	Pol	ice Use Only		C	<u>om</u> mon	wealth	of Mass	ach	uset	ts			RM	V Doci	ument N		
	Date of Crash	Time of Crash	1	City/Town	Mo	otor Vel	iicle Cra	ash	Numl Vehic		ımber jured	1 ^	l Limit	30	— Loca	Police I Police A Police	7
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² 2	Route# Direc	ction	Name	of Intersecting	g Roadway/Stree	et	reel	11121	C TV OI	<u></u>			Τ	_ 1 1			-
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3	of the Followi		e 1_1	#Occupants	Hit/Run	Moped	Crash	Report	1D# 2	<u> </u>	331	<u> </u>	AC	<i>.</i>			
	License #_			,		.eg	# 3LTT86			R	ед Тура	PC	!	R	eg State		12
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⁴ 3	Address 314	ASTLE_	ST	rirst	Middle	Ađdı	ess 314 A	STL)	s st		First			Mi	ddle		
	City TEWKS	BURY	State]	MA Zip 0	1876-255	57 City	TEWKSBU	JRY			Sta	te M	A_ 2	ip 0 1	L876	-2557	
	Insurance Compa	any THE CO	MMER	CE INS	JRANCE	CO Vehi	cle Action Prior t	o Crash	1	22				Code:		27 27	
	· '	oirection: S			o Emergency? _2		t Sequence 10		23 23	23	Te	st Stat	tus:	ĺ	1 28		
⁵ 1		ued)			v Binergenoy		Hannful Event		24	L	Ту	pe of	Test:		29		
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		Sub					er Contributing C		26		_] Su		•	2 31	Susp. I 33	Onig 2 32	
⁶ 2	Viol. 3: Ch/Sec/S	Sub		iol. 4: Ch/Sec/S or and all occup		Drive	er Distracted by	0	31 3	5 36	10	wed fr	rom sca	ene?	1 33		_
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	Operato	or			See Above			X	1 1	3	0	0	10	1			
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											L.,.,						4
⁷ 2	Please Select O of the Followin		2 1	Occupants	Non-Motoris	st A Type	15 Action	16 L	ocation	17	Conditi	ion	18	l Di	lit/Run	Moped Moped	
	License #		······································				262MW5		L	P.	ед Туре	PC		P.	g State	M7A	1
	Sex M Lic. C	19 1	9 Lie Bar	strictions 1	20 CDI	-	Year 2014		als Males						Config.	1 21	
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⁸ 1	Operator WAI Address 18	Lasi	F	inst	Middle		er WADE , ess	Last			irst			Mid	ldle		
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	City LOWEL				L851-441		LOWELL			22				ip <u>U.i</u> Code:		-4417 27 27	
	Insurance Compa						le Action Prior to		1 23 23			st Stati		Code	, 28		
	Vehicle Travel Di	irection: NX	EW	Responding to	Emergency? 2	Even	Sequence 1	23		23		pe of T		Ė	29		
² ₂	Citation # (If Issu	1ed)	· · · · · ·			Most	Hannful Event	1	24			C Tes	t Resu	lt:	30		ļ
_	Viol. 1: Ch/Sec/S	ub	Vi	ol. 2: Cli/Sec/S	ub	Drive	r Contributing C	ode	99 ²⁵	2:	Su	sp. Alc	ohol.	2 31	Susp. D	rug: 2 32	
	Viol. 3: Ch/Sec/S	ub	——Vie	ol. 4: Clv/Sec/S	ub	Drive	T Distracted by	99	26		To	wed fr	om sce	ene?	1 33		
		ase fill out for ope	rator/non-n	notorist and all	occupants invol	ved	DOB/Age	Sex	34 3. Sent Sal Pos. Syst	rty Airbag	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	12. 1	inal Carities	
	Onerato	or/Non-Mo	torist		See Above		DOB/Age	Ž	Pos. Syst	3				1	Med	ical Facility	1
	Operato	*/1 107# 11#O		1				$\forall \forall$	-	-	\vdash						1
							-	-		_				 			-

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestrian	a 🐠 = Bicycle	
Crash Diagram:	ie: 👈	_ → _	2	▶ ♀	→ №	
		e de la companya de l				ash <u>Did Not</u> Occur Public Way:
					☐ off	-Street Parking Lot
+	T201/-				☐ Gar	age
	The state of the s	2			☐ Mal	Il/Shopping Center
			Paramona a managa a m	the analogy) of the distribution of the group of the data analysis to be presented by the color	_ Oth	er Private Way
		企			Indi	cate North by Arrow
		2			7	\bigcirc
Crash Narrative:						
Vehicle #1 was trave	ling straight ah	ead. Vehi	.cle #2 took	a left han	d turn into t	he path
of Vehicle #1						
					· · · · · · · · · · · · · · · · · · ·	
						.,
		· · ·				
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Stateme
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type Do	escription of Damaged I	'roperty
Truck and Bus Informati	On: Registration #		(From Va	hicle Section)		
Carrier Name	registration a		(FIOIII VE	mele section)		Bus Use 42
Address			City		St	Zip
US DOT #:	State Number				C#:	
43	ody Type Code	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer	Length 46	
Hazmat Information:	[
Placard 47 Material 1 di	git# 48 Material Na	ne		Material 4 digit #	!R	elease code
Patrol Officer Antho	ny Fiore		164 Wi	ilminaton F	Police Departm	ent 10/16/2023

Police Officer Name (Please Print)

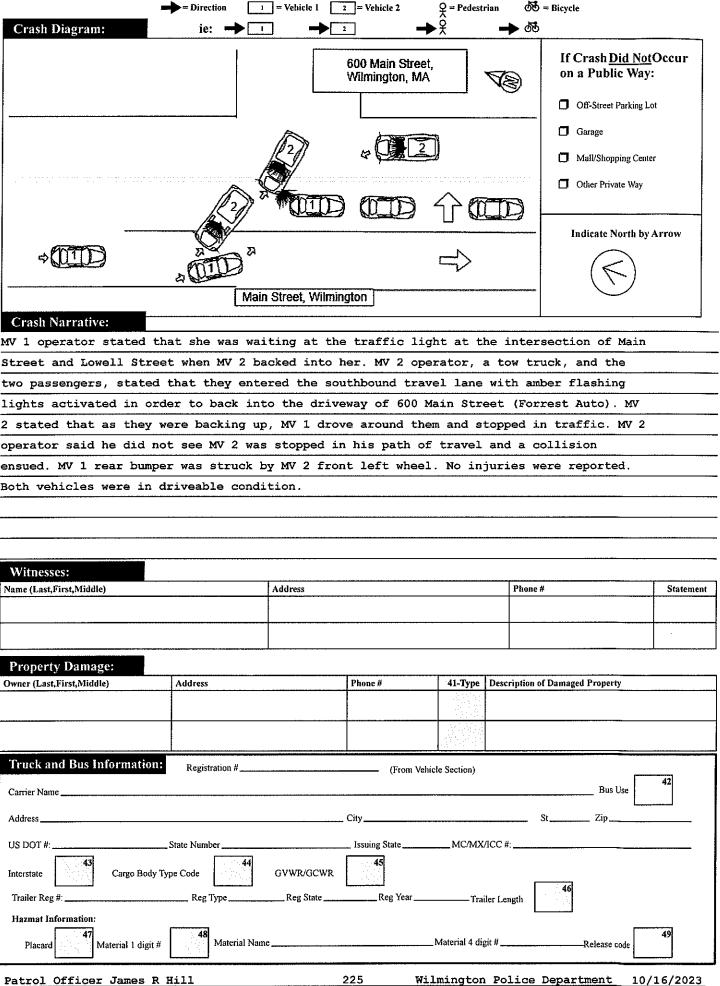
Signature

ID/Badge #

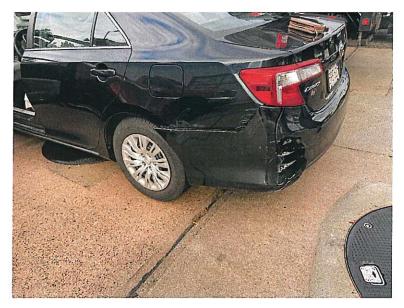
Department Precinct/Barracks

Date

	Pol	ice Use Only		Com	monw	ealth (of Mass	acł	ıus	etts	5			RM	V Doc	ument	Number		
	Date of Crash 10/16/2023	Time of Crash		City/Town ington	Mote	or Veh	icle Cra	sh	N	lumber ehicles		mber ured	, ,	d Limi	3.	5 St.	ate Police scat Police BTA Police umpus Police		
	10/10/2023	24HR	MITI	IIII COII	_ P	Police 1	Report		2		0		Latitu Long	itude itude _		Ca	impus Police	វ	
		AT INTERS	SECTION	ON:	<	LOCA	TION	>			NO	TA.	ΓIN	TER	SEC	TIO	N:		
										_								2	01
	Route# Direc	ction		Name of Roadway/Si	treet		Route# Direc	tion	60 Add	ress#	<u>M</u>	AIN	1 S'		Roady	way/Str	reet	- -	
¹ 1				At				r	121										
	Route# Direc		Mana	e of Intersecting Roads			Feet	NS	EW	of	— _M	 lile Ma	o nrker	• –	or .	E	cit Number	-	
	Routes Direc	CHOH	ivallic	Also at Intersection v	. <u> </u>	i	Feet	N S	EW	of								8	11
									EW	_	Rou	le#		Inters	ecting	Roadw	ay/Street		_
² 2	Route# Direc	ction	Name	e of Intersecting Roads	way/Street					•				La	ındmar	·k		-	
3	Please Select (11	#Occupants Hit	/Run	Moped	Crash I	Renor	t ID#	23	_ 3	13	9	AC	,				
3	of the Followi	ng:		<u> </u>														4	
	License #	19 1	. St 9	OB/Age	 -		5PE615										21	- 1	12
	Sex F Lic. 6	Class D	Lic. Re	estrictions 1 C	DL ndorsement		/ear 2014					<u>ATC</u>	.		Vel	ı Confi	g. [1]	F	
⁴ 3	1	HALAS, I	1	First	Middle			Last			1	irst.			М	liddle		-	
3		ANDOVE					ess 192 Al			R	<u>D</u>							-	
	1			MA Zip 01821		_	BILLERI	CA			22				-		1-1953		
	Insurance Compa			CE INSURAI	NCE CC) Vehic	le Action Prior to			2	22		amage st Sta		Code:	6 27			
⁵ 1	Vehicle Travel D	Direction: N	EW	Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		st Sta pe of			29	<u> </u>		
1	Citation # (If Iss	ued)		-		Most	Harmful Event	1	24			. В.	•	st Res	ult:	1 30		_	,
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub —		Drive	r Contributing Co	de	97	25	25	Sı	ısp. Al	lcohol:	2 31	Susp	. Drug: 2 32	1	13
⁶ 1	Viol. 3: Clt/Sec/S	Sub ———	Vi	iol. 4: Cl/Sec/Sub		Drive	r Distracted by	0	26			To	wed f	rom sc	ene?	2 33			
1	Name (Last First M		or operate	or and all occupants in	volved 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	Ι,	Medical Facility	7	
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⁷ 2	Please Select O of the Followin		2 3 _#	Occupants Non	-Motorist A	Туре	Action	16	Locati	on	17	Condit	ion	18		Hit/Ru	n 🔲 Moped		
	License #		St.	, DOB/A _F		Reg#	X52186				Re	g Type	CO	·	ı R	eg State	. MA	1	
	Sex M Lic. C	0 19	1	20	DL	-	ear 2023		Veh M	ake O		,				•	21		
		RBLOW, B	J	E,	ndorsement	_	r CMT TO										· t		
⁸ 1		COOK HI			Middle		ss 289 SA	Last				irst			Mi	iddle			
	City DANIE	LSON	State C	CT zip 0623	9		WOBURN					Sta	te M Z	A z	ip 0 1	180	1-2169	1	14
	Insurance Compa			CE INSURAN		Vehicl	e Action Prior to	Crash	t	10	22	Da	mage	d Area	Code:	8 27	27 27		
	Vehicle Travel Di	irection: XS	EW	Responding to Emerg	gency? 2	_ Event	Sequence 42	23	23	23	23	Те	st Stat	us:		1 28			
·	Citation # (If Issu	ied)				Most	Harmful Event	1	24			-	pe of			29 - 30			
2	,	,		ol. 2: Ch/Sec/Sub		Drive	· Contributing Co	de	18	25	25			st Resu	ılt: 2 31	1	Drug: 2 32		
	Viol, 3; Ch/Sec/S			ol. 4: Cl/Sec/Sub			Distracted by	0	26					rom sc		2 33	2 -		
}				notorist and all occupa	ants involved			-	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Trausp.			7	
ŀ	Name (Last First Mic		n wind		Address		DOB/Age	Sex	Pos.	System 1	Status 4	Code O	Code 0	Status 10	Code 1	N	dedical Facility	-	
}		r/Non-Mot	UTIST	1741 WASHINGTON	ee Above st				1				<u> </u>			ļ <u>.</u>		4	
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	MARIA BUEND	IA		WILMINGTON, MA O			4	F	5	1	4	0	0	10	1.		·		



