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Insurance Com	pany THE STAN	DARD FIRE 1	NSURAN Vehic	le Action Prior to Cras		1 22			Area Code	F	27 2	7	
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Crash Diagram:	ie: 👈	<u> </u>	2	<b>→</b> ĝ	<b>→</b> №	
办 Main St					If Crash <u>Did N</u> on a Public Wa	_ ,
-					☐ Off-Street Parking	Lot
	Road narrows to one t	and approaching the bri	dee		Garage	
<b>\$</b>					☐ Mall/Shopping Ce	nter
Butters Row ⇒	# (O <u>1</u> )	$D = 10^2$	¢		Other Private Way	
-7	A THE		<b></b>		Other Private way	
/					Indicate North b	v Arrow
				B		
Crash Narrative:						
IV1 WAS TRAVELING SOUT	H OVER THE B	UTTERS ROAD	BRIDGE FROM	MAIN ST. MV2	WAS TRAVELING NORTH	1
VER THE BUTTERS ROW E	RIDGE TOWARD	S MAIN ST. T	THE BUTTERS I	OW BRIDGE ON	LY ALLOWS FOR ONE	
ANE OF TRAVEL FOR VEH						
AIT FOR ONCOMING TRAF						
T BECAME ONE LANE AND						
V2 CONTINUED OVER THE						
HE TOP OF THE BRIDGE. EPORTED, NO TOWS.	THERE WAS M	INOR FRONT E	ND DAMAGE TO	BOTH VEHICL	ES. NO INJURIES	
EFORIED, NO 10WS.						
HERE WAS A FIFTH PASS	ENGER IN MV2	, A SMALL JU	VENILE CHILE	),	, SECURED IN A CAR	
EAT.		•			,	
Witnesses:						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name (Last,First,Middle)		Address			Phone #	Statement
	=					
Property Damage:	· •					
Owner (Last, First, Middle)	Address		Phone #	41-Type Des	cription of Damaged Property	
Truck and Bus Information	Registration #_		(From	Veliicle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	<b>#</b> ·	
43	4	4	45		, , , , , , , , , , , , , , , , , , ,	
Interstate Cargo Body		GVWR/GCWI			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailer Le	ength	
Hazmat Information: 47	48			***	<del></del>	49
Placard Material I digit #	Material	Name		Material 4 digit #	Release code	
Patrol Officer Kayla M	Hanson		230	Wilmington Po	olice Department 12	2/10/2023
olice Officer Name (Please Print)	Signatu	re		Department	Precinct/Barracks Dat	

