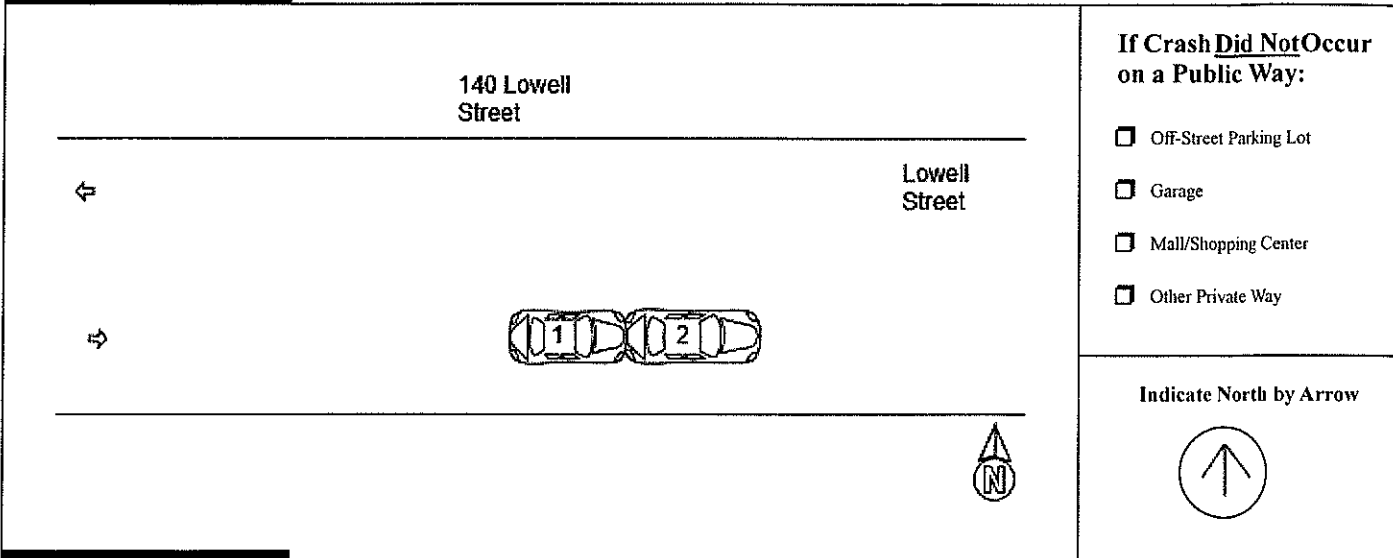
License # **NHL13943031** St **NH** DOB/Age _____ Reg # **12C** Reg Type **DL** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL _____ Veh Year **2023** Veh Make **MITSUBISHI** Veh Config. **1** 21
 Operator **CIMINO, WILLIAM D JR** Owner **CORNERSTONE AUTOMOTIVE & CORNERSTONE MITSUBIS**
 Address **18 CORTLAND DR** Address **580 MAIN ST**
 City **SALEM** State **NH** Zip **03079-4006** City **WILMINGTON** State **MA** Zip **01887-3224**
 Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **0** 27 **27**
 Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Towed from scene? **2** 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	
			F	4	4	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2  = Pedestrian  = Bicycle
 ie: → 1 → 2 →  → 

Crash Diagram:



Crash Narrative:

Vehicle's were traveling East on Lowell Street in the area of 140 Lowell Street. Operator 2 stated that traffic began to slow and he began to slow down. This is when Vehicle 1 rear ended vehicle 2. Vehicle 1's operator stated that he didnt notice vehicle 2 slowing till he didnt have enough time to stop. Vehicle 1's operator stated that he attempted to break but the car didnt stop in time. Vehicle 2 also had a juvenile passenger in the back seat. The Wilmington Fire Department responded and all parties signed medical refusals. Vehicle 1 had airbag deployed and was towed from the scene by Forrest Towing. Vehicle 2 was driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT # _____ State Number _____ Issuing State _____ MC/MX/ICC # _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 05/17/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-147-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet N S E W of _____ or _____ Mile Marker Exit Number