Wilmington Police Department Images Associated with 23-339-AC



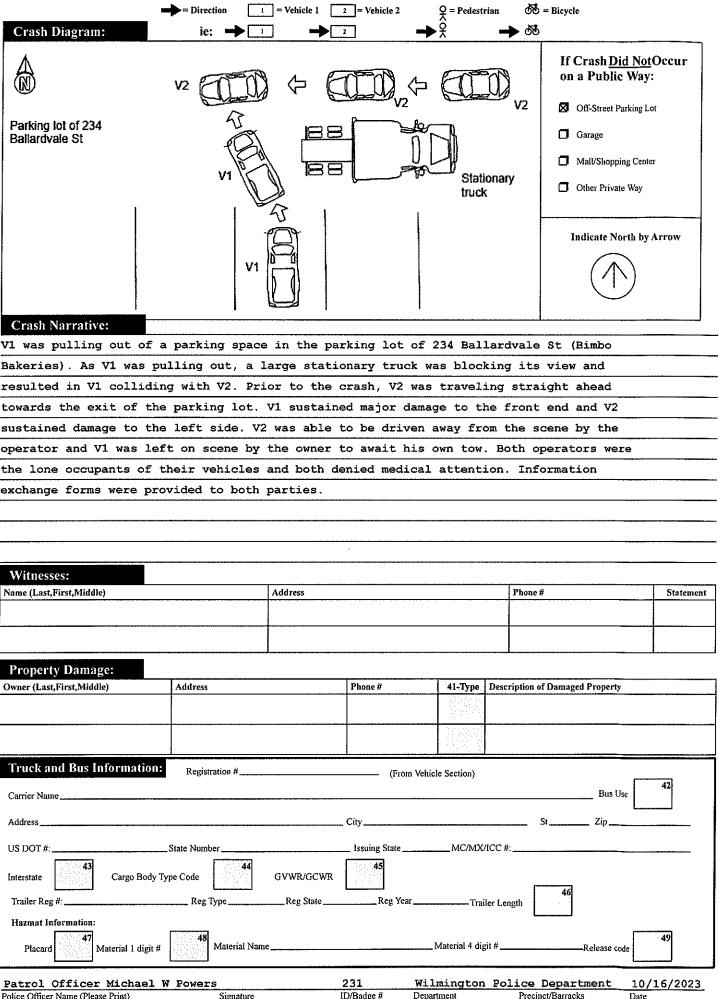








	Pol	lice Use Only		Com	monwe	ealth (of Mass	ach	use	etts	3			RM	V Doc	ument Number		
	Date of Crash 10/16/2023	Time of Crash		City/Town ington	Moto	r Veh	icle Cra	ısh		umber		rad	•	Limit		5 State Police Local Police MBTA Police	0800	
	10/10/2023	24HR	M T TIII	riigton	Pe	olice l	Report		2		0	ľ	Latitu Longi	de tude		Campus Police	ᆸ.	
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										_								2 10
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1				At			_	N. C	الما ما	1 _		-						
	Route# Dire	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of	Mil	e Mar	ker	_	or .	Exit Number	_	11
	- Foundation - Date:	Ottori		Also at Intersection			Feet	NS	EW	of								3 "
•	<u> </u>						Feet	NS	EW	of	Route	#		Interse	ecting	Roadway/Street		
² 2	Route# Dire	ction	Name	of Intersecting Road	way/Street									La	ındınar	k		
3	Please Select (of the Followi		1	Occupants Hit	/Run	Moped	Crash F	Report	ID#	23	-3	40) –	AC	4			
			<u> </u>	on/A	1_		87HF28									M7		
	License #	10 10	7	OB/A _E	TAPA E											7	ī	7 12
	Sex M Lic.		3	۽ لــــــا	CDL Endorsement		ear 2019					<u> </u>			Vel	Contig.	┙┃	-
1	1	RGENT, G	F	irst	Middle			Lost			Fir					lidále	_	
<u> </u>	1			T APT B			ess 87 WAS			'ON	ST						_	
				MA Zip 0183			HAVERHI		1		22				•	1832-568	27	
	1			CE INSURA			le Action Prior to			4			maged st Stat		Code:	27 2 27		
· 2	Vehicle Travel D	Direction: S	E W	Responding to Emer	rgency? 2	Event	Sequence 1	23	23	23	23		e of 1			29		
	1	med)					Harmful Event	1	24			ВА	.C Tes	st Resu	ılt:	1 30		_ 13
	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub		Drive	r Contributing Co	ode	4	25	25	Sus	ip. Ale	cohol:	2 ³¹		32	1 '
1	Viol. 3: Cli/Sec/			ol. 4: Ch/Sec/Sub —		Drive	Distracted by	0	26	,	,			rom sc		2 33		
	Name (Last First M		or operato	r and all occupants in	nvolved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	Transp. Code	Medical Facility		
	Operate	or		S	See Above		$\overline{}$	X	1	99	4	,	0	10	1			
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1	Please Select C of the Followir		2 1 #	Occupants Nor	ı-Motorist A	Туре	Action	16 I	Locatio	n	17 C	onditio	on	18		Hit/Run 🔲 Mo	ped	
	License #		St	OOB/A		₹eg#	5333501	L			Reg	Туре	PC		R	eg State NH		
	Sex. M Lic, (19 19 19 D	Lic. Res	trictions 1 20 C	DL	Veh Y	ear <u>2021</u>	\	√eh Ma	ike J	eep				Veh	Config. 1	1	
	Operator <u>MO</u> I	RIN, JAS	ON R	rst E	indorsement Middle	Owne	r MORIN,	JA	SOI	N R							_ [
1	Address 46	SYLVAN D		ter.	Middle	Addre	ss 46 SYI	Last LVAI	N D	R	Fire				Mi	iddle	[
	City SALEM	1	State_ _	IH Zip 0307	9	City .	SALEM			····		State	N.	<u>. </u>	ip 0	3079		1 14
	Insurance Compa	any				Vehicl	e Action Prior to	Crash		1	22	Dar	naged	l Area	Code:	7	27	
	Vehicle Travel D	irection: NS		Responding to Emer	gency? 2	Event	Sequence 1	23	23	23	23		t Stati			28		
	Citation # (If Issu	ued)				Most 1	Harmful Event	1	24				e of T	iest: t Resu	it-	30		
2	Viol. 1; Ch/Sec/S	Sub	Vic	ol. 2: Ch/Sec/Sub		Driver	Contributing Co	de	1	25	25				2 31	Susp. Drug:2	32	
	Viol, 3; Cli/Sec/S	Sub	Vic	oł. 4: Ch/Sec/Sub		Driver	Distracted by	0	26			Tow	ved fr	om sce	ene?	2 33	_	
		•	tor/non-m	notorist and all occup			ponu		34 Seat	35 Safety		37 Eject	38 Trap	39 Injury	40 Transp.			
	Name (Lust First Mi	or/Non-Mot	orist	S	ee Above	·	DOB/Age	Sex.	Pos.	System 99	Status 4	1	Code D	Status 10	Code 1	Medical Facility	\dashv	
	Sperato			3					1			_						
			•								-							



Wilmington Police Department Images Associated with 23-340-AC





	Police Use Only	Com	monwealth	of Massach	usetts	3	RM	IV Docum	nent Number	
	Date of Crash Time of Crash 10/17/2023 0733 Wil	City/Town mington	Motor Veh	icle Crash	Number Vehicles		Speed Limi	t_ 25	State Police Local Police MBTA Police	0800
	24HR	mang con	Police	Report	2	0	Latitude Longitude _		Campus Police Other:	ă
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	r inter	SECT	ION:	
	129 E LOWELL	C.M.								2 10
<u> </u>	Route# Direction LOWELL	Name of Roadway/Si	reet	Route# Direction	Address #		Name of	Roadway	y/Street	
1		At		Feet N S	EW of			- 05		
	Route# Direction WOBURN	ST une of Intersecting Roads	way/Street	1000 [17]	[-[-] 01	Mile Ma	arker	01	Exit Number	3 11
		Also at Intersection v	vith	Feet N S	EW of	Route#	Inters	ecting Ro	padway/Street	_ <mark> -</mark>
² 2	Route# Direction Na	me of Intersecting Roads	way/Street	Feet N S	E W of					
2			<u> </u>	<u> </u>				andmark		
3	Please Select One of the Following:	#Occupants	Run Moped	Crash Report	1D# 23	-34	1-A(3		
	License #	OB/Age	Reg	4345AB9		Reg Typ	e PC	Reg	State MA	12
	Sex M Lic. Class D 19 19 Lic.		DLVeh	Year 2022 \	Veh Make <u>T</u>	CTOYO!		Veh C	Config. 1	1 '1
	Operator CLIFFORD, DAN		ndorsement Middle Own	er CLIFFORD,	DANI		IOMAS			
⁴ 3	Address 11 SERVANT WA	First		ess 11 SERVAI	NT WA	First Y		Middle	le	
	City SOUTHBRIDGE State	re MA Zip 0155 (D-2162 City	SOUTHBRIDG	E	Sta	ite MA	Zip 01	550-2162	2.
	Insurance Company GOVERNMEN	T EMPLOYEES	S INSU Vehic	le Action Prior to Crash	1	22 D	amaged Area	Code: 3		7
5	Vehicle Travel Direction: NEW	Responding to Emer	gency? 2 Even	Sequence 23	23 23	- 23	est Status:	-	28	İ
⁵ 1	Citation # (If Issued)	• • • • • • • • • • • • • • • • • • • •	Most	Harmful Event 1	24	•	pe of Test: AC Test Res		30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 ²⁵	25	isp. Alcohol:		Susp. Drug: 32	2 1 13
6 .	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26	To	wed from so	ene? 2	33	-
⁶ 1	Please fill out for oper Name (Last First Middle)	ator and all occupants in	volved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Pacility	
	Operator	S	ee Above		1 1	4 0	0 10	1	Medical Pacing	
									 	
