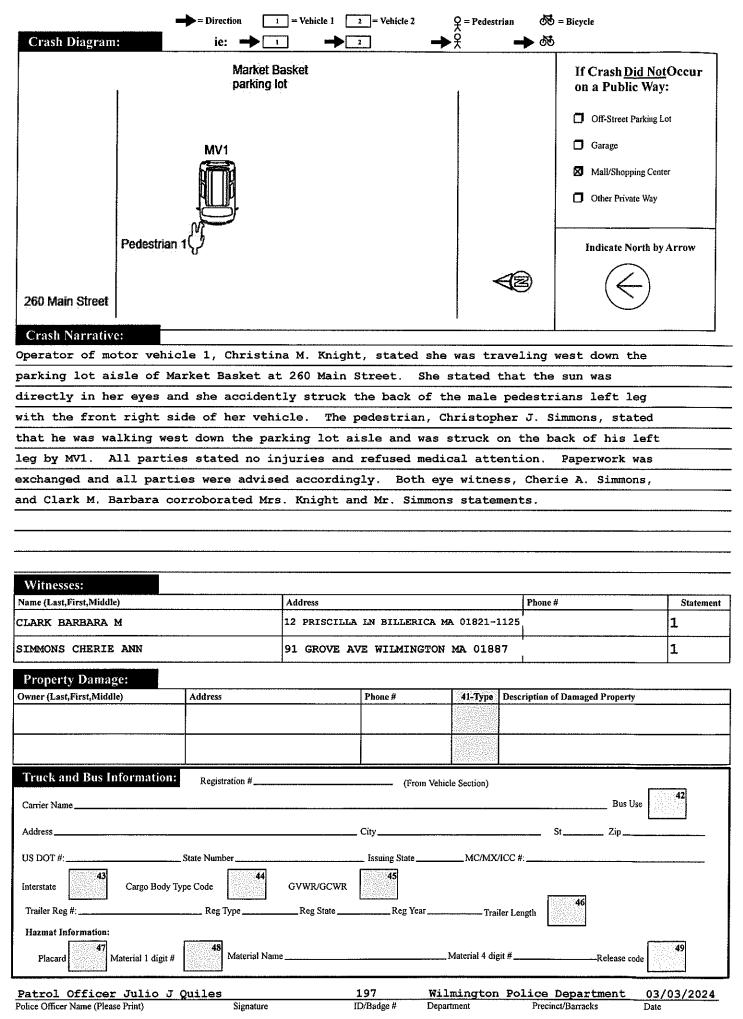
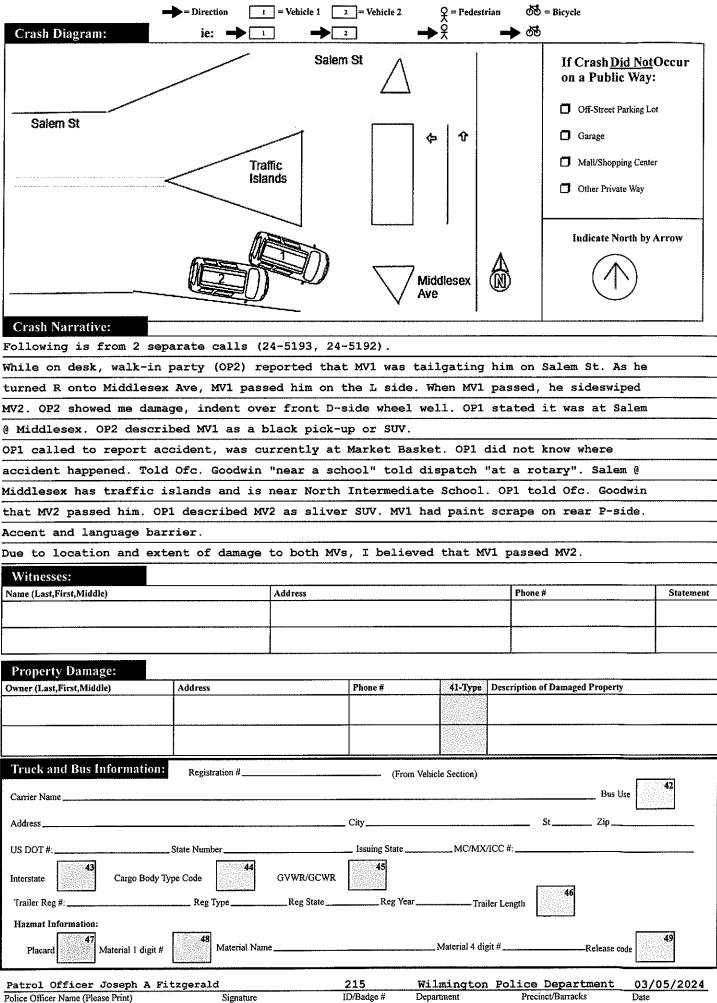
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	Route# Dire	ction	Name	e of Intersecting Road	way/Street						M	ile Ma	rker			Exit	Number		1 11
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² 1	Route# Direc	ction	Name	of Intersecting Road	way/Street		Feet	NS	EW	of									
	Please Select 0	000 5-2													ndmar	k	<u></u>		
3	of the Followi		11	#Occupants Hit	/Run	Moped	Crash I	Report	ID#	24	-7	7.	- <u>A</u>	.C					
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	Sex F Lic.	Class D 19 1	Lic. Re		DL	_ Veh Y	/ear 2010		Veh M	ake <u>V</u>	OLI	(SW	AGI	EN	Vel	Config.	1 2	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	3
4	Operator KN	IGHT, CH	RIST		Middle	_ Own	r KNIGHT	Last	CHR	IST		A M	<u> </u>		М	iddle		-	
⁴ 1	Address 1 E	LDERBER	RY LI	N APT 10	7	_ Addre	ess 1 ELDI	ERB	ERF	Y.	LN	AI	PT.	107	7			-1	
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	1	sued)		-				3	24	25	in war		AC Te	st Rese	ult:	30 1		_	13
	Viol. 1: Ch/Sec/S	Sub	Vi	iol. 2: Ch/Sec/Sub			r Contributing Co	F	18 26	⁴⁹ 1	9 ²⁵				2 ³¹		nig 2 3	2 3	3
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	34	35	36	To 37	wed fi	rom sc	ene?	2 33		_	
<u> </u>	Nume (Last First M		for operate	or and all occupants in	Address		DOB/Age	Sex	Seat Pos,	Safety System	Airbag	Eject Code	Trap Code	Injury Status		Med	ical Facility		
	Operate	or		S	ee Above		><	X	1	1	4	0	0	10	1				
	Please Select C)ne Vehicle	2 £	#Occupants Non	N-4	T	15 Action	16		- 1000 1000	17	Conditi		18		T:A/D	□ Мор		
1	of the Followin		4	Non	i-Motorist A	Type 1	Action 2	I I	ocatio	ⁿ 10		onatt	on 1			HII/Run	Mop	ea	
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⁸ 1		MMONS, C		TOPHER J	Middle		·	Last			Fig	rst			Мі	ddle			
		GROVE AV		MA Zip 0188	7-3720	_	SS							···········	.,	/·		_	14
	-		State _	MA Zip 0100	7 3720		e Action Prior to	Carl	ſ	750 (03)	22		e maged		ip Code:	27	27 2	7	