Feet N S E W of _____ Route# Intersecting Roadway/Street

Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-148-AC**

License # **S63626582** St **MA** DOB/Age _____ Reg # **5CYG79** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **B** Lic. Restrictions **1** CDL _____ Veh Year **2015** Veh Make **MITSUBISHI** Veh Config. **1**

Operator **PERKINS, JACOB S** Owner **PERKINS, JACOB S**

Address **646 WOBURN ST** Address **646 WOBURN ST**

City **WILMINGTON** State **MA** Zip **01887-2963** City **WILMINGTON** State **MA** Zip **01887-2963**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **10** Damaged Area Code: **4 27 27 27**

Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XX	1	1	2	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S44578040** St **MA** DOB/Age _____ Reg # **2NAY17** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **B** Lic. Restrictions **1** CDL _____ Veh Year **2018** Veh Make **GMC** Veh Config. **2**

Operator **PRESZ, CHRISTIE MICHAELA** Owner **BEMIS, JUSTIN R**

Address **5 SEAFORD ST** Address **212 COMMON LN**

City **WILMINGTON** State **MA** Zip **01887** City **BEVERLY** State **MA** Zip **01915-5412**

Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **1** Damaged Area Code: **3 27 27 27**

Vehicle Travel Direction: N S W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **1 33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XX	1	1	4	0	0	10	1	

Date of Crash 05/18/2023 Time of Crash 1656 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **MAIN ST**
Route# Direction Name of Roadway/Street
At
2 **RICHMOND ST**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
3
Route# Direction Name of Intersecting Roadway/Street
Feet N S E W of _____ or _____
Mile Marker _____ Exit Number _____
Feet N S E W of _____
Route# Intersecting Roadway/Street _____
Landmark _____

3 Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-149-AC**

4 License # **S30906982** St **MA** DOB/Age _____ Reg # **8SP798** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2014** Veh Make **HONDA** Veh Config. **1** 21
Operator **MAGNUSON, BETHANNE** Owner **MAGNUSON, BETHANNE**
Address **41 BIRCHWOOD RD** Address **41 BIRCHWOOD RD**
City **WILMINGTON** State **MA** Zip **01887-4017** City **WILMINGTON** State **MA** Zip **01887-4017**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? **2** 33

6 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

7 Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 License # **S30048447** St **MA** DOB/Age _____ Reg # **6DL884** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **1** 21
Operator **PEDATO, DEIDRE MARIE** Owner **PEDATO, BRYAN FRANK**
Address **73 NICHOLS ST** Address **73 NICHOLS ST**
City **WILMINGTON** State **MA** Zip **01887-1625** City **WILMINGTON** State **MA** Zip **01887-1625**
Insurance Company **ARBELLA MUTUAL INSURANCE** Vehicle Action Prior to Crash **4** 22 Damaged Area Code: 4 27 27 27
Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence 1 23 23 23 23 Test Status: 1 28
Citation # (If Issued) **981867AB** Most Harmful Event **1** 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub **89** **8** Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **4** 25 25 BAC Test Result: 1 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
Towed from scene? **2** 33