										_
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						<u> </u>		<u> </u>		
⁷ 2	of the Following:	_#Occupants Non	-Motorist A Type	15 Action 16 L	ocation.	17 Condit	tion 18	Ни	t/Run 🔲 Mope	ed
	LicenseSt	DOB/Ai	Reg #	154EP2		Reg Type	PC	Reg	State MA	
İ	Sex F Lic. Class D 19 Lic. 1		DL Veh Y	'ear 2011 v	/eh Make H	ONDA		Veh Co	onfig. 1 21	
	Operator BABIN, CATHLE			er CLARK, DA	NIELI	E SUZ	ANNE	Middle		_
<u>°1</u>	Address 4 MORNINGSIDE	DR		ss 4 MORNING	SIDE	DR		(VIII COLIT	-	
	City BILLERICA State	MA Zip 0182	1 City	BILLERICA			te MA 2	Zip <u>018</u>	821-1448	¬
ĺ	Insurance Company THE COMME	RCE INSURAN	ICE CO Vehic	le Action Prior to Crash	1		amaged Area	Code: 1	27 27 27 28]
	Vehicle Travel Direction: NSWW	Responding to Emerg	gency? 2 Event	Sequence 23	23 23		st Status:	-	29	
2	Citation # (If Issued) T3282081		Most	Harmful Event 1	24	B/	AC Test Res	olt:	30	
	Viol. 1: Ch/Sec/Sub 89 9	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	13 ²⁵ 3	25 Su	sp. Alcohol:	31 S	Susp. Drug: 32	
Į	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —	Drive	r Distracted by	26		wed from so	<u> </u>	33	
	Please fill out for operator/no Name (Last First Middle)	n-motorist and all occupa	nnts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Operator/Non-Motoris	f Se	e Above	X	1 1	4 0	0 10	1		
										
ŀ										
}										
- 1		1		1 1		1 [ı I	1		

	= Direction	= Vehicle 1	2 = Vehicle 2	्र = Pedest	rian ಹ ≃	Bicycle	
Crash Diagram:	ie: 🗪	— →	2	→ ĝ	→ ð5		
	····) JUE				If Crash Did No on a Public Way Off-Street Parking I Garage Mall/Shopping Cen Other Private Way	.ot
						Indicate North by	Arrow
Crash Narrative:							
Oper.#1 Related, while	he was trav	eling straig	ht on woburn	st.,cros	sing the	intersection	
of woburn/Lowell st.,M	/V#2 crashed	into the ri	ght side/pass	senger si	de of his	m/v#1. He	
related that he had a	GREEN Light	at the time	of the crash.				
Oper.#2 related that s	he was trave	ling straigh	t on Lowell s	st./Rte.1	29. As sh	e approached	
the intersection, she			· · · · ·				
She related to me that							
						went into the	
intersection, she cras	hed into m/v	#1. (PWJ/142) M/V#2 was t	owed by A	AAA.		
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Ivame (Last,Pitst,Widote)		Address			r none #		Statement
						. ,	
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
							· · · · · · · · · · · · · · · · · · ·
Truck and Bus Information	B. Start II						
Carrier Name	Registration #		———— (From Vi	chicle Section)		Bus Use	42
			a:		G.		
			City			Zip	
US DOT #:		7		MC/MX	/ICC #:		
Interstate 43 Cargo Body		GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:			<u> </u>				
47	48						49
Placard Material 1 digit #	Material	Name		Material 4 dig	git #	Release code	
Patrol Officer Paul W Police Officer Name (Please Print)	Jepson Signatu	170		ilmington		epartment 10 /Barracks Date	/17/2023
* OUT OTHER THUS (1 10030 1 11111)	Gignatu			-L	. Icomo	Date	

	Police Use Only	Common	nwealth	of Massac	husetts	3	RM	V Docui	ment Number	
	Date of Crash Time of Crash 10/17/2023 1907 Wilm	City/Town Mington		icle Crash	Number Vehicles		Speed Limi	35	State Police Local Police MBTA Police	
	24HR	iring con	Police	Report	1	1	Latitude Longitude _		Campus Police [Other:	5
	AT INTERSECTION	ON:	LOCA	TION >		NOT A	r inter	SECT	TION:	
					260	MAIN	7 (271)			2 1
	Route# Direction	Name of Roadway/Street		Route# Direction		MALI		Roadwa	y/Street	
4		At		Feet N	S E W of		_ • _	- 05		
	Route# Direction Name	e of Intersecting Roadway/Stre	eet	1000		Mile M	arker	·	Exit Number	
		Also at Intersection with		Feet N	S E W of	Route#	Inters	ectiny Ro	oadway/Street	- 📇
L	Route# Direction Name	e of Intersecting Roadway/Stre	eet	Feet N	S E W of				ouu, uji oii oo,	
<u>. </u>		<u> </u>	<u> </u>	<u> </u>				andmark		_
	Please Select One of the Following:	#Occupants Hit/Run	Moped	Crash Repo	rt ID# 2 3	-34	2-A0	3		
	License # 1 St	OB/Age_	Reg	# <u>7EG789</u>		Reg Typ	e PC	Re	g State MA	_ <u>_ 1</u>
	Sex F Lic. Class D 19 19 Lic. Re	estrictions 1 CDL_	Veh	Year 2014	_ Veh Make	TOYOTA	<u> </u>	Veh (Config. 1 21	7 "
	Operator TORTOLA, ROSEA	Endorsen ANN SARAH First Middle	_	er TORTOLA	ROSE		RAH			_
!	Address 4 SHERBURN PL	First Middle		ess 4 SHERBI	URN PL	First		Midd	dle	_
	City WILMINGTON State	MA Zip 01887-20	139 City	WILMINGTO	N	Sta	ite MA	Zip 01	887-2039	2
	Insurance Company GOVERNMENT	EMPLOYEES IN	ISU Vehic	cle Action Prior to Cra	sh 1	22 D	amaged Area	Code:	27 27 27	
	Vehicle Travel Direction: NXEW	Responding to Emergency?	2 Even	t Sequence 3 23	23 23		est Status:	1	28	
	Citation # (If Issued)	<u>-</u>	Mosi	Harmful Event 3	24		ype of Test: AC Test Res		30	
	Viol. 1: Ch/Sec/Sub — V	iol, 2: Ch/Sec/Sub ———	Drive	er Contributing Code	19 ²⁵	26	asp. Alcohol:	<u>-</u>	Susp. Drug 2 32	3 13
_	Viol. 3: Ch/Sec/SubV	iol. 4: Ch/Sec/Sub	Drive	er Distracted by	26		wed from so		22	' ├─
	•	or and all occupants involved			34 35 Seat Safety		36 39 Trap Injury	40 Transp.		7
	Name (Last First Middle) Operator	Address See Abov		DOB/Age Se	Pos. System	Status Code	Code Status	Code 1	Medical Facility	\dashv
	Орегиют	50071001			\ <u> </u>			-		-
										_
	· · · · · · · · · · · · · · · · · · ·							ļļ.		
\dashv	Please Select One of the Following:	#Occupants Non-Motor	ist A Type	15 Action 2	Location	17 Condi	18	☐ Hi	it/Run 🔲 Mope	d
	License # St.	DOB/Age 1	Page	; <u>[4]</u>	<u> </u>	Dag Turn	<u> </u>	Pon	. Stata	-
		strictions 1 20 CDL	-	Year				_	21	-
	Operator DRIVER, KATHLE	Endorsen	ient	er				_ /0	, on the .	
	Address 985 CHANDLER ST	first Middle		Last		First		Midd	le	
┨	City TEWKSBURY State I					Sta	te2	Zip		14
	Insurance Company			le Action Prior to Cras	sh T		amaged Area	·	27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emergency?_	Even	Sequence 23	23 23	23 Te	st Status:		28	'
_	Citation # (If Issued)			Hannful Event	24		pe of Test:		29	
	Viol. 1: Cli/Sec/Sub — Vi	ol. 2: Ch/Sec/Sub	Drive	ا r Contributing Code	25	25	AC Test Resu sp. Alcohol:		Susp. Drug. 32	
		ol. 4: Ch/Sec/Sub		r Distracted by	26		wed from sc	\vdash	33 Stage 33	
}	Please fill out for operator/non-s				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		7
-	Name (Last First Middle)	Address		DOB/Age Sex	Pos, System	Stotus Code	Code Status	Code	Medical Facility ahey Clinic	-
}	Operator/Non-Motorist	See Abov	e		1 99		7	2	·	_

	= Direction	= Vehicle 1	2 = Vehicle 2	♀ Pedestr	ian 🕳 = Bicycle	
Crash Diagram:	ie: 🖚 🗔	->	2	₽Ŝ	→ №	
	(STGP)		Middle entr	rance to pla	Za If Crash <u>Did N</u> on a Public Wa Off-Street Parking	y:
	Pedeo	strian 1			Garage	
260 Main Street	1 / 1000		Crosswalk		Mall/Shopping Ce	nter
					Other Private Way	
					Indicate North l	oy Arrow
Crash Narrative:						
On Tuesday, October 17					· · · · · · · · · · · · · · · · · · ·	
merge onto Main Street	. When vehicle	1 began to	move into to	raffic, i	t collided pedestrian	
1 who was walking thro	ugh the crossw	alk.				
Pedestrian 1 had injur	ies to the head	d and lower	left leg. Th	ney were	transported to Lahey	
Hospital for further m	edical treatmen	nt.				
ml	 		· · · · · · · · · · · · · · · · · · ·			
Photos attached.						
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
JAUSS PAMELA L		180 TYNSBORO RI	D BLDG C Apt. #1 N	ORTH CHELMS	FOR :	
		1				
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Туре	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Veh	icle Section)		42
Carrier Name					Bus Use	42
Address			City		StZip	
US DOT#:	State Number		Issuing State	MC/MX/	ICC #:	
Interstate Cargo Body	Type Code 44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trail	er Length	
Hazmat Information:					<u></u>	
Placard 47 Material 1 digit i	48 Material Nan	ne		_Material 4 dig	it #Release code	49
Patrol Officer Christopher	k Miccichi		232 Wi	lmington	Police Department 10	1/17/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