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		ned)		Kesponding to Emer	gency :		Harmful Event	90 900	24	30 JA	sins s	Ту	pe of T	l'est:		29			
2	,			ol. 2: Ch/Sec/Sub			Contributing Co	de		25	25			t Resu		30	- 3	<u>. </u>	
	Viol. 1; Ch/Sec/S			ol. 2: Ch/Sec/Sub			Distracted by		26		renarjoonjiv.			cohol: om sc		Susp. D	rug 3		
				notorist and all occup	ants involved			1.055564	34 Seat	35 Safety	36 Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	erept.		_	
	Name (Last First Mi		4		Address		DOB/Age	Sex	Pos.	System	Status	Code	Code	Status	Code	Medie	cal Facility	_	
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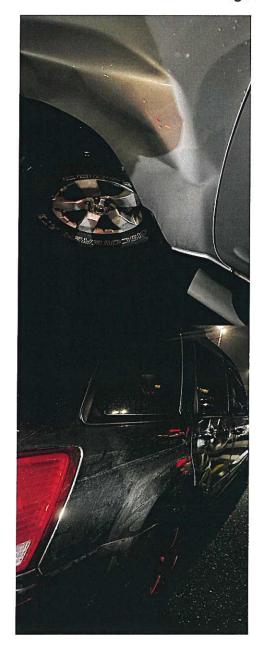
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	Police Use Only		onwealth (uset	ts			RM	V Docui						
	Date of Crash Time of Crash 03/05/2024 1855 Wilm:	Motor Veh	icle Cra	sh	I Makistan I Kabupat I			Speed Limit 20			Local I	elice Police Police s Police	1				
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	Route# Direction SALEM ST	Name of Roadway/Street		Route# Direct	tion	Address	#		Na	me of	Roadwa	y/Street		-├			
¹ 4		At			NIG.	<u> </u>]			
	Route# Direction MIDDLESE	X AVE of Intersecting Roadway/	Street		N 3	E W of	N	/ile Ma	arker		or _	Exit 1	lumber	11			
		Also at Intersection with		Feet [N S	E W of								4			
1				Feet [N S	E W of	Rou	ite#		Interse	eting Ro	oadway/	Street				
² 3	Route# Direction Name	of Intersecting Roadway/	Street							La	ndmark			<u> </u>			
3	Please Select One of the Following:	Occupants Hit/Run	1 Moped	Crash R	eport I	D# 2	4 – '	78	-A	C]			
		DOB/Ag/	" l	Reg # 257EL6 Reg Type PC Reg State MA													
	19 19	20		<u> 2009</u> Year <u>2009</u>									21	1 12			
			rsement					_			Ven (conng,	J. 1127111	ļl			
⁴ 1	Operator OURESHI, HAMID	irst M	iddle		ast			First			Midd	lle					
	Address 8 ORCHARD XING	01010	••	ess 8 ORCH) <u> </u>							4004				