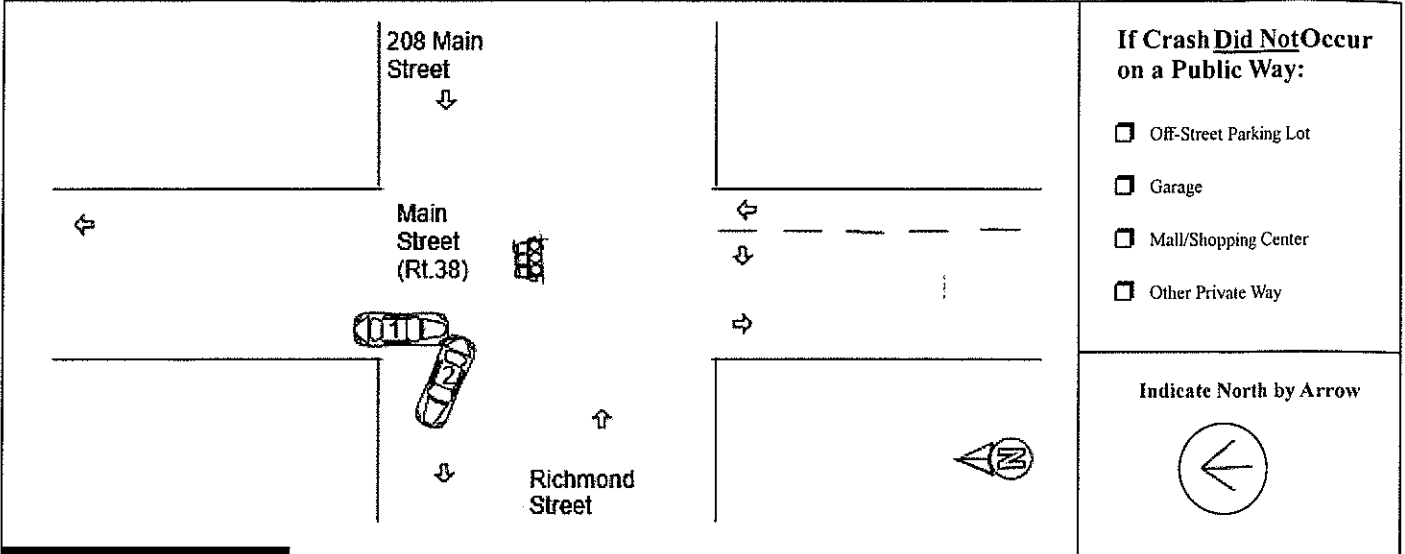
9 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 = Pedestrian = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



Crash Narrative:

Vehicle 1 was traveling South on Main Street and Vehicle 2 was traveling North on Main Street and turning left onto Richmond Street. Vehicle 2 didnt complete the turn before being struck by vehicle 1. Vehicle 1 struck the rear right of vehicle 2 with the front right. No airbags were deployed, and both operators declined medical attention. Both vehicles were driven from the scene. Vehicle 2's operator was issued a citation for Failure to Yield at an Intersection.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

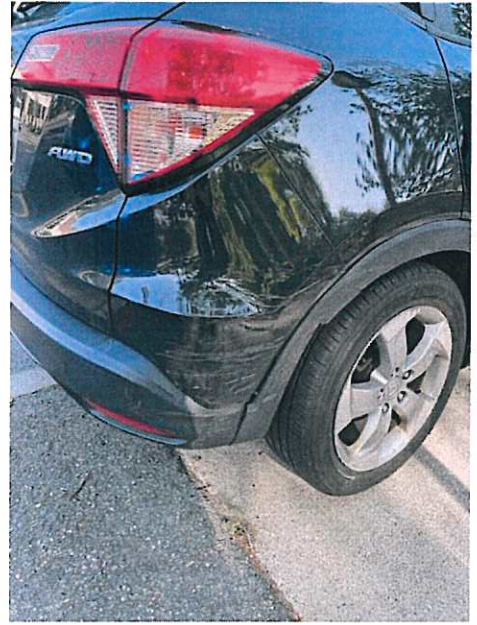
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 05/18/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-149-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

38 S 823 MAIN ST
 _____ Feet N S E W of _____ or _____
 Mile Marker _____ Exit Number _____
 _____ Feet N S E W of _____
 Route# _____ Intersecting Roadway/Street _____
 _____ Feet N S E W of _____
 Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 23-150-AC**

License # SA1061592 St MA DOB/Age _____ Reg # 3JFG33 Reg Type PC Reg State MA

Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2019 Veh Make NISSAN Veh Config. 1 21

Operator OZBERK, MUHAMMET Owner OZBERK, MUHAMMET

Address 23 PROSPECT ST Address 23 PROSPECT ST

City WATERTOWN State MA Zip 02472 City WATERTOWN State MA Zip 02472

Insurance Company SAFETY INSURANCE COMPANY Vehicle Action Prior to Crash 1 22 Damaged Area Code: 2 27 8 27 7 27