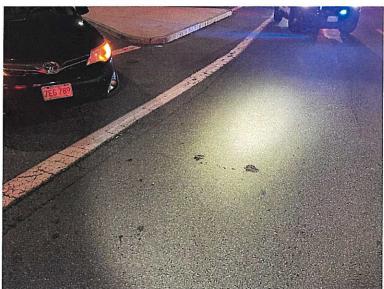
Precinct/Barracks

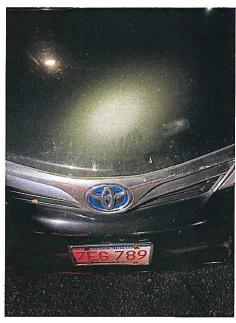
Date

Wilmington Police Department Images Associated with 23-342-AC

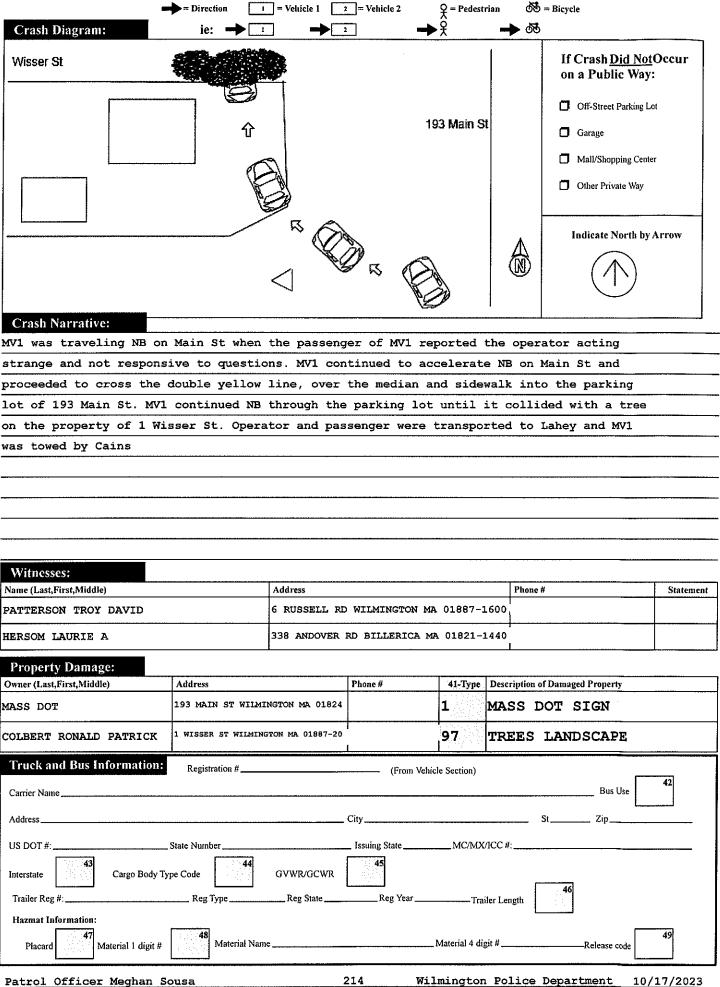








	Police Use Only	Comm	onwealth	of Massac	chuse	etts		4.13 4.13	RM	IV Docı	ument Number		
		City/Town Ington	Motor Veh	icle Crasi	h N	umber	Numbe	Popos	d Limi	1_35	State Police Local Police MBTA Police		
	24HR	riig con	Police :	Report	1		2	Lane	ude gitude _		Campus Police	_ ă	
	AT INTERSECTION	ON:	< LOCA	TION >			NOT	AT IN	TER	SEC'	TION:		L
						_							2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	19 n Addr	ess#	MAI			Roadw	/ay/Street		
¹ 4		At		Feet N	SEW	ا مو							
	Route# Direction Name	of Intersecting Roadway	Street	reet [A	0 2 11	l or	Mile I	Marker	,	· 01 _	Exit Number	-	11
		Also at Intersection with		Feet N	SEW	of	Route#		Inters	ection S	Roadway/Street	·	Т
² 1	Route# Direction Name	of Intersecting Roadway/	Street	Feet N	S E W	of	TISME.		1111013	eoting r	toud (rey, on eet		
1				<u> </u>						ındmark			-
3	Please Select One of the Following:	Occupants Hit/Rui	1 Moped	Crash Rep	ort ID#	23	-34	3-	·AC	7			l
	License SS	⊃OB/Age	Reg	BR27RK			Reg Ty	ре <u>Р</u> С	2	Re	eg State MA		_ 12
	Sex F Lic. Class D Lic. Res	trictions 1 20 CDL	Veh Y	rear 2023	_ Veh Ma	ake <u></u>	UDI			Veh	Config. 1	21	7 '-
	Operator COLLINS, MELIS	CA A		er COLLINS	, ME	LIS		L					
⁴ 3	Address 24 BELMONT RD	ust M		ess 24 BELM	ONT	RD	First			Mic	ddle		·
	City BILLERICA State 1	1A Zip 01821-	2030 City	BILLERICA	.		5	tate M	A _ 2	Zip 0 1	L821-20:	30	·
	Insurance Company PLYMOUTH RO	OCK ASSURAN	CE C Vehic	le Action Prior to Cr	ash	1	22	Damage	ed Area	Code:	11 27 27	27	
5	Vehicle Travel Direction: SEW	Responding to Emergence	cy? <u>2</u> Event	Sequence 42 23	28 ²³ 21	23	20	Test Sta			28		
⁵ 1	Citation # (If Issued) 235038AC-CN			Harmful Event 2				Type of BAC Te		ulte	30		
	Viol. 1: Ch/Sec/Sub 89 4A Vio	ol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	17	25	25	Susp. A			Susp. Drug 2	32	21 ¹³
5	Viol. 3: Cli/Sec/SubViol	ol. 4: Ch/Sec/Sub ———	Drive	r Distracted by	26			Towed t		-	1 33		<u> </u>
⁶ 1	Please fill out for operator	and all occupants involv		DOB/Age S	34 Seat iex Pos.	35 Safety	36 37 Airbag Eje Status Co	38 et Trap fe Code	39 Injury Status		Medical Facility		
	Operator	See A			1	System 1	3 0	0	7	-	Lahey Clinic		
	CARLA DONOHUE	24 JEFFERSON RD TEWKSBURY, MA 01876		F	3	1	3 0	0	7	2	Lahey Clinic		
		TEMODORI, IN 02370							 				
									 				
		1		15 15	<u> </u> a		12	<u> </u>	18				İ
3	Please Select One of the Following: Vehicle 2#0	Occupants Non-Mo	torist A Type	Action 16	Locatio	n	Con	ittion	10	□ F	lit/Run 🔲 Mo	ped	
		DOB/Age	Reg #				_ Reg Ty	ре		Re		_	ĺ
	Sex Lic. Class 19 19 Lic. Rest		Veh Y	ear	_ Veh Ma	ike				Veli	Config.	21	
3	Operator			erLast			First			Mid	ldle		
1	Address		Addre	ess									_ 14
	CityState	Zip	City_				S					=	1 '
	Insurance Company		Vehic	le Action Prior to Cra			ᆜ, ,	Damage Fest Sta		Code:	27 27	27	
	Vehicle Travel Direction: NSEW	Responding to Emergenc	y? Event	Sequence 23		23		Type of		-	29		
2	Citation # (If Issued)		Most	Hannful Event	24	251		BAC Te	st Resu	ılt:	30		
	Viol. 1: Ch/Sec/Sub ———Vio			Contributing Code		25		Susp. Al	ı		Susp. Drug	32	
	Viol. 3: Ch/Sec/SubViol.			Distracted by	26	35	36 37	l'owed f	rom sc	ene? _	33		
	Please fill out for operator/non-m- Name (Last First Middle)	otorist and all occupants		DOB/Age So	Seat		Airbag Ejeu	Trap	Injury Status	Transp. Code	Medical Facility		
	Operator/Non-Motorist	See A	bove	><	1								
					11			 					