	City ANDOVER State 1	•	•	ANDOVER		FGA	22						-4874 27 27				
	Insurance Company PROGRESSIVI			ا le Action Prior to		1 23 23	ACENE		annagei est Stat		Code:	28					
5	Vehicle Travel Direction: NXEW	Responding to Emergence	cy? 2 Event	. 1	10 0000 0000		23		pe of		8	29					
	Citation # (If Issued)			Harmful Event		24			AC Tes	st Resu	dt:	30		_ 13			
	Viol. 1: Ch/Sec/Sub ————Viol.	ol. 2: Ch/Sec/Sub ———	Drive	r Contributing Cod		10 ²⁵	5 2] St	ısp. Ale	cohol:	2 31	_	ng 2 32	1 "			
·1	Viol. 3: Ch/Sec/Sub ———Vio			r Distracted by	0	26			wed fi		٤	33					
<u>.</u>	Please fill out for operator Name (Last First Middle)	ed ress	DOB/Age	Sex	34 3 Seat Sai Pos. Sys	5 36 lety Airbay leam Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Tronsp. Code	Medic	al Facility					
	Operator	See A	bove		∇	1 1	4	0	0	10	1			1			
	ZARINA QURESHI	8 ORCHARD CRSG ANDOVER, MA 01810			F	3 1	4	0	0	10	1			1			
		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '												-			
							_	 	<u> </u>					1			
			Face				200000	<u> </u>	F2-22					1			
3	of the Following: Wehicle 21 #	Occupants Non-Mo	torist A Type	15 Action	16 Lo	ocation	17	Condit	ion	18	П	t/Run	Moped				
	License # S75222737 St MA	DOB/Age	Reg#	1BWG29			Re	g Type	PC		Reg	State N	IA	1			
	Sex. M Lic. Class D 19 Lic. Res	trictions B CDL		ear <u>2010</u>	Ve	eh Make	NIS	SAN			_ Veh C	onfig.	1 21				
	Operator MCINTOSH, JOSE	PH F	sement Owne	mCINTOS	SH,	JOS						<u> </u>					
4	Address 104B NORTH ST	rst Mi	ddle Addre	ess 104B N	osi ORT	H S		First			Middl	le					
	City NORTH READING State M	1A Zip 01864-1	L318 City]	NORTH RE	AD]	ING		Sta	te M A	Z:	ip 01	864-	1318	1 14			
	Insurance Company PLYMOUTH RO	CK ASSURANC	CE C Vehic	le Action Prior to (Crash	1	22	Da	unaged	l Area	Code:	27	27 27				
	Vehicle Travel Direction: N K E W	Responding to Emergenc	y? <u>2</u> Event	Sequence 1 2	3 2	3 23	23	Te	st Stati	us:	1	28					