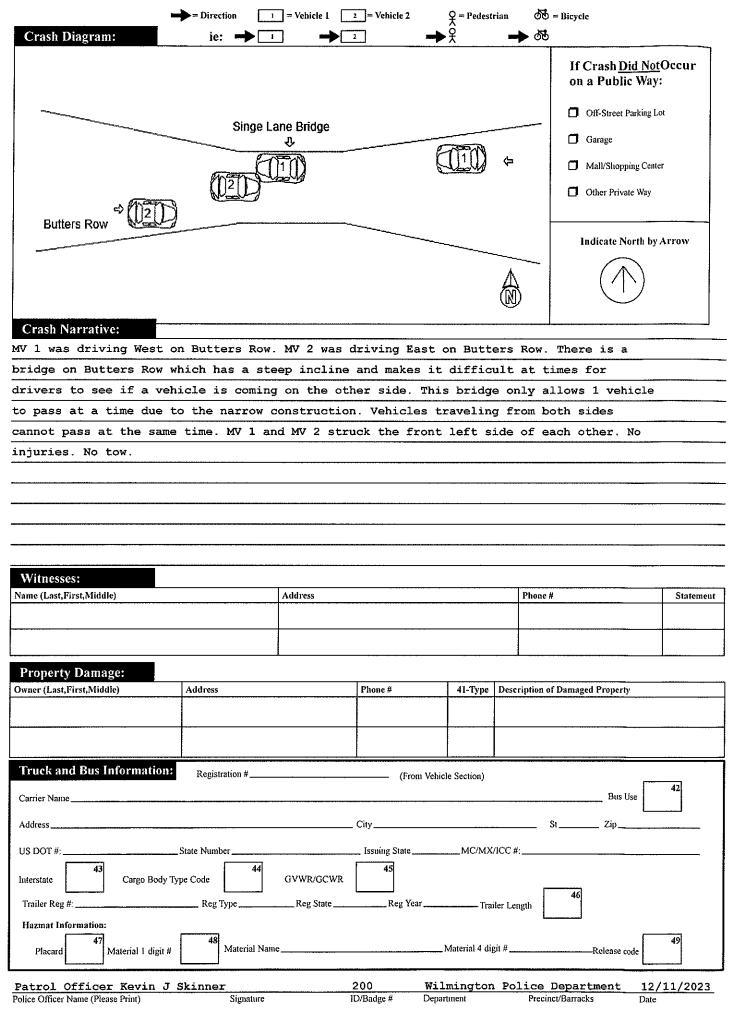
CDP1 11-24-00

## Wilmington Police Department Images Associated with 23-429-AC





	Police Use Only	Com	nonwealth (	of Massach	usetts	5	RM	IV Document N	lumber	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Crash	Number Vehicles		Speed Limi	Loca	Police  I Police  TA Police  pus Police	1
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		Also at intersection w	ıuı	Feet N S		Route#	Inters	ecting Roadway	/Street	
<sup>2</sup> 1	Route# Direction Name	me of Intersecting Roadw	ay/Street	Peet N S	E W Of			<del> </del>		
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	Sex <b>F</b> Lic. Class <b>A</b> 19 Lic. I		DL Veli Y	/ear_2002\	Veh Make <u>E</u>	BMW		Veh Config.	1 21	1
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				<u> </u>		25	AC Test Res	الــــــــــــــــــــــــــــــــــــ		_ [3]
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CDP1 11-24-08

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		24HR			Report	2	0	Lantide Longitude_		Campus Police Other:	<u> </u>
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	1	ued)			Harmful Event 1		25	AC Test Res		30	13
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Truck and Bu	s Information:	Registration #_		(From Vehic	le Section)			
Carrier Name							Bus Use	42
Address				_ City		St	Zip	<b>_</b>
				Issuing State				
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Interstate	Cargo Body Ty	l	GVWR/GCWR	<u> </u>		46		
		Reg Type	Reg State	Reg Year	Traile	r Length		
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Hazmat Informati	on: 17	10				l	_	49

Department

## Wilmington Police Department

Page: 1

NARRATIVE FOR PATROL OFFICER RICHARD DIPERRI

Ref: 23-431-AC

V1 (Heymans) was traveling north on RT.38 and in process of taking left turn into Wilmington Crossing w/ green light. V2 Entered intersection heading south and collision occurred. V2 then drove off and was initially reported as leaving the scene. V1 then parked in Hyundai lot. Witness 1 (Salazar) stated V2 was heading South in left portion of lane and then passed suddenly around the two vehicles ahead of her and into right potion of travel lane. He said V2 was speeding and entered intersection suddenly with no reaction time for V1 already in process of turn. V1 Opr. Heymans reported way was otherwise clear before V2 suddenly appeared speeding into intersection.

V2 Opr. Arsenault called station within hour. She stated she pulled over into speedway but did not see V1 in roadway. She claims she checked shopping plaza without locating V1 and then went to work in Somerville. Per request, Opr. 2 promptly arrived at station. No additional issues on arrival. V2 did not challenge witness details. V1 damaged on left front end when V2 clipped bumper. V2 damaged on left front end/quarter. No injuries observed or reported. V2 advised of expectations and procedures when involved in crash.