Wilmington Police Department Images Associated with 23-343-AC









	Police Use	Only	Com	monwealth	of Massa	chus	etts	5	- 42 - 44 - 44	RM	V Decu	ument Nur]
	Date of Crash Time 10/19/2023 151	of Crash	City/Town mington	Motor Vel	nicle Cras	h [Number Vehicles		, 10000	d Limit	15	State Pol Local Po MBTA P	lice 🗵	1
	10/13/2023	24HR	milig con	Police	Report	a	!	0	Lam	ude gitude _		Campus Other:	Police	
	AT I	NTERSECT	ION:	< LOC	ATION >			NOT	AT IN	TER	SEC	TION:		
						26	60	M/25 T	n s	ığı				2 10
1	Route# Direction		Name of Roadway/S	ireet	Route# Direction		dress #				Roadw	/ay/Street		
11			At		Feet N	SEV	v of		_	• —	or _			
	Route# Direction	Nai	ne of Intersecting Road	way/Street			7	Mile	Marker			Exit Nu	ımber	6 11
			Also at Intersection v	with		SE	_	Route#		Inters	ecting R	Roadway/St	reet	
² 1	Route# Direction	Na	ne of Intersecting Road	way/Street	Feet N	SE	V of							
	Please Select One	Zt 1	#Oggupanta	_				2			mdmark	(1
3	of the Following:	Vehicle 14	_#Occupants Hit	/Run Moped	Crash Re	port ID#	23	-34	14-	·A(<i>:</i>			_
	License :		DOB/Age	Reg	# <u>3GPH30</u>	······································		Reg T	уре <u>РС</u>		Re	eg State M	A 21	1 12
	Sex F Lic. Class D		£ لــــــا	Endorsement	Year 2021	Veh 1	Make <u>E</u>	ORD			Veh	Config. 2		 -
4	Operator RODGE				ner <u>RODGERS</u>	a.		First	IYRT	LE	Mis	ddle		
⁴ 1	Address 2 ACOR				ress 2 ACORI		OLL							
	City N READIN		-	_	N READIN	G						1864-		
	Insurance Company TI				cle Action Prior to C		4	22	Damage Test Sta		Code:	2 27 2 2 28	27 27	
5	Vehicle Travel Direction	NXEW	Responding to Emer	rgency? 2 Ever	nt Sequence 1 23		23	23	Type of			99 ²⁹		
	Citation # (If Issued)				t Harmful Event	<u></u>	3.5	25	BAC To	est Res	ì	1 30		_ 13
	Viol. 1: Ch/Sec/Sub				er Contributing Code		25	25	Susp. A		·		g 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub				er Distracted by) 20	35	36 3	Towed	from sc	ene?	2 33		ļ
	Plea Name (Last First Middle)	se till out for opera	stor and all occupants in	Address	DOB/Age	Sex Pos	Safety	Airbag [ij	ect Trap	Injury	Transp. Code	Medical	Facility	
	Operator		S	ee Above	>>>	X 1	99	4 0	0	10	1			
				•										
,	Please Select One	Vehicle 22	#Occupants Non	-Motorist A Type	15 Action 1	6 Locat		17 Cor	dition	18		lit/Run	Moped	•
′3	of the Following:	venicie 2E							L			III/Kua	1 wropen	
	License #	Sı	OB/Age		# R85022			Reg T	•			g State M	21	
	Sex Lic. Class	Lic. R	estrictions 99 C	ndorsement	Year 2016							Config. 1	<u>, </u>	
2	Operator i	•	First	Middle	er MASSACH	l		AUTC First APT		ноо	Mid			
	Addres	6			ess 2 PARK WESTFORD	DK	2.T			70. ~	. O1	996_1	2525	1 l4
	Insurance Company TF	State					4		Damage		_	886-3	7 27	
	Vehicle Travel Direction:		Responding to Emer		t Sequence 23	23	23	23	Test Sta		:	1 28		
	Citation # (If Issued)	NSEM	Responding to Emer		Harmful Event	1 1			Type of	Test:	9	99 ²⁹		
2	Viol, 1; Ch/Sec/Sub —				er Contributing Code		25	25	BAC Te			1 30	227	
					er Distracted by	26	ال		Susp. A. Towed f	•		Susp. Drug	g 2 32	
	Viol. 3; Ch/Sec/Sub ————————————————————————————————————		Viol. 4: Ch/Sec/Sub —— i-motorist and all occup:			34	35 Safety	36 3	7 38	39	40 Transp.			•
	Name (Last First Middle)	•		Address	DOB/Age	Sex Pos.	System	Airbag Ej- Status Co	de Code	Status	Code	Medical	Facility	
	Operator/No	n-Motorist	Some Some Some Some Some Some Some Some	ee Above		$\frac{1}{1}$	99	4 0	0	10	1			
	TERRENCE THROWE		BILLERICA, MA 01		M	3	99	4 0	0	10	1			
						. -								

	= Direction	1 = Vehicle 1	2 = Vehicle 2	र् = Pedesti	ian 📆	= Bicycle	
Crash Diagram:	ie: →	→	2	₩Ŷ	→ №		
					A Annual Control of the Control of t	If Crash Did Not on a Public Way Off-Street Parking L	:
	V1					•	
	. _*'		·			☐ Mall/Shopping Center	er .
	\mathcal{Q}					Other Private Way	
)			-		
	V2 (ULD)					Indicate North by	Arrow
	Market Bas	sket Parking Lo	t		3 3		
Crash Narrative:							
On Thursday October	20, 2023 at appr	oximately 3	:16pm I, Of	ficer For	ces respo	onded to a	
motor vehicle crash :	in the market ba	sket parkin	g lot. Upon	arrival :	Cobserve	ed Op1 standing	
by her vehicle and Op	2 and her passe	nger standi	ng by their	vehicle.	The occu	pants of V2	
stated they were trav	eling south in	the lot and	Vl was exi	ting an a	isle in t	he lot and	
collided with them he	ad on. Op1 conf	irmed these	events and	stated sl	ne did no	t see the	
other vehicle travel:	ng on the roadw	ay. The ope	rator of V2	had an ac	tive lea	rners permit	
and the passenger was						 	
Auto School on the si	de. All involve	d parties d	eclined med	ical atter	ntion and	both vehicles	
were driveable.			***************************************				
Witnesses: Name (Last,First,Middle)		Address		.	Phone #		Statement
Tune (2009) Itoly					1		oskreinen.
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Truck and Bus Information	Registration #		(From V	/ehicle Section)			
Carrier Name						Bus Use	42
Address			_ City		S	tt	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		#185
Interstate 43 Cargo Bo	dy Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traí	er Length	46	
Hazmat Information:	-		-				
Placard 47 Material 1 dig	it # 48 Material Nat	ne		Material 4 dig	ît #	Release code	49
Patrol Officer John P	. Wambaa		228 1	Tilminatan	Police 1	Department 10/	110/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Precinct/Barracks Department

Date

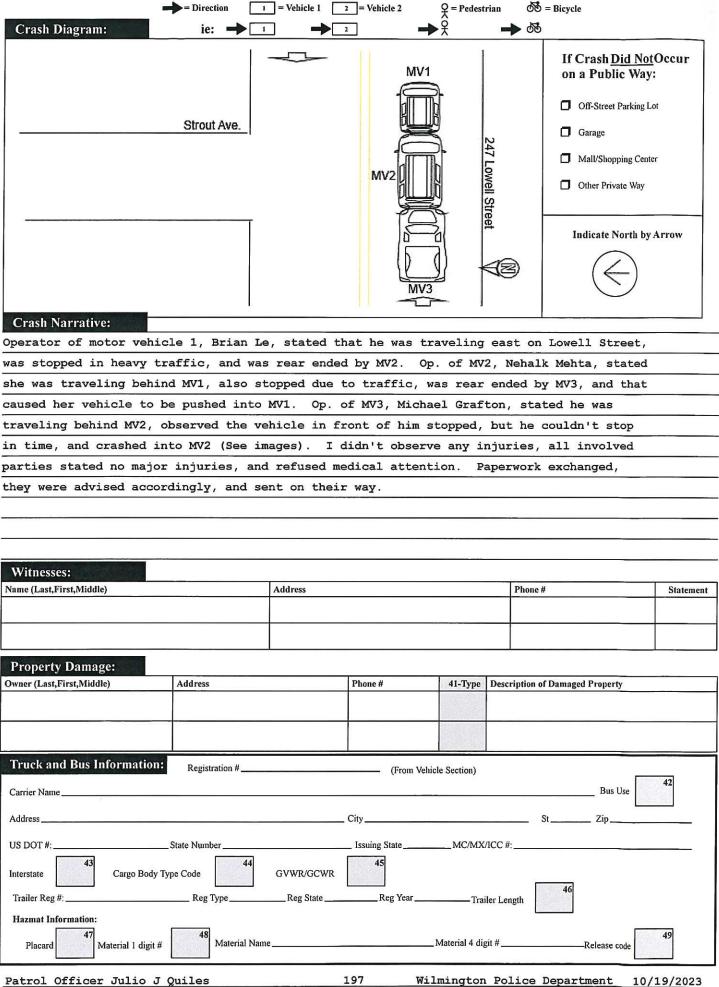
Wilmington Police Department Images Associated with 23-344-AC