	Citation # (If Issued)		Most	Harmful Event	1	24			pe of T		<u>.</u>	30					
2	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub	Drive	ں r Contributing Cod	ie]	L 25	2:	3	AC Tes	-			32				
	Viol, 3; Ch/Sec/Sub ————Vio	Drive	Driver Contributing Code Susp. Alcohol: 2 31 Susp. Drug 2 32 Driver Distracted by O 26 Towed from scene? 2 33														
	Please fill out for operator/non-m	involved		T	34 3: Scat Safe		37 Eject	38 Trap	39 Injury	40 Transp.							
	Name (Last First Middle)	Addr		DOB/Age		Pos. Syst	em Status	Code	Code	Status	Code	Medic	il Facility	-			
	Operator/Non-Motorist	See Al	DOVE		\triangleleft	1 99	4	0		10	1	-	<u>.</u>				
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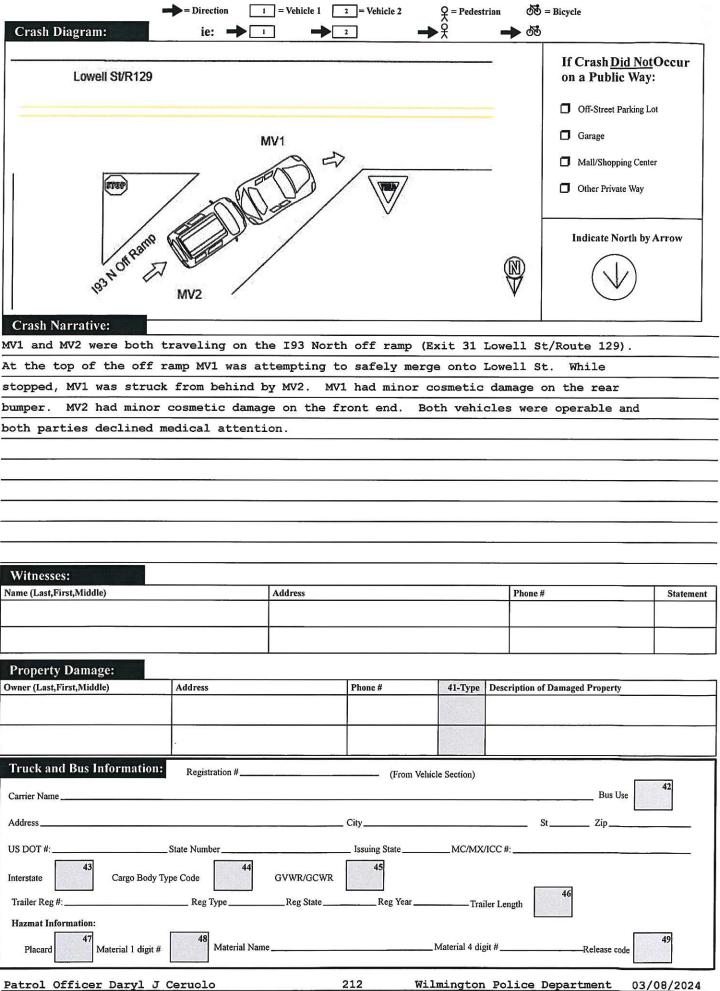
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Wilmington Police Department Images Associated with 24-78-AC





	Pol	lice Use Only		Co	mmon	wealth	of Mass	sacl	ıus	etts	8	40 VI	RA	IV Doc	ument l	Number	
	Date of Crash 03/08/2024	Time of Crash	Wilm	City/Town	Mo	tor Vel	nicle Cr	ash	Th.	lumber /ehicles		a lope	ed Lim	it <u>3</u>	Loc	te Police ral Police ITA Police	
	03/00/2024	24HR	11 T TI	iriig con		Police	Report		2		0	Lan	tude gitude _			ppus Police	8
		AT INTERS	SECTI	ON:	<	LOCA	TION	>			NOT	AT II	ITE	RSEC	TION	V:	
	129	T.OWF	ELL S	रग													2
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1		T 03	NODE	At			Feet	NS	EW	of			•	- or			
	Route# Direc			"H OFF F e of Intersecting I				-			Mile	Marker		VI ,	Exi	t Number	2 11
				Also at Intersec	tion with			NS		_	Route#	_	Inter	secting	Roadwa	v/Street	- 🛌
² 1	Route# Direc	etion	Name	e of Intersecting I	Roadway/Street		Feet	NS	EW	of		····		, com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Please Select ()ne 52 4		"s	<u></u>									andmar	k	<u></u>	-
3	of the Followin		1.2	#Occupants	Hit/Run	Moped	Crash	Report	t ID#	24	-7	9-7	7C				
	License #	E a de la company	7 1	OB/Ag	= ₹	Reg	# 12W26 0				Reg	уре Р (<u> </u>	R	eg State		12