Respectfully,

Rich DiPerri-173

	Pol	lice Use Only		Com	nonweal	th o	of Massa	ach	us	etts	3			RM	V Doc	ument N		
	Date of Crash	Time of Crash		City/Town	Motor \	Veh	icle Cra	sh		lumber ehicles		nber ured	•	) Limit	3(	Locar	Police Police A Police	1
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	l .			<b>4A</b> Zip <b>01887</b>		City <b>J</b>	WILMING:	TON			22						-3012	
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	Operate			Se	Address ee Above		DOB/Age	Sex	Pos.	System 1	Status 4	Code	0	Status 10	Code 1	Med	ical Facility	1
	<u> </u>			22 KENWOOD AVE			09/29/2023	$\sim$	5	4	1	0	0	ļ				-
	WESLEY CAUL	TE TETD		WILMINGTON, MA 0	1887		09/29/2023	м	]	4		0		10	1			
7_	Please Select O of the Followin		2 <b>6</b> #	Occupants Non-	Motorist A Ty	pe	15 Action	16 I	Locatio	on 🗍	17	Conditi	on	18	اما	Hit/Run	Moped	
′3			e. *	DOB/Ag(			7FG238				<u></u> _	g Type	PC		<u>l</u>	eg State <b>1</b>	v/75	ł
	License # _	19 19	_ St.	20	NI.	-	ear 2017		7.5.34							eg siale <u></u> Config.	7 21	
	Sex <b>F</b> Lic. C Operator <b>SA</b>	<u> </u>	Lic. Res		DL idorsement		r <b>SANTIN</b>					110.			_ ven	Colleg.	<u>-</u>	
³ <sub>1</sub>		Lust KENWOOD	Fi	я <b>там ч незгол т</b>	Middle		ss 28 KEN	nst			l.	rsi			Mi	ddle		
	City WILMI			<b>IA</b> Zip <b>01887</b>	-3012		VILMING!			****		Cina	. ма	1 7	<b>0</b> 1	1897.	-3012	1 14
				OCK ASSURA		•	e Action Prior to		1	4	22			<u>•                                    </u>			27 27	
					_		<u> </u>	Crasa 23	23	23	23		t Stat			1 28		
	Vehicle Travel D		EW	Responding to Emerg	ency? Z		Sequence 1		24			Туј	oe of I	Test:		29		
2	Citation # (If Issu	·						1		25	25	i		t Resu		1 30		
	Viol. 1; Cli/Sec/S	Sub ————	——Vic	ol. 2: Cli/Sec/Sub ——			Contributing Cod		9 26			Sus		cohol:			rug: 2 32	
	Viol, 3: Ch/Sec/S			d. 4: Ch/Sec/Sub		Driver	Distracted by	99		14	76	To	ved fr	om sce	ene?	1 33		ļ
	Plea Name (Last First Mi	•	ator/non-n	otorist and all occupa	nts involved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medi	cal Facility	
	Operato	or/Non-Mot	orist	Se	e Above	-	><	X	1	99	4	0	0	10	1			
				<del>!</del>					3	99	4	0	0	10	1			
	_			ļ			+ 1		6	1	4	0	0	10	1			