Police Use Only Commonwealth of Massachuset	
Date of Crash Time of Crash City/Town Motor Vehicle Crash	
24HR Police Report 3	Campus Police Cher.
AT INTERSECTION: < LOCATION >	NOT AT INTERSECTION:
247	LOWELL ST
Route# Direction Name of Roadway/Street Route# Direction Address	s # Name of Roadway/Street
Feet NSEW of	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Feet N S E W o	Mile Marker Exit Number
Also at Intersection with Feet NSEW of Feet NSEW of	Route# Intersecting Roadway/Street
Route# Direction Name of Intersecting Roadway/Street	Landmark
Please Select One of the Following: Vehicle 11 #Occupants Hit/Run Moped Crash Report ID# 2	3-345-AC
of arc. showing.	
License;StDOB/AgeReg # 6SP124	Reg Type PC Reg State MA
Endorsement	e HONDA Veh Config. 1
Operator LE, BRIAN NGO Last Middle Owner LE, BRIAN NGO Address 14 RIVERSIDE DR Address 14 RIVERSIDE	First Middle
Address 14 RIVERSIDE DR Address 14 RIVERSIDE City READING State MA Zip 01867-3510 City READING	State MA Zip 01867-3510
Insurance Company VERMONT MUTUAL INSURANCE Vehicle Action Prior to Crash	22 27 27 27
Vehicle Travel Direction: N S X W Responding to Emergency? 2 Event Sequence 1 23 23 23 23	19
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	BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug 2 32
Viol. 3: Clt/Sec/Sub Driver Distracted by O 26	Towed from scene? 2 33
Please fill out for operator and all occupants involved 34	35 36 37 38 39 40 afety Airbag Eject Trap Injury Transp.
Name (Last First Middle) Address DOB/Age Sex Pos. Sy	stem Status Code Code Status Code Medical Facility
Operator See Above 1 1 1	4 0 0 10 1
Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type 15 Action Location	17 Condition 18 Hit/Run Moped
License # St DOB/Age Reg # 274YC2	Reg Type PC Reg State MA
Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL Veh Year 2012 Veh Make	HONDA Veh Config. 1 21
Operator MEHTA, NEHAL K Owner MEHTA, NEHAL Last First Middle	
Address 11 FANEUIL DR Address 11 FANEUIL D	
City WILMINGTON State MA Zip 01887-2034 City WILMINGTON	State MA Zip 01887-2034
Insurance Company GEICO GENERAL INSURANCE C Vehicle Action Prior to Crash 2	22 Damaged Area Code: 1 27 5 27 27
Vehicle Travel Direction: NSW Responding to Emergency? 2 Event Sequence 23 23 23	Type of Test: 1 28 29
Citation # (If Israed) Most Hamful Event 1 24	BAC Test Result: 1 30
Challett # (It issued)	25 Susp. Alcohol. 2 31 Susp. Drug. 2 32
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25	2 3 5 5 5 5 5 5 5 5 5
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 1 25 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26	Towed from scene? 2 33
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	m 10 131
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by Please fill out for operator/non-motorist and all occupants involved Viol. 3: Ch/Sec/Sub Driver Distracted by O O O O	Towed from scene? 2 33 35 36 37 38 39 40 fety Aibug Eject Trap Injury Transp.
Viol. 1: Ch/Sec/Sub	Towed from scene? 2 33 35 36 37 38 39 40 Gety Aibug Eject Trap Injury Transp. Status Code Code Status Code Medical Facility
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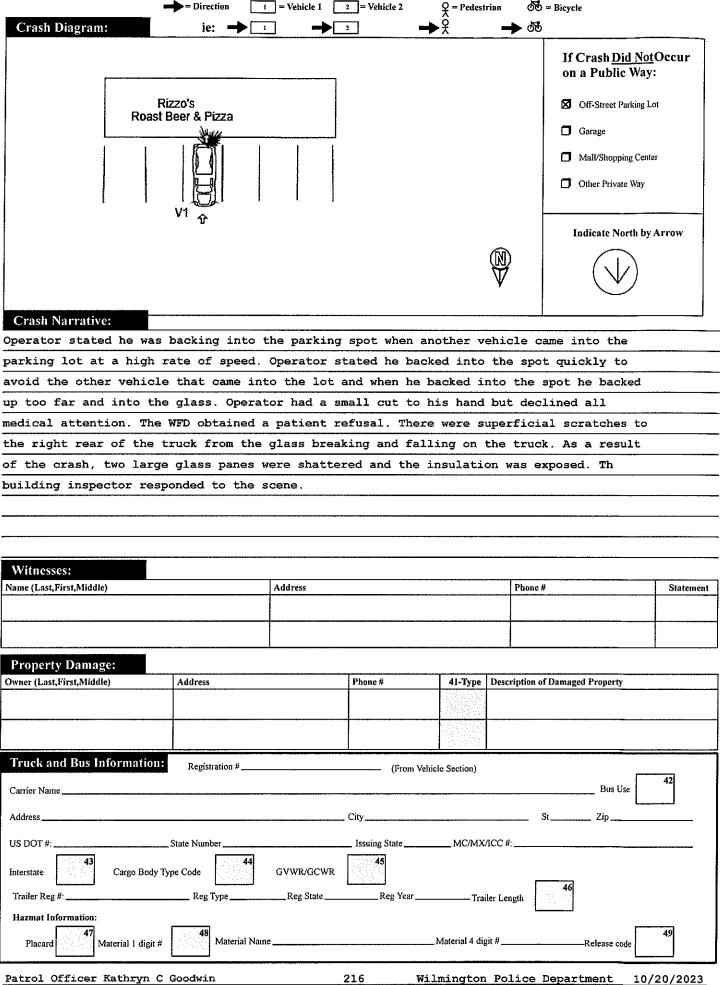
	Police Use Only	Comn	nonwealth	of Massa	chus	etts		ı	RMV Doc	ument Nur		
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	24HR			Report	3	}	0	Longitud		Campus Other:	Police 🗖	
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		Also at Intersection wit	ih		N S E V	_	Route#	Int	ersecting l	Roadway/S	treet	
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	Please Select One Vehicle 31	#Occupants Hit/R	un Moped	Crash Re	nort ID#	23	-34	5-2		<u> </u>		1
3	of the Following.											4
	19 19	DOB/Age		<u> 535144</u>						Г	21	1 12
			lorsement	/ear <u>2008</u> er BLUE RI						Config.	<u> </u>	 -
4 ₁	Operator GRAFTON, MICHA Last Address 8 ELLIOT RD	First	Middle	er <u>BLOE KI</u> ess 45 KEN I	sl		First	<u> </u>		iddle		
	City LYNNFIELD State	MA 7in 01940		NEWTON	N## 111		Çı.	ota MA	zis O2	2461-	1943	
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	Vehicle Travel Direction: NSWW	Responding to Emerge		Sequence 1 2	-,	23	23 T	est Status:		1 28		
5	Citation # (If Issued)		-	<u> </u>	1 24			ype of Tes		29		ĺ
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	Viol. 3: Ch/Sec/Sub Vi			r Distracted by	99 26			owed from	-	2 33	'6 <u>12</u>	F
·1	Please fill out for operato	•			34 Sent		36 37 Airbag Eject	Trap In	39 40 jury Transp.	<u> </u>		1
	Name (Lust First Middle) Operator		Above	DOB/Age	Sex Pas.	System 1	Status Code 4 0	Code St	otus Code	Medica	l Facility	
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						-						
	Plane Salari Orac (TT)	<u> </u>	E-9.	15	16		 	<u> </u>	18			
1	Please Select One of the Following:	Occupants Non-N	Aotorist A Type	Action	Locati	on	Condi	tion	יַ עַן וַ"	Hit/Run	Moped	
		DOB/Age	Reg #				Reg Type	e	Re	eg State	311	
	Sex Lic. Class 19 Lic. Res	trictions CDI	Veh Y	ear	Veh M	lake			Veh	Config.	21	
1	Operator	irst	Middle Owne	rLas	d		First		Mic	ddle		
<u></u>	Address	<u></u>		SS		<u>.</u>					<u></u>	14
	CityState					Atti		te	_ Zip rea Code:	27 2	27 27	
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	Citation # (If Issued)	Responding to Emerger		Harmful Event	24			pe of Test	:	29		
2	Viol. 1; Ch/Sec/SubVio	nl 2: Ch/Sac/Sub		Contributing Code		25	25	AC Test R		30	23	
	Viol, 3; Ch/Sec/SubVio			Distracted by	26			sp. Alcohowed from	···	Susp. Dru	g. 32	
	Please fill out for operator/non-n		s involved		34 Seat	35 Safety	36 37 Airbag Eject	38 3 Trap Inje	9 40 ury Transp.			
	Name (Last First Middle) Operator/Non-Motorist	T	Above	DOB/Age	Sex Pos.	System	Status Code	Code Sta	tus Code	Medical	Facility	
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Wilmington Police Department Images Associated with 23-345-AC





Poli	1 1 1			Commonwealth of Massachusetts RMV Document Nu							Number							
Date of Crash 10/20/2023	1	1	City/Town	Mo	otor Veh		ash		mber sicles		!	Speed Latitu	d Limit	11	<u>-</u> - L∝	te Police cal Police STA Police		
	24HR	***				Report		1		1			itude			npus Police		
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			А	At		Feet	NS	E W	of			_ •		· or				
Route# Direc	tion	Name	e of Intersectin	ig Roadway/Stree	et					Mi	le Ma	rker			Eχ	it Number		12
			Also at Inters	ection with		ł	NS			Route			Inters	ecting	Roadwa	y/Street		F
Route# Direc	tion	Name	e of Intersectin	g Roadway/Stree	et	Feet	NS	EW	of									
Dlassa Calassa C		_			T				_					andmar	k			┨
Please Select O of the Followin	g: Vehicle	e 1 <u>1</u>	#Occupants	Hit/Run	Moped	Crash	Report	ID# Z	23	-3	4	5-	AC	3				
License #,		St.	OOB/Ag		= Reg	# <u>9523</u>				Reg	; Туре	PC		R	eg State			\vdash
Sex M Lic, C	Class D	Lic. Re	estrictions 1	CDL	Veh	Year 2014	\	/elı Ma	ke F	'ORD)			Vel	Config	. 2	21	1
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City WILMI	NGTON	State]	MA Zip 0	1887-18	79 City.	WILMING	TON				_ Stat	e M Z	A _ 2	Zip O	188	7 <u>-18</u> 7	79	
Insurance Compa	my SAFETY	<u> INS</u>	URANCE	E COMPAI	NY Vehic	cle Action Prior t	o Crash	[:	LO	22	Da	птаде	d Area	Code:	1	27	27	
Vehicle Travel Di	irection: N]EW	Responding	to Emergency?_2	<u>2</u> Even	t Sequence 35	23		23			st Stat			1 28			
Citation # (If Issu	ied)		_		Most	Harmful Event	35	24				pe of '	Test: st Resi	ulte	30			
Viol. 1: Ch/Sec/S	ub	Vi	iol. 2: Ch/Sec/.	Sub	Drive	er Contributing C	ode	9	25	25				2 31	Susp.	Drug:2	32	30
Viol. 3: Ch/Sec/S	ub	Vi	iol. 4: Cli/Sec/:	Sub	Drive	er Distracted by	0	26					rom sc		2 33	- LE.		┢
		for operato	or and all occur	pants involved					35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.				1
Operato				Address See Above		DOB/Age	Sex		System 99	Status 4	Code	Code O	Status 8	Code 1	М	ledical Facility		
- Operato								-										
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						<u> </u>	<u> </u>						<u> </u>			•		
Please Select Or of the Following		2#	#Occupants	Non-Motoris	st A Type	15 Action	16 L	ocation	ı	17 C	onditi	on	18		Hit/Run	Мо	ped	
License #		St	DOB/Age_		Reg #	/			<u> </u>	Rev	Tyne	<u> </u>		l R	eg State			
Sex Lic. C	19 19	9	strictions	20 CDL		/ear									•	7	21	
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Address	Last	Fi	Tirst	Middle		ess	Last			Fic	st			Mi	ddle			
City		State	Zip		City_						_ State	e	z	ip				1
Insurance Compar						le Action Prior to		Γ		22	Dai	mageo	l Area	Code:	27	27	27	├
Vehicle Travel Dir	rection: NS	EW	Responding t	to Emergency?	Event	Sequence	23	23 2	23	23	Tes	t Stati	us:		28	***********		
Citation # (If Issue					Most	Harmful Event		24				e of T		_	29 30			
Viol. 1: Ch/Sec/Su	ıb	Vic	ol. 2: Ch/Sec/S	Sub	Drive	r Contributing Co	ode	2	5	25			t Resu			na,	32	
Viol. 3: Ch/Sec/Su				Sub		r Distracted by		26	<u> </u>				om sce		33	Ding-	<u> </u>	ĺ
	se fill out for oper					-		34 Seat	35 Safety	36 Airbag	37 Ejeci	38 Trap	39 Injury	40 Transp.				
Name (Last First Mid		40	T	Address		DOB/Age	Sex	Pos. S	ystem		Code	Code	Status	Code	Me	dical Facility		
Operato	r/Non-Mot	iorist		See Above			A	1										
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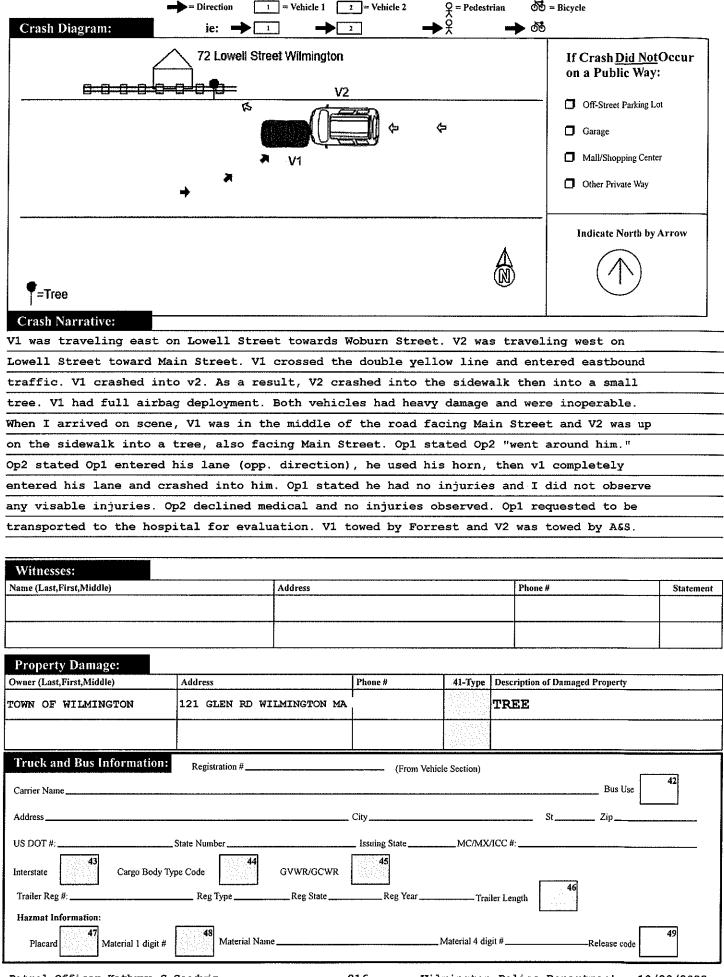