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Event Sequence 25 23 33 23 23 Test Status: 28

Citation # (If Issued) _____ Most Harmful Event 25 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 11 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 1 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 21

Operator _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Insurance Company _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27

Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence 23 23 23 23 Test Status: 28

Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32

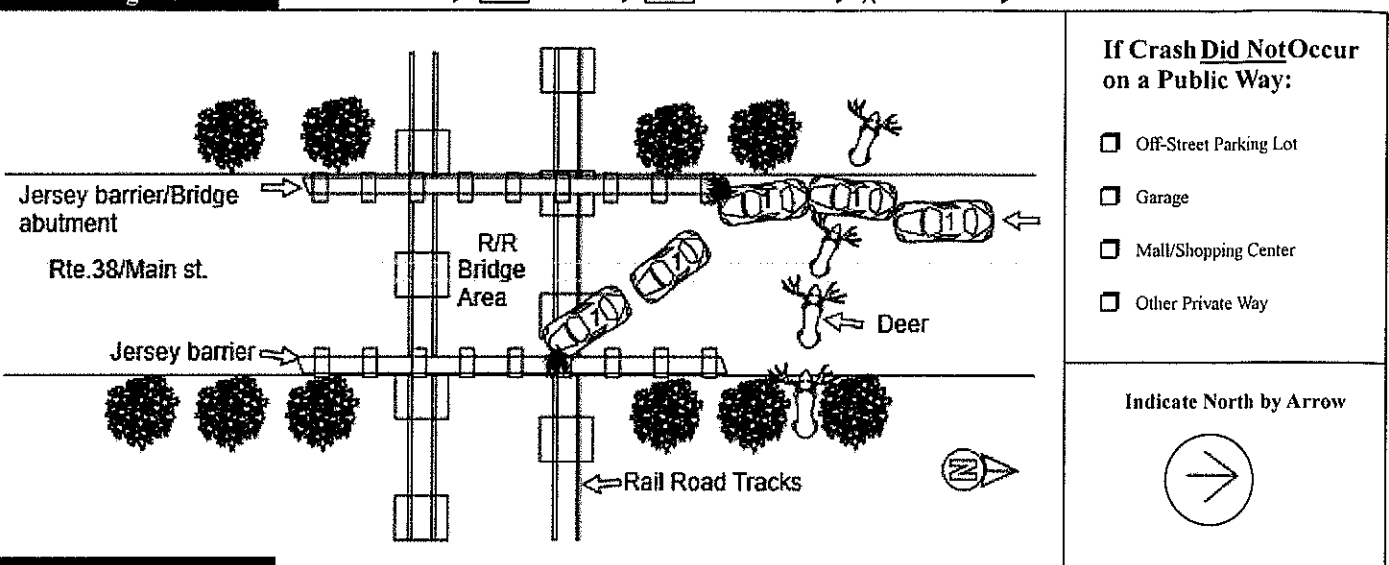
Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:



Crash Narrative:

Oper. Of m/v#1 Related, while traveling straight on Rte.38S/Main st., a deer came out from the other side of the street, towards his m/v. At this time he swerved to avoid hitting the deer and crashed into the Jersey Barrier/Bridge abutment. Then lost control of his m/v and crossed over into the opposite lane of travel and crashed into the other Jersey Barrier/Bridge abutment. (PWJ/142)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Paul W Jepson	142	Wilmington Police Department	05/19/2023
Police Officer Name (Please Print)	Signature	ID/Badge #	Department Precinct/Barracks Date

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street At Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

500 SALEM ST

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-151-AC**

License # **S23131887** St **MA** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement

Operator **BAXTER, ASHLEY M** Reg # **3CPL61** Reg Type **PC** Reg State **MA**

Veh Year **2020** Veh Make **Jeep** Veh Config. **1**

Owner **BAXTER, ASHLEY M**

Address **225C FALLON RD APT 381** City **STONEHAM** State **MA** Zip **02180-2933**