	Sex F Lic. (Class D	Lic. Re	estrictions 1	CDL_ Endorsemen	Veh	Year 2016		Veh M	lake <u>T</u>	OYO!	<u>PA</u>		Vel	Config.	. 1 21	
4	Operator GO	ODWIN, S	UCHI	TRA NAI	RAYAN Middle		er GOODW	IN,	SU	CHI	TRA First	NAF	AYA		iddle		
⁴ 5	Address <u>235</u>	WINTHRO	OP ST	r Apr		Addr	ess 235 W		HRO)P		APT	11				-1
	City MEDFO	ORD	State	MA Zip 02	<u>155-383</u>	4 City	MEDFORE)				State M	A_	Zip Q	2155	5-3834	4.
	Insurance Compa	any PROGRE	SSIV	E DIREC	T INSUR	LA Vehic	ele Action Prior t	o Crasi	ł	2	22			a Code:	5 27	27 2	<u>"</u>
⁵ 2	Vehicle Travel D	irection: NS	E	Responding to	Emergency? 2	Even	t Sequence	23	23	23	23	Test Sta			28		
2	Citation # (If Issu	ued)		-		Most	Harmful Event	1	24			BAC T		ult:	30		
	Viol. 1: Ch/Sec/S	Sub	V	iol. 2: Ch/Sec/Su	b	Drive	er Contributing C	ode	1	25	25	Susp. A			Susp.	Drug 2 3	1 13
⁶ 1	Viol. 3: Ch/Sec/S	Sub	Vi	iol. 4: Ch/Sec/Su	b	Drive	r Distracted by	0	26			Towed			2 33	h	-
1	Name (Last First Mi		or operate	or and all occupar	nts involved Address		DOB/Age	Sex	34 Seat Pas	35 Safety	Airbag E	37 38 ject Trap	39 Injury Status	40 Transp. Code		edical Facility	
	Operato				See Above		DOB/Age	Ż	1	System 1	4 0	0	10	1	Mi	edesi Facility	
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6	Please Select O of the Followin		21	Occupants	Non-Motorist	A Type	Action	16 I	Locatio	on .	17 Cor	dition	18		Hit/Run	□ Море	ed
	License :		Sı	_ DOB/Agi		Reg#	W98423				Reg T	уре <u>СС</u>)	Re	g State	MA	_
	Sex M Lic. C	lass D 19 19	Lic. Res	strictions 1 2	O CDL	Veh Y	ear 2023		Veh M	ake <u>J</u>	eep			Veh	Config.	1 21	
	Ì	RON, EL	AD	L	Endorsemen		r AHARON	I, E	LA	D							
4	Address 473	LOWELL		irst	Middle	Addre	ss 473 L O	Last OWE.	LL	ST	First			Mic	ddle		_
	City READ I	NG	_ State 1	MA Zip 018	367-1520	O City	READING					State <u>M</u>	A 2	ip 01	867	-1520	1 14
	Insurance Compa	ny SAFETY	INS	URANCE	COMPAN	Y_ Vehic	le Action Prior to	Crash	ĺ	1	22	Damage	ed Area	Code:	1 27	27 27]