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Crash Diagram: Wobum St	ie: 🗕	<b>▶</b> □ -	2	<b>-&gt;</b> ♀	n. hed	
Woburn St					<b>→</b> 656	
	<del> </del>				If Crash <u>Did N</u>	
					on a Public Wa	y;
		×			Off-Street Parking	Lot
					☐ Garage	
			$\nearrow$		Mall/Shopping Ce	nter
						ŀ
	Ī		<i>  b </i>		Other Private Way	
			//   p			
			Kenwood		Indicate North	y Arrow
			\$ \$	N		
				V		
			<u> </u>			
Crash Narrative:  '1 WAS ATTEMPTING TO	TAKE A RIGI	HT-HAND THEN	FROM KENWOOD	AVE. ONTO WO	BURN ST. MV2 WAS	
TEMPTING TO TAKE A L		······································				
E RIGHT-HAND TURN AN						
TH MV1 AND MV2 SUSTA					<del></del>	
III MVI AND MVZ SOSIA	INED DAMAGE	- 10 BOTH DR	TVERSIDE FENDE.	KS. NO INDOX.	LES HERE REPORTED.	
Witnesses:		,				
me (Last,First,Middle)		Address			Phone #	Statemen
					<u> </u>	
				4.5		
	Address		Phone #	41-Type Desc	ription of Damaged Property	
	Address		Phone #	41-Type Desc	ription of Damaged Property	
Property Damage: vner (Last,First,Middle)	Address		Phone #	41-Type Desc	ription of Danuged Property	
		#	Phone #		ription of Damuged Property	
vner (Last,First,Middle)		#			ription of Damuged Property  Bus Use	42
vner (Last,First,Middle)  Truck and Bus Information	Registration		(From V	Pehicle Section)	Bus Use	
ner (Last,First,Middle)  Truck and Bus Information  arrier Nameddress	Registration :		(From V	ehicle Section)	Bus Use	
rner (Last,First,Middle)  ruck and Bus Information  arrier Name  ddress  S DOT #:	Registration :		City	ehicle Section)	Bus Use	
ruck and Bus Information arrier Name ddress S DOT #:	Registration		(From \ City	ehicle Section)	Bus Use  St Zip	
Fruck and Bus Information  Farrier Name  ddress  S DOT #:  43	Registration :  State Number Type Code	44 GVWR/GC	City Issuing State WR 45	/ehicle Section)  MC/MX/ICC i	Bus Use Zip	
Truck and Bus Information  Farrier Name  S DOT #:  Sterstate  43  Cargo Body	Registration :  State Number Type Code	44 GVWR/GC	City Issuing State WR 45	/ehicle Section)  MC/MX/ICC i	Bus Use Zip	
Truck and Bus Information  arrier Name  ddress  S DOT #:  sterstate  43  Cargo Body  Trailer Reg #:	Registration	GVWR/GC Reg State	(From \ City	ehicle Section)  MC/MX/ICC i	Bus Use Zip	