Wilmington Police Department Images Associated with 23-346-AC





	Pol	lice Use Only		Com	monwealt	th o	of Massa	ach	lus	etts	8			RM	V Doc	:	t Number		
	Date of Crash 10/20/2023	Time of Crash	1	City/Town	Motor V	/ehi	icle Cra	sh		lumber ehicles		mber ured	Speed	d Limit	t_4(— Lo	ate Police ocal Police IBTA Police		
	10/20/2023	24HR	E	Ing con	Polic	ce F	Report		2		0		Lang			Ca	ampus Police ther:	ă	
		AT INTER	SECTION	ON:	< LC	LOCATION > NOT AT INTERSECTION:									N:				
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ī	Route# Dire	ction		Name of Roadway/St	reet	Route# Direction Address # LOWELL ST Address # Name of Roadway/Street													
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	Route# Dire	ction	Name	of Intersecting Roads	way/Street	-		Ll		J V2	М	ile Ma	rker		0	E	xit Number	4	3 11
				Also at Intersection v	vith	<u> </u>	Feet NSEW of Route# Intersecting Roadway/Street Feet NSEW of											-	
² 3	Route# Direc	ction	Name	of Intersecting Roady	wav/Street	-	Feet	N S	EW	of	11021				••		, ayraa ee		
3							1								ndmarl	k		\exists	
3	Please Select (of the Followi	ng: Vehic	e (1	#Occupants Hit/	Run 🔲 Mor	ped	Crash R	Report	t ID#	23	-3	34'	7 –	AC	7				
	License #		St.	OB/Age		Reg#_	9DW179				Re	д Туре	PC		R	eg Stat	te <u>MA</u>		12
	Sex M Lic.	Class D	Lic. Re	strictions 1 20 C	DL	Velı Ye	ear <u>2021</u>		Veh M	lake <u>N</u>	IISS	<u>SAN</u>	•		Veh	Confi	g. 1 21		1 '
	Operator MC	LAUGHLI	N, JA		ndorsement	Owner	SHIDLO	W,	LA	URA	N K	ATH	LE	EN				_	
⁴ 1	Address 33	tor MCLAUGHLIN, JAMES F Last First Middle Country SHIDLOW, LAURA KATHLEEN SS 33 ROSEDALE AVE Address 536 WOBURN ST Address 536 WOBURN ST													_				
	City EVER	crr	State]	MA Zip 02149	9-5119	City W	ILMING'	1OT	I			Sta	te M Z	A _ 2	Zip 0 :	188	7-292	2	
	Insurance Comp	any INTEGO	AN NC	TIONAL INS	SURANC	Vehicle	Action Prior to	Crash	ı	1	22	Da	mage	d Area	Code:	7 27	8 27 2	7	
	Vehicle Travel D	Direction: N S	Xw	Responding to Emer	gency? 2	Event S	Sequence 1	23	23	23	23		st Stat			1 28	1		
3	Citation # (If Iss	ued) T3190	479	-	1	Most H	Harmful Event	1	24	· · · · · · · · · · · · · · · · · · ·		-	pe of '	Test: st Resi		30	1	İ	
	Viol. 1; Ch/Sec/S	_{Sub} <u>90</u>	23 _{Vi}	iol. 2: Ch/Sec/Sub 90	24	Driver (Contributing Co	de	10	²⁵ 9	25	1			2 31		. Drug 2 3	2]	1 13
6	Viol. 3: Ch/Sec/S	Sub 89	4A Vi	iol, 4: Ch/Sec/Sub	1	Driver l	Distracted by	99	26					roin sc		1 33	, 	┙┞	
⁶ 2			for operate	or and all occupants in					34 Scat	35 Safety		37 Eject	38 Trap	39 Injury	40 Transp.			7	
	Operate			Se	Address ee Above		DOB/Age	Sex	Pos.	System 99		Code	Code	Status 10	Code 2		Medical Facility Clinic	\dashv	
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⁷ 1	Please Select C of the Followin		2 <u>1</u> #	Occupants Non-	-Motorist A Type	e	15 Action	16]	Locatio	on	17	Conditi	noi	18		Hit/Ru	п П Мор	ed	
_	License #		St	DOB/Age		Reg#J	W86684				Ren	у Туре	co		Re	eg State	e MA		
	Sex.M Lic. C	Class D	9 Lic. Res	20		-	ar 2022		Veh M	ake I						Config	21		
	Operator CA	<u> </u>	」 ALEX		ndorsement (Owner	BAY ST	ATE	e W	ORK	GRO	UP	LI	ic_		_		_	
⁸ 1	Address 76	Last MILL ST	APT	irst 1	Middle	Address	s 844 WO	ո։ BU	RN	ST	Fi	ızı			Mis	ddle		_	
	City WOBUR	.N	State <u>1</u>	MA Zip 01801	<u>2762</u>	City <u>W</u>	ILMING	ron	<u> </u>			_ Stat	e M	<u>. </u>	ip 01	188.	7-0000	2 4	1 14
	Insurance Compa	my ACADI2	NS	URANCE CO	MPANY v	Vehicle	Action Prior to	Crash		1	22	Da	mageo	d Area	Code:	2 27	10 27 1 27	7	
	Vehicle Travel D	irection: NS	EX	Responding to Emerg	gency? 2	Event S	Sequence 1 2	23 35	23 21	23	23		st Stat			1 28			
)_	Citation # (If Issued) T3190480						annful Event	1	24				pe of T	lest: it Resu	,,	29 30			
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	Viol, 3: Ch/Sec/S	ub ———	Vio	ol. 4: Ch/Sec/Sub —	г	Driver I	Distracted by	0	26					oni sce		1 33		۱ ا	
	Please fill out for operator/non-motorist and all occupants involved						DOB/Age	Sex	34 Scat Pos.	35 Safety System	3G Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	,.	Aedical Facility		
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Patrol Officer Kathryn C Goodwin

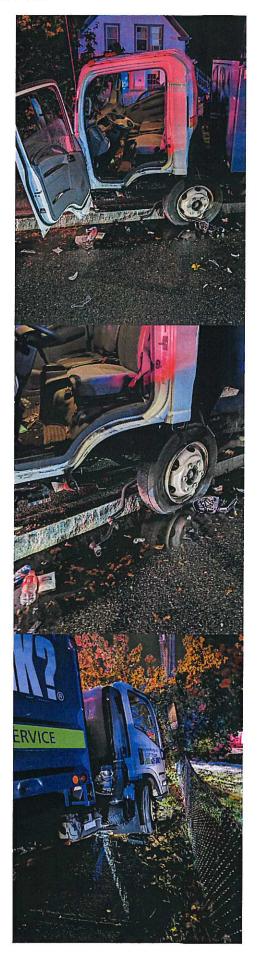
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Wilmington Police Department