	Vehicle Travel Di	rection: NS	ΕX	Responding to I	Emergency? 2	Event	Sequence 1	23	23	23	23	Test Sta			1 28		
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	Viol. 3: Ch/Sec/St	ub	Vio	ol, 4: Ch/Sec/Sub)	Driver	Distracted by	99	26			Towed i			2 33	2	¹
		se fill out for oper	ator/non-n	notorist and all o	•	ed			34 Scat	35 Safety	36 3 Airbag Ej	ect Trap	39 Injury	40 Transp.	1		_
	Name (Last First Mid	r/Non-Mot	orist		Address See Above		DOB/Age	Sex	Pos.		Status Co	de Code		Code 1	Mod	lical Facility	-
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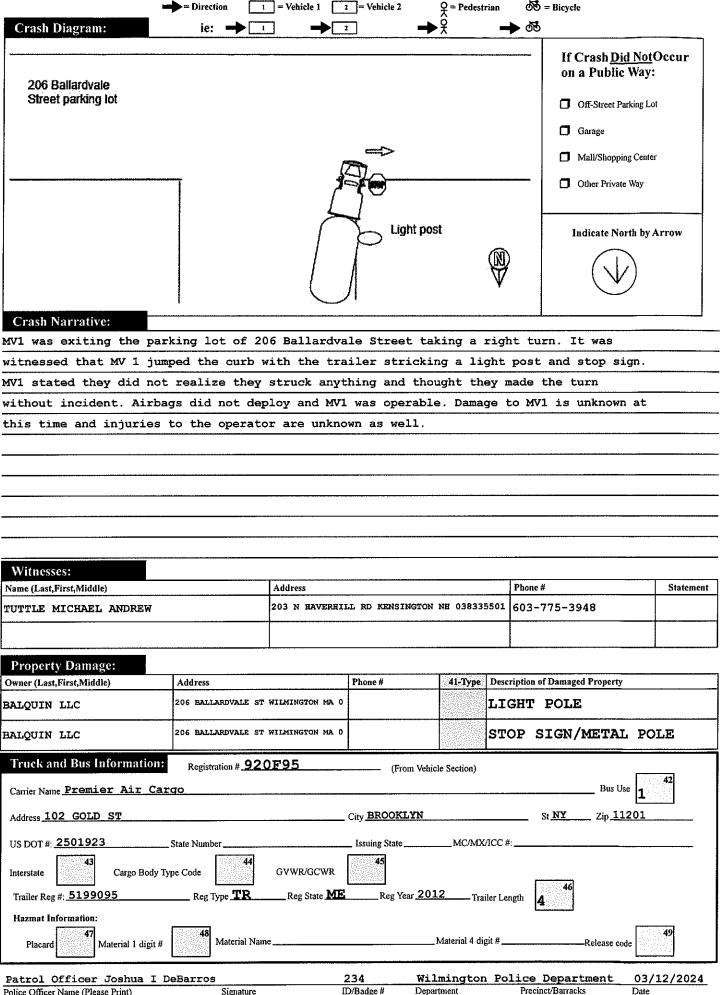


Department

	Pol	ice Use Only		Com	monw	ealth (of Mass	ach	lus	etts	8			RM	V Doc	ument Nu		
	Date of Crash 03/08/2024	Time of Crash	Wilm	City/Town	Mot	or Veh	icle Cra	ash		lumber		mber ured	1 .	d Limi	3.	Local i	Police Delice Notice Delice De	
	05/ 00/ 2021	24HR	89 II III	iring con	I	Police 1	Report		2		o Î		Latite Long	itude			us Police	
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				Also at Intersection	with			NS		_	Rout	e#		Inters	ecting !	Roadway/S	Street	
² 1	Route# Direc	rtion	Name	of Intersecting Road	dway/Street		Feet	NS	E W	of								_
<u> </u>	Please Select ()ne 574			T _F										ndmar	k		┨
3	of the Followin		: 14	#Occupants Hi	it/Run	Moped	Crash !	Report	ID#	24	<u> </u>	<u> </u>	-A	C				
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	Sex M Lic. 0	Class D 19 1	Lic. Re		CDLEndorsement	Veh Y	(ear 1999		Veh M	lake <u>C</u>	HE	VRC	LE'	<u>r</u>	Veh	Config.	1 21	1
<u> </u>	Operator MO	RONEY, S	EAN		Midále	Оwn	MORONE	Lust	SE	AN	C	irst			м	iddle		
⁴ 3	Address <u>5</u> C	ARTER RI	<u> </u>			Addr	ess 5 CAR	TER	RI)								
				MA Zip 0188			WILMING	TON	1	- consensor							-2838	
	Insurance Compa	any <u>USAA</u> G	ENER	AL INDEMN	ITY CO	Yehic	le Action Prior to			1	22				Code:	1 27 8 - 28	27 2 27	