Police Officer Name (Please Print)

Signature

ID/Badge #

Date

	Police Use Only	Comi	monwealth (	of Massa	chus	etts	3		RM	V Doc	ument Nu		
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cras	$\mathbf{h} = \begin{bmatrix} 1 \\ 1 \end{bmatrix}$	lumber Jehicles		Spec	d Limit	20	— Local P	olice 🔀	1
	12/14/2023 1310 Wil	mington	Police 1	Report	2		0	Latte	ude gitude_		MBTA Campus Other:	Police	
	AT INTERSECT	ION:	< LOCA	TION >			NOT A			SEC	TION:		1
						******	·····	***************************************		*****			2 10
	Route# Direction	Name of Roadway/St	rant	Route# Direction	15		CHU				vay/Street		.[]
<sup>1</sup> 1	Routes Direction	At	icei	Koute# Directio	m Au	lress #			ame or	Koaav	vay/Sireet		-
<u> </u>				Feet N	SEV	of			•	or _	Cis N	unber	
	Route# Direction Na	me of Intersecting Roady		- 5	lelely	7 .	Mile N	arker			EXILIV	unoer	2 1!
		Also at Intersection w	η <b>t</b> h	_	SEV		Route#		Inters	ecting l	Roadway/S	treet	$\vdash$
<sup>2</sup> <b>1</b>	Route# Direction Na	me of Intersecting Roady	vay/Street	Feet N	SEV	of							.]
	Diagon Salast One							_		mdmar	k	****	1
3	Please Select One of the Following:	_#Occupants  Hit/	Run Moped	Crash Re	port ID#	23	-43	3-	·AC	3			
	License _St.	)OB/Age	Reg #	1507TR			Reg Ty	ре РС	:	R	eg State <u>M</u>	IA	12
	Sex <b>F</b> Lic. Class D 19 19 Lic. 1		DL Veh Y	<sub>'ear</sub> 2016	Veh N	1ake <u>N</u>	ISSA	N		Veh	Config.	1 21	1
	Operator CHECRALLAH, S	HARON APRI	ndorsement L Owne	CHECRAL	LAH,	SF	IARON	AP	RIL	L			
<sup>4</sup> 1	Address 11 COUNTRYSIDE			ess 11 COUN	TRY:	SIDI	First WAY	•		M	iddle		
	City <b>ANDOVER</b> Stat	e <b>MA</b> Zio 01810	0-6130 City	ANDOVER			S	tate M	<b>A</b> 2	Zin <b>O</b> :	1810-	6130	
	Insurance Company THE HANOV			le Action Prior to C	rash	1		Damage				27 27	
	Vehicle Travel Direction: NSXW	Responding to Emerg		Sequence 23		23		Fest Sta			1 28	<u> </u>	
5	Citation # (If Issued)			Harmful Event	24	1_		Type of	Test:		29		
				L	<u>-                                    </u>	25 -	- 25	BAC Te			1 30	22	13
	Viol. 1; Ch/Sec/Sub			Contributing Code	-57		i	Susp. A			Susp. Dr	ug 2 32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub —— ator and all occupants inv		r Distracted by	34	35	36 37	Fowed 1	irom se	ene?	2 33		
	Name (Last First Middle)	ator and an occupants in	Address	DOB/Age	Sex Pos.	Safety			lajury	Transp. Code	Medica	al Facility	
	Operator	Se	ee Above		1	1	4 0	0	10	1			
						-			-				ł
						<u></u>							
<sup>7</sup> 1	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 1	Locati	On	Conc	ition	18	u ·	Hit/Run	Moped	
	License St.	DOB/Age	Reg #	2JEL49	<del>-</del> !		Reg Ty	e PC	<del></del>	Re	eg State <b>M</b>	Ά	1
	19 19	20	_	ear <b>2023</b>	Veh M	lake <b>T</b>					Config.	1 21	
- 1	Operator COREAS, JAIME	Er	dorsement	COREAS,							oomis [		
8.	Address 86 WILMINGTON	Pirst	Middle	ss 86 WILM	ı		First			Mi	ddle		
		MA Zip 01803		BURLINGTO				210 MZ	<b>A</b> 2	in 0.1	1803-	1431	1 14
	Insurance Company GEICO GENI	•	•	e Action Prior to Cr		2					6 27 5		
- 1	Vehicle Travel Direction: N S X W	Responding to Emerg		Sequence 23		23		est Stat			1 28	J.E.	
		Responding to Emerg	· -	· · ·	24			ype of	Test:		29		
<b>'</b> 2	Citation # (If Issued)	_		L	<u>-                                    </u>	25	25	BAC Te			1 30		
	Viol, 1; Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub ——		Contributing Code	26			usp. Al			Susp. Dri	1g: 2 32	
ļ		Viol. 4: Ch/Sec/Sub		Distracted by	34	35	36 37	owed f	iom sc	ene?	2 33		1
	Please fill out for operator/nor Name (Last First Middle)	•	nts involved	DOB/Age	Seat Sex Pos.	Safety System	Airbag Ejec Status Cod	Trap	hijury Status	Transp. Code	Medica	l Facility	
	Operator/Non-Motorist	Se	e Above		$\langle   1 \rangle$	1	4 0	0	10	1			
ŀ					1								
-								<del> </del>		$\vdash \vdash \vdash$			
-								+	<u> </u>		<del>-</del>		
- 1				1									