Address **225C FALLON RD APT 381** City **STONEHAM** State **MA** Zip **02180-2933**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** Damaged Area Code: **5 27 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub Towed from scene? **2 33**

Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **NHL19019542** St **NH** DOB/Age Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL Endorsement

Operator **MCVEY, ANGELA L** Reg # **4099140** Reg Type **PC** Reg State **NH**

Veh Year **2014** Veh Make **HONDA** Veh Config. **1**

Owner **MCVEY, ANGELA L**

Address **46 WILLIAMINE DR** City **NEWTON** State **NH** Zip **03858**

Address **46 WILLIAMINE DR** City **NEWTON** State **NH** Zip **03858**

Insurance Company Vehicle Action Prior to Crash **1** Damaged Area Code: **1 27 5 27 27**

Vehicle Travel Direction: **N S X W** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 2: Ch/Sec/Sub Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Viol. 3: Ch/Sec/Sub Towed from scene? **1 33**

Viol. 4: Ch/Sec/Sub

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	1	1	4	0	0	10	1	
AMANDA MCVEY	46 WILLIAMINE DR NEWTON, NH 03858		F	1	1	4	0	0	8	1	

Date of Crash **05/19/2023** Time of Crash **1625** 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles **3** Number Injured **1** Speed Limit **35** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 500 Name of Roadway/Street SALEM ST</p> <p>_____ Feet N S E W of _____ or _____</p> <p>_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **3** #Occupants Hit/Run Moped Crash Report ID# **23-151-AC**

<p>License # SA2660596 St MA DOB/Age _____</p> <p>Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement 20</p> <p>Operator MOJICA, JULIO CESAR</p> <p>Address 45 SPRUCE ST APT 1</p> <p>City METHUEN State MA Zip 01844-4364</p> <p>Insurance Company PERMANENT GENERAL ASSURAN</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 3LHG29 Reg Type PC Reg State MA</p> <p>Veh Year 2013 Veh Make HONDA Veh Config. 1</p> <p>Owner MOJICA, JULIO CESAR</p> <p>Address 45 SPRUCE ST APT 1</p> <p>City METHUEN State MA Zip 01844-4364</p> <p>Vehicle Action Prior to Crash 1 Damaged Area Code: 1 27 27 27</p> <p>Event Sequence 1 23 23 23 23 Test Status: 1 28</p> <p>Most Harmful Event 1 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 1 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 1 33</p>
---	---

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	<input checked="" type="checkbox"/>	1	1	1	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____</p> <p>Operator _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: N S E W Responding to Emergency? _____</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # _____ Reg Type _____ Reg State _____</p> <p>Veh Year _____ Veh Make _____ Veh Config. 21</p> <p>Owner _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27</p> <p>Event Sequence 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 24 Type of Test: 29</p> <p>Driver Contributing Code 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 33</p>
---	--

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian ○ = Bicycle

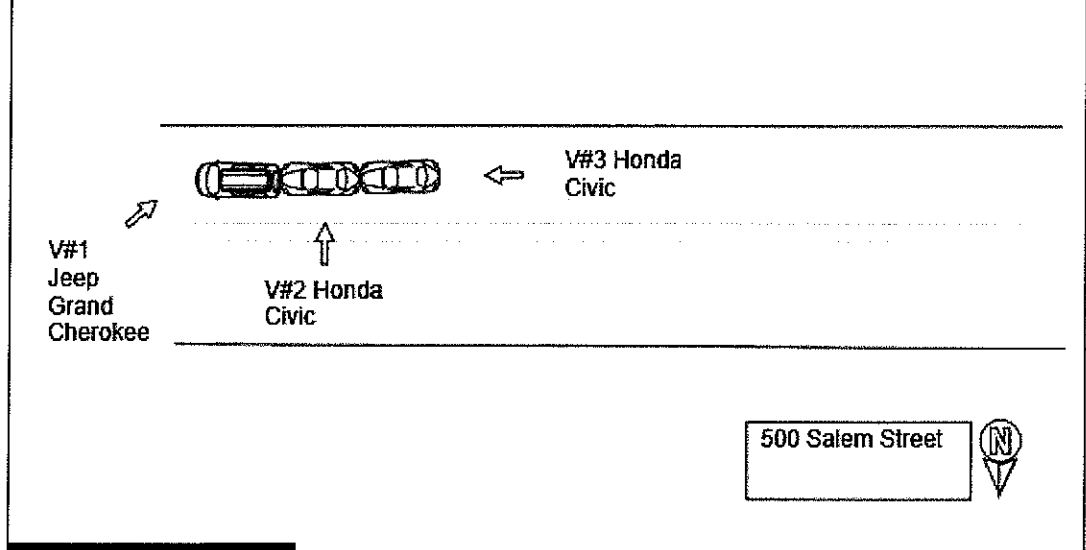
Crash Diagram:

ie: → [1] → [2] → ○ → ○

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

V#1, 2, and 3 were traveling eastbound on Salem Street when V#1 slowed for traffic. V#3 then struck the rear of V#2, resulting V#2 to collide into the rear of V#1. V#1 sustained rear end damage. V#2 sustained front and rear end damage. V#3 sustained front-end damage and had front airbag deployment. All operators sustained no injuries from the crash. The passenger of V#2 sustained a minor nose bleed injury and was evaluated and cleared by the Fire Department. V#2 and V#3 were towed by A&S Towing due to damage sustained from the crash. V#1 was still in operable condition and was able to drive away from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use [42]

Address _____ City _____ St _____ Zip _____

US DOT # _____ State Number _____ Issuing State _____ MC/MX/ICC # _____

Interstate [43] Cargo Body Type Code [44] GVWR/GCWR [45]

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length [46]

Hazmat Information:

Placard [47] Material 1 digit # [48] Material Name _____ Material 4 digit # _____ Release code [49]

Patrol Officer Jonathan L Morales 224 Wilmington Police Department 05/19/2023
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Date of Crash 05/20/2023 Time of Crash 0946 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 35 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____	Route# 38 Direction S Address # 580 Name of Roadway/Street MAIN ST
At _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-152-AC**

License # S30157316 St MA DOB/Age _____	Reg # 4361A Reg Type DL Reg State MA
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL _____	Veh Year 2023 Veh Make MITSUBISHI Veh Config. 1 21
Operator EL HABRE, HOUSSAM J	Owner CIMINO AUTOMOTIVE INC
Address 6 MAYWOOD TER	Address 580 MAIN ST
City WOBURN State MA Zip 01801-2628	City WILMINGTON State MA Zip 01887-3215
Insurance Company UTICA MUTUAL INSURANCE CO	Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 2 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