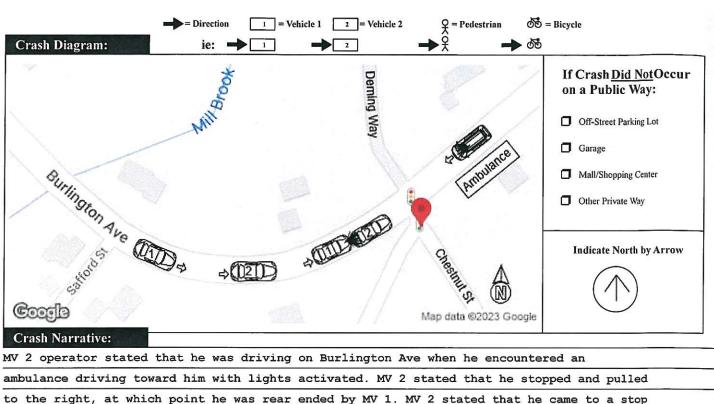
10/20/2023

Wilmington Police Department Images Associated with 23-347-AC





	Police Use Only	Common	wealth	of Massa	ich	use	etts				RM	V Doci	ument N			
	1	City/Town Mo	otor Veh	icle Cra	sh		unber hicles			Speed Latitu	l Limit	_ 25	Loca	e Police al Police TA Police	080	
	24HR	ing con	Police :	Report		2		0	- 1		tude			pus Police	٥	
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	BURLINGT	ON AVE	,													2 ¹⁰
¹ 4	Route# Direction	Name of Roadway/Street At		Route# Direct	ion	Addr	ess#			Na	me of	Roadw	/ay/Stree	et		
-	CHESTNUT			Feet	N S	EW	of	·	ile Mar	•		or _	Evi	Number	_ [
	Route# Direction Name	of Intersecting Roadway/Stree Also at Intersection with	t	Feet	N S	EW	of	IVI	iic iviai	IKCI			LAI	THEREDES	_	2 11
_		7430 at intersection with		Feet				Rout	e#		Interse	ecting F	Roadwa	y/Street	-	
² 2	Route# Direction Name	of Intersecting Roadway/Street	ŧ			1	~				La	ndmarl	k		-	
3	Please Select One of the Following:	Occupants Hit/Run	Moped	Crash R	eport	ID#	23	<u>3</u>	348	3 –	AC	;				
	License # St.	. DOB/Age	Regi	# <u>6YB171</u>				Re	a Type	PC		R	eu State	MA		
	19 19	strictions 1 CDL		Year 2006										21	T	1 12
	Operator BAVOTA, SOPHIA	Endorseme	ent	er BAVOTA								_ ~			<u>_</u> [
⁴ 3	Address 34 ADAMS ST	írst Middle		ess 34 ADA	,ast			F	irst			Mi	ddl¢			
	City WILMINGTON State 1	MA Zip 01887-245	1 City	WILMING	ron				Stat	e M Z	A z	ip 0]	1887	-245	1	
	Insurance Company ARBELLA MU	TUAL INSURANC	CE Vehic	ele Action Prior to	Crash		1	22	Da	mage	d Area	Code:	1 27	27 2 2	7	
5	Vehicle Travel Direction: NSWW	Responding to Emergency? 2	Even	Sequence 1	23	23	23	23		st Stat			1 28			
⁵ 1	Citation # (If Issued)		Most	Hannful Event	1	24				pe of 1	Test: st Resi	ılt-	30			
	Viol. 1: Ch/Sec/Sub —————————Vi	ol. 2; Ch/Sec/Sub	Drive	er Contributing Cod	de	18	25	25	1			2 31	Susp.	Drug 2 3	2	1 13
6	Viol. 3: Cl//Sec/SubVi	ol. 4: Clı/Sec/Sub	Drive	r Distracted by	99	26					rom sc		2 33	<u> </u>	-	
2	Please fill out for operato Name (Last First Middle)	r and all occupants involved		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Cođe	39 Injury Status	40 Transp. Code	Me	edical Facility		
	Operator	See Above			∇		1	4	· · · · · · · · · · · · · · · · · · ·	0	10	1				
	JENNA MILLS	1 SPRING LN NORTH READING, MA 01864	-3155		F	3	1	4	0	0	10	1			_	
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				15	16			17	I		18			I_	\dashv	
2	Please Select One of the Following: Vehicle 21 #	Occupants Non-Motoris		Action	I	ocatio.	n	(Conditi	L		U.	Hit/Run	— Мор	ed	
	License # St i	. DOB/Age	-	2PEM75					з Туре.				eg State.	_ 21	-1	
	Sex M Lic. Class D Lic. Res	trictions 2 CDL	nt	rear <u>2015</u>					AN		<u> </u>	_ Veh	Config.	1]	
1	Operator TERRA, JOAO PE	rst Middle		SILVA,	ast				rst			Mic	ddle		-	
-	Address 40 MORSE AVE City WILMINGTON State 1	1A Zip 01887-335		ess <u>30 MOR</u> WILMING]			<u>C.</u>	in in	Ca	. MZ	1 7	<u></u> ∩1	897	-335	_ -	14
	Insurance Company PROGRESSIVE	-	-	le Action Prior to		Г	1	22				.ip <u>v </u>		27 4 2	I	
	Vehicle Travel Direction: NSWW	Responding to Emergency? 2		Sequence 1			23	23		t Stati			1 28	<u> </u>	<u> </u>	
	Citation # (If Issued)	responding to Emergency :		· (*	1	24			• • •	e of T			29			
2	Viol. 1: Ch/Sec/Sub ———— Vi	nt 2: Ch/Sec/Sub		r Contributing Coc		11	25	25			t Resu cohol:		1 30 Suen 3	Drug 2 3	2	
	Viol. 3: Ch/Sec/SubVio		٠ .	0	26					om sc		2 33	2 2	1		
	Please fill out for operator/non-n	notorist and all occupants invol-	ved				35 Safety	36 Airbag	37 Eject	38 Trap	19 Injury	40 Transp.				
	Name (Last First Middle) Operator/Non-Motorist	Address See Above		DOB/Age	Sex		System 1	Status 4		Code	Status 10	Code 1	Мо	dical Facility	\dashv	
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MV 2 operator stated that he was driving on Burlington Ave when he encountered an ambulance driving toward him with lights activated. MV 2 stated that he stopped and pulled to the right, at which point he was rear ended by MV 1. MV 2 stated that he came to a stop quickly because he was coming out of a turn and could not see the ambulance. MV 1 operator stated that MV 2 stopped short because of the ambulance and she rear ended him. MV 1 stated that her visibility was limited due to the turn. All involved stated they did not sustain any injuries. Both vehicles were in drivable condition. MV 1 operator was upset and worried about her parents reaction to the damage. MV 1 was driven away by the registered owner. Passenger of MV 1's mother was contacted and made aware of the situation.

Witnesses:								
Name (Last,First,Middle)		Address				Phone #		Statement
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Descr	iption of Dama	ged Property	
							-	
Truck and Bus Information	Registration #		(F V/s)	L:-L- C+:\				
Total Arm evens	211810111111111111111111111111111111111		(From Ve	hicle Section)			Bus Use	42
Carrier Name	2000						Bus Ose	
Address			City			St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	//ICC #:			
Interstate 43 Cargo Body	Type Code 44	GVWR/GCWR	45			46	1	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Len	gth		
Hazmat Information:							ı	
Placard 47 Material I digit	# 48 Material Nam	e		Material 4 di	git #		-Release code	49
The same of the sa			Photoside II (III)	anara sa son	EASY SA	12 Marie 2000	7W 20 77 10 3	

Patrol Officer James R Hill

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Wilmington Police Department

10/21/2023

Wilmington Police Department Images Associated with 23-348-AC











	Police Use Only	Comn	onwealth (etts	\$		RM	V Docui	ment Number		
	Date of Crash Time of Crash 10/21/2023 2310 Wilm	City/Town	Motor Veh	icle Cras	h [Number /ehicles		Spee	d Limit	25	State Police Local Police MBTA Police	COBC	
	24HR	ing con	Police 1	Report	2		2		itude		Campus Police Other:	ă	
	AT INTERSECTI	ON:	< LOCA	TION >			NOT A	T IN	TER	SECT	TON:		L
	I93SB HW	TY											2 10
¹ 4	Route# Direction	Name of Roadway/Stre	et	Route# Direction	on Ado	lress #		N.	ame of	Roadwa	y/Street		
4	CONCORD	At ST		Feet N	SEV	of		(•	or			
		e of Intersecting Roadwa	<u> </u>		la si	7	Mile N	larker			Exit Number		1 11
		Also at Intersection wil	ih		SEV	_	Route#		Inters	ecting Ro	oadway/Street	_	
² 2	Route# Direction Nam	e of Intersecting Roadwa	y/Street	Feet [N	SEV	of				ındmark			
	Please Select One Vehicle 11	#Occupants Hit/R	un Moped	Crash Rej	nort ID#	23	-34	9_					
³ 3	or the Following.			<u></u> l							- MB		
	License # St 19 19	DOB/A	_	2NB185							_ 2	1	1 12
	<u> </u>		lorsement	/ear <u>2016</u> er WILLIAM				نظيل إ	Τ	Veh C	Config. 1	┚╏	
⁴ 3	Operator WILLIAMS , LARA Address 15 CABOT ST A	inst PT 1	Middle	er WILLIII 184 1 Ess 140 ST	ıt		First			Midd	lle	_	
	City SALEM State			FRAMINGH		J.L.		ota Mi	A 7	zis 01	702-246	2	
	Insurance Company GARRISON P	•	•	le Action Prior to C		4	_			Code: 1		27	
	Vehicle Travel Direction: N S E	Responding to Emerge		Sequence 23		23	المشا	est Sta		1	28	-	
⁵ 1	Citation # (if Issued) 241720AC	Troopenang to Emerge	-	Harmful Event 1				ype of			29		
	Viol. 1: Ch/Sec/Sub 90 23 v	iol 2: Ch/Sec/Sub		r Contributing Code		25	26	BAC Te			30 Susp. Drug: 2	32	1 13
	Viol. 3: Ch/Sec/Sub —————V				9 26	[owed f			33 33 33 33 33 33 33 33 33 33 33 33 33	 	
⁶ 2	Please fill out for operate				34 Scat	35 Safety	36 37 Airbag Ejec	38 Trap	39 Injury	40 Transp.		\dashv	
	Name (Last First Middle)		Above	DOB/Age	Sex Pos.	System 99	Status Cod	Code	Sintus 10	Code 1	Medical Facility		
	Operator	360	Auove		\ <u>'</u>	-		-	10	-			
	· ·					-		-	_				
						-		-	ļ				
						<u> </u>		<u> </u>				\Box	
⁷ 5	Please Select One of the Following:	#Occupants Non-N	Aotorist A Type	15 Action 1	6 Locati	on	17 Cond	ition	18	П н	it/Run 🔲 Mo	ped	
_	License #	DOB/Age	Reg #	VTG121			Reg Typ	e PC	· · · · · · · · · · · · · · · · · · ·	Reg	State MA		
	Sex F Lic. Class D 19 19 Lic. Re	strictions 20 CD		ear 2010	Veh M	lake L i	EXUS			Veh C	Config. 1.	I I	
	Operator TOTO, ALYSON E	LIZABETH	ersement Owne	r COLLINS	, co	REY	First			Midd	1	_	
2	Address 23 MAJESTIC AVE			ss 60 FAIR	CHII	LD I				Middi			
	City PELHAM State	NH Zip 03076	City_	READING				ate MZ	A z	ip <u>01</u>	867-125	<u>9</u>	1 14
	Insurance Company PLYMOUTH R	OCK ASSURAN	NCE C Vehic	le Action Prior to Cr	rash	<u> </u>		-		Code: 1	27 27 2	27	
	Vehicle Travel Direction: NSWW	Responding to Emerge	ncy? 2 Event	Sequence 1 23	23	23	23	est Stat ype of		1	29	İ	
2	Citation # (If Issued)	-	Most	Hannful Event 1	24		6	AC Tes		ılt: 1	30		
_	Viol. 1: Ch/Sec/SubV	iol. 2: Ch/Sec/Sub	Drive	Contributing Code		25	25 S	usp. Al	cohol:	2 31		32	
		iol. 4: Ch/Sec/Sub		Distracted by	9 26	T		owed fi			33		
	Please fill out for operator/non- Name (Last First Middle)	•	ts involved	DOB/Age 5	Seat Pos.	35 Safety System	36 37 Airbug Eject Status Code	38 Trap Code	39 Injury Status	40 Tronsp. Code	Medical Facility		
	Operator/Non-Motorist	See	Above	>>>	1	99	3 0	0	9	2 L	ahey Clinic		
ĺ		1		' H'	3	99	3 0	0	9	2 La	ahey Clinic		

•	= Direction	= Vehicle 1	2 = Vehicle 2	♀ = Pedestria	n ಹ = Bicycle	
Crash Diagram:	ie: 👈	1	2	₽Ŝ	→ 85	
	Concord St.		93 SB on ramp		If Crash Did No on a Public Way Off-Street Parking Garage Mall/Shopping Cen Other Private Way Indicate North by	y: Lot ter
Crash Narrative:	1	Į.				
MV 1 was traveling west	on Concord S	treet M7	2 was trace?	ing onet	on Concord Street. MV	
1 stated that they were						
of way, and crashed int						
					re towed from the	
					orted to Lahey	
Hospital in Burlington,		nd passenge	I OI MV 2 WE	re cranspo	or ced to haney	
nospical in ballingcon,	1'AF' .					
Witnesses:						
Name (Last,First,Middle)	· · · · · · · · · · · · · · · · · · ·	Address			Phone #	Statement
······································						
200-220-						
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Pescription of Damaged Property	
			ļ			
T 1 1D 14						
Truck and Bus Information:	Registration #		(From Vel	nicle Section)	[-	42
Carrier Name					Bus Use	
Address			_ City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/iC	CC #:	
Interstate Cargo Body T	44	GVWR/GCWR	45			
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trails	Lenoth 46	
Hazmat Information:				11anei		
Placard 47 Material 1 digit #	48 Material Nar	ne		_Material 4 digit	#Release code	49
Patrol Officer Alec S M	· · · · · · · · · · · · · · · · · · ·		220 572	1-1	Police Department 10	/01 /0000