	= Direction	1 = Vehicle 1	2 = Vehicle 2	웃 = Pedestria	n \delta = Bic	ycle	
Crash Diagram:	ie: 🖚	1 -	2	<b>→</b> 🕅	<b>→</b> %		
		F				f Crash <u>Did Not</u> on a Public Way:	
						Off-Street Parking Lo	t I
		******	<del>oamamara</del> .			<b>J</b> Garage	
						Mall/Shopping Center	,
					_   c	Other Private Way	
		Cros	sswalk			Indicate North by A	Arrow
	159 Chur Street	ch		(c)		$\bigcirc$	
Crash Narrative:							
perator of MV 1 st	ated that she wa	as distracted	by a fire	engine acro	ss the st	reet on	
iddlesex Avenue an							
ross at the cross							
nded by MV 1 while							
ere not injured du							
amage to the front				to the rear	bumper, n	4prcp	
ppeared to be bent	in. Paperwork v	vas exchanged	. •				
Witnesses:			<del> </del>		1		I .
lame (Last,First,Middle)		Address			Phone #		Statemen
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	escription of Dan	aged Property	
Truck and Bus Informa	Registration #		(From	Vehicle Section)			43
Carrier Name				· ·		Bus Use	42
Address	·······		_ City		St	Zip	
US DOT#:	State Number		Issuine State	MC/MX/IC	CC #:		
43	Justic Humber	7	45				
Interstate Cargo	Body Type Code	GVWR/GCWR			<u> </u>	48	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Trailes	Length	46	
Hazmat Information:	ş <u>-</u>				<b></b>	<u> </u>	<del>- ,,</del>
Placard 47 Material 1	digit # 48 Material	Name		Material 4 digit	#	Release code	49
			005				
Patrol Officer Jame olice Officer Name (Please Print)	s R Hill Signatu	re .		Wilmington Department	Police Dep Precinct/Ba		14/2023

Police Officer Name (Please Print)

Signature

ID/Badge#

	Pol	lice Use Only	Com	monwealt	th of Ma	ssach	usett	S		RMV	V Docu	ıment Nu		
	Date of Crash 12/15/2023	Time of Crash	City/Town Lmington	Motor V			Numbe Vehicle		ad Spee	d Limit.	30	State Po Local P MBTA	olice 🔯	
	**/ T3/ Z0Z3	24HR	ruitiid con	Polic	e Repor	·t	2	0	Lan	ude itude			s Police	
		AT INTERSEC	TION:	< L0	CATION	>		NOT	AT IN	TER	SEC	TION:		
								<b></b>	T 1734	a m				2 <sup>10</sup>
1	Route# Dire	ction	Name of Roadway/S	Street	Route#	Direction	57 Address		LEM N		Roadw	ay/Street		
<sup>1</sup> 1			At			eet N S	E W .c							
	Route# Dire	ction N	ame of Intersecting Road	łway/Street		eet [11]5	12 (11) 01	Mil	e Marker		01	Exit N	lumber	11
			Also at Intersection		r	eet N S	E W of	Route	<u> </u>	Interce	etina D	Roadway/S	Street	4
2	Route# Direc	ction	ame of Intersecting Road	huou/Strant		eet N S	E W of	Koute	<del>,</del>	microc	cung iv	Coauwaya	Micci	
<sup>2</sup> 1	Rolle# Bito	CHOIL	anc of inciscoing Road	iway/onicci						Laı	ndmark			
3	Please Select 0 of the Followi		#Occupants	t/Run 🔲 Mop	oed Cr	ash Report	ID# <b>2</b> 3	3-4	34-	AC	;			
	License #	St	)B/Age,		Reg# <b>W178</b>	62		Reg	Туре <u>С</u> С		Re	eg State 🎗	1A	
	Sex <b>M</b> Lic.	10 10	Restrictions 1	CDL	Veh Year <b>202</b>							[	21	1 12
		NANCA, ANT	<u> </u>	Endorsement	Owner CASEL	LA WAS	TE MAN	AGEME	NT OF	MAS	SACH	USETT	SINC	
<sup>4</sup> 1	1	Last DUBLIN ST	first	Middle	Address <b>24 I</b>	Last		Fire	it		Mic	ddle		
	İ	RSET st		6-5601	City <b>BOSTO</b>	N			State M	<b>A</b> z	ip <b>0</b> 2	2129		
	•	oany OLD REPUI			Vehicle Action Pr		1	22	Damage				27 27	
	·	Direction: NSXW	_		Event Sequence	23	23 23	23	Test Sta	itus:		1 28		