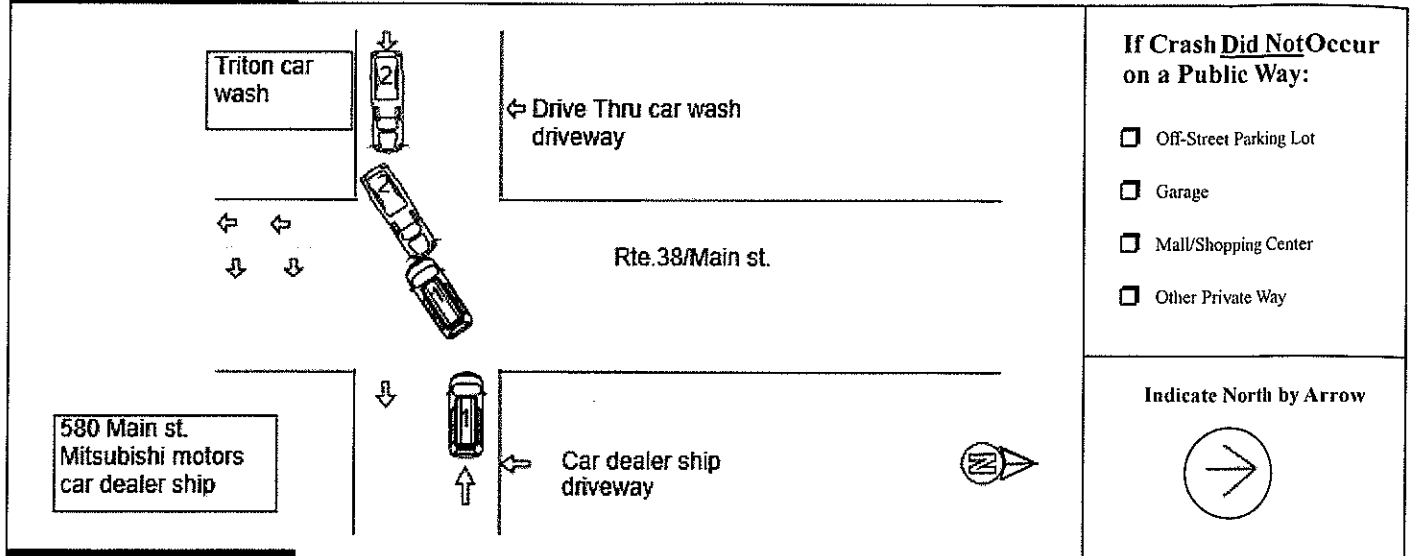
License # 000035743005 St NC DOB/Age _____	Reg # 4WVZ71 Reg Type PC Reg State MA
Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL _____	Veh Year 1999 Veh Make GMC Veh Config. 2 21
Operator FAIRCLOTH, JEREMY ANDREW	Owner FAIRCLOTH, JEREMY ANDREW
Address 16 SCHOOL ST APT A	Address 16 SCHOOL ST APT A
City WOBURN State MA Zip 01801-1530	City WOBURN State MA Zip 01801-1530
Insurance Company USAA GENERAL INDEMNITY CO	Vehicle Action Prior to Crash 3 22 Damaged Area Code: 2 27 27 27
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2	Event Sequence 1 23 23 23 23 Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 24 Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 99 25 25 BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 99 26 Susp. Alcohol: 31 Susp. Drug: 32
	Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	1	5	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Oper.#1 Related that he was stopped in the driveway of the dealer ship, waiting for traffic to clear. Once it was safe for him to pull out into traffic, he did so making a left turn. At the time there was a line of traffic on the south side, so he had to stop in the middle of the roadway. While waiting for traffic to move forward, he observed m/v#2 attempting to pull out from the opposite side from the car wash driveway. He observed that the oper., of m/v#2 was looking both ways for traffic. He then noticed that m/v#2 was pulling out, making a left turn. He then noticed that m/v#2 was coming right at him, so he started beeping his horn several times to get his attention to stop before he hit him. (M/V#1)

Oper.#2 Related that he did not see m/v#1 and he believes they crashed into each other., (PWJ/142)

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Paul W Jepson 142 Wilmington Police Department 05/20/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **MIDDLESEX AVE**
Route# Direction Name of Roadway/Street

2 **HIGH ST**
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with

3 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

Feet [N S E W] of _____ or _____
Mile Marker Exit Number

Feet [N S E W] of _____
Route# Intersecting Roadway/Street

Feet [N S E W] of _____
Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **23-153-AC**

License # **S67495632** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____
Operator **WHITE, STEPHANIE ROSE**
Address **39 N BILLERICA RD APT 10**
City **LOWELL** State **MA** Zip **01852-5811**
Insurance Company **LM GENERAL INSURANCE COMP**

Reg # **4DMC51** Reg Type **PC** Reg State **MA**
Veh Year **2007** Veh Make **NISSAN** Veh Config. **1** 21
Owner **WHITE, STEPHANIE ROSE**
Address **39 N BILLERICA RD APT 10**
City **LOWELL** State **MA** Zip **01852-5811**

Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **B** 27 **27** 27
Event Sequence **1** 23 **23** 23 **23** 23 Test Status: **1** 28
Most Harmful Event **1** 24 Type of Test: **1** 29
Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S54409245** St **MA** DOB/Age _____
Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL Endorsement _____
Operator **ALVAREZ, RICARDO**
Address **23 GARRISON AVE**
City **SOMERVILLE** State **MA** Zip **02144-1710**
Insurance Company **THE COMMERCE INSURANCE CO**

Reg # **3MDB24** Reg Type **PC** Reg State **MA**
Veh Year **2018** Veh Make **NISSAN** Veh Config. **1** 21
Owner **ALVAREZ, RICARDO**
Address **23 GARRISON AVE**
City **SOMERVILLE** State **MA** Zip **02144-1710**

Vehicle Action Prior to Crash **4** 22 Damaged Area Code: **2** 27 **27** 27
Event Sequence **1** 23 **23** 23 **23** 23 Test Status: **1** 28
Most Harmful Event **1** 24 Type of Test: **1** 29
Driver Contributing Code **4** 25 **25** BAC Test Result: **1** 30
Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
Towed from scene? **2** 33

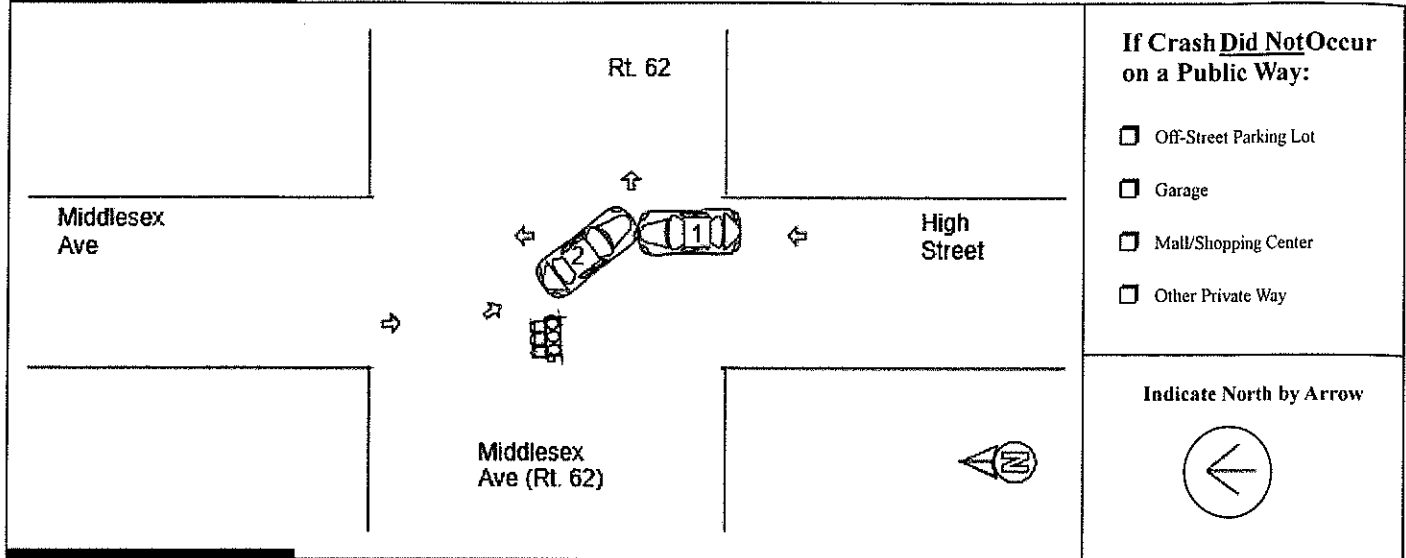
Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

Vehicle 1 was traveling straight (North) through the intersection from High Street onto Middlesex Avenue. Vehicle 2 was turning left from Middlesex Avenue onto Rt. 62 (westbound). The vehicles collided in the middle of the intersection. No airbags deployed and both operators declined medical attention. Vehicle 1 sustained front end damage and vehicle 2 sustained front right damage. Both vehicles were driven from the scene.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Michael R DiLorenzo 217 Wilmington Police Department 05/20/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-153-AC