5		sued)	<del>.,</del>		Most Harmful Ev	ent 1	24		Type of		.	29		
	Viol. 1: Ch/Sec/	Sub	_ Viol. 2: Ch/Sec/Sub _		Driver Contributii	ıg Code	1 25	25	Susp. A	est Resu Icobol		1	rug: <sub>2</sub> 32	1 13
		Sub			Driver Distracted	by 0	26			from sce		2 33	<sup>™Б</sup> 12	
<sup>6</sup> 1	***************************************		erator and all occupants i			<u> </u>	34 35 Sent Sufe	36 ty Airbag	37 38 Eject Trap	39 Injury	40 Transp.			J
	Name (Lust First M			Address	DOB/A	ge Sex	Pos. Syste	m Status	Eject Trap Code Code		Code 1	Medic	al Facility	
	Operate	or		See Above		$\rightarrow \!$	N   <sup>±</sup>			10	1			
7	Please Select C		#Occupants No	n-Motorist A Type	15 Action	16 I	ocation	17 C	ondition	18	□ F	lit/Run	Moped	]
<sup>7</sup> 1	of the Followi	1121		- · ·	Reg# <b>33RV</b> !				Туре <b>РС</b>	<u></u>		eg State <b>N</b>	£2N	
	License #	St. St.	20		Ven Year <b>202</b>		/-t- h /-t					Config.	1 <sup>21</sup>	
	Sex <b>F</b> Lic. C	ACON, ENMA		Endorsement	ven Year <b>ZUZ</b> Owner <b>CHAC</b>				±£3		ven	Conng. [	<u>+</u>	
<sup>8</sup> 1	•	Lasi DIRLAM CIR	First	Middle	Address 17 I	Last		Firs	ı		Mid	ddie		
	City TEWKS		nte <b>MA</b> Zip <b>0187</b>		City <b>TEWKS</b>		· · ·	•	State M	A 7	in 0.1	.876-	3359	1 14
	•	any ALLSTATE			Vehicle Action Pri		1	22	Damage				27 27	
	Vehicle Travel D	-	-		Event Sequence	23	23 23	23	Test Sta	itus:		1 28	<del></del>	
	Citation # (If Iss	1IKN	j Rosponding to Eme		Most Harmful Eve	ent 1	24		Type of		-	29		
<sup>9</sup> 2	,	Sub			Driver Contributir		1 25	25	BAC Te Susp. A	st Resu Inchald		30 Susp. Dr	32	
	Viol. 3; Ch/Sec/S		Viol. 2: Ch/Sec/Sub		Driver Distracted	· [	26	1		from see		30sp. Di	(Ug. 2	
		ase fill out for operator/n		··· ·			34 35 Seat Safe	36 ly Airbag	37 38 Eject Trap	39	40 Transp.	<u>J</u>		1
	Name (Last First M		, [	Address	DOB/As	ge Sex	Pos. Syste	m Status	Code Code	Status	Code	Medie	al Facility	
	Operate	or/Non-Motoris	57	See Above	_/~	$\prec \!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	1 1	4	0	10	1			
	,												···	

		= Vehicle 1	z = Vehicle 2	Q = Pedesti		
Crash Diagram:	ie: → 1	Street		*	If Crash Did Not O on a Public Way:  Off-Street Parking Lot Garage Mall/Shopping Center Other Private Way  Indicate North by Au	
Crash Narrative:						
MV 1 is a trash truck	picking up tras	sh for the T	Cown of Wilmin	ngton.	MV 1 was stopping and	
going throughout the s						
l. During this time, N						
nis blind spot. When N						
sustained right side/r	ear damage. A&S	Towing tow	red MV 2. No i	injurie	S.	
N.C.						
Witnesses: Name (Last,First,Middle)		Address			Phone #	Statement
Time (Elisti Hogi-rico)						
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of Damaged Property	
Truck and Bus Information	Registration #		(From Vehic	le Section)		42
Carrier Name					Bus Use	
Address			. City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:	
43	44		45		-	
Interstate Cargo Body	y Type Code	GVWR/GCWR			46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length	
Hazmat Information:	[مد					49
Placard Material 1 digit	# Material Nan	ne		Material 4 di	git #Release code	49
Patrol Officer Kevin	J Skinner		200 Wil	.minator	Police Department 12/1	5/2023

Department