ِ ع	Vehicle Travel D	irection: NS	EX	Responding to Eme	ergency? 2	Event	Sequence 1	23	23	23	23		est Sta ype of			29		
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	Viol. 1: Ch/Sec/S	Sub ————	V	iol. 2: Ch/Sec/Sub -		Drive	r Contributing C	ode	—	²⁵ 1	9 ²⁵	S	ısp. Al	lcohol:	31	Susp. Di	nıg 32	1 13
⁶ 1	Viol. 3: Ch/Sec/S			iol. 4: Ch/Sec/Sub —		Drive	Distracted by	4	26					rom sc		1 33		
<u></u>	Name (Last First Mi		for operate	or and all occupants in	nvolved Address		DOB/Age	Sex	34 Sent Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	19 Injury Status	40 Transp. Code	Mafic	cal Facility	
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	Diagra Salast O						15	16	.L	L	17			18		1.		
2	Please Select O of the Followin		22	Occupants No.	n-Motorist A	Туре	Action	isit i	Locatio	on C		Condit	ion			Hit/Run (Moped	
	License #		Sr)OB/Age		Reg#	5HBC87				Re	д Туре	PC		R	eg State M		
	Sex M Lic. C	lass D 19 19	Lic. Re		CDL	Veh Y	ear <u>2020</u>		Veh M	ake L	anc	l R	OVE	≥r	Veh	Config.	1 21	
3	Operator ROE	BERTS, J	OSHU	A WALTER	Middle	Owne	r ROBERT	S,	JO	SHU		VAI	TEI	3	Mi	ddle		
1	Address 14 1	NORTH ST	1 			Addre	ss 14 NOI	RTH	SI									_ 14
	City WILMI	NGTON	State_	MA Zip 0188	7-2119	_ City _	WILMING	TON	<u> </u>								2119	1 "
	Іпѕигансе Сотра	ny AMICA 1	MUTUZ	AL INSURA	NCE CO	Vehicl	e Action Prior to			2	22				Code:	5 27 6	27 4 27	
	Vehicle Travel Di	rection: NS	ΕX	Responding to Eme	rgency? 2	_ Event	Sequence 1	23	23	23	23		st Stat pe of			29		
2	Citation # (If Issu	ed)				Most 1	Harmful Event	1	24			B	-	st Resu	lt:	1 30		
	Viol. 1; Ch/Sec/S	ub	Vi	ol. 2: Ch/Sec/Sub —		Driver	Contributing Co	ode		25	25	Su	sp. Ale	cohol:	31	Susp. Dr	ug 32	
	Viol. 3; Ch/Sec/S			ol. 4: Ch/Sec/Sub —			Distracted by	0	26		,		,	om sc		1 33		_
	Plea Name (Last First Mid	•	ator/non-r	notorist and all occup	pants involved Address	l 	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medica	al Facility]
	Operato	r/Non-Mot	torist	S	See Above		> <	X	1	1	4	0	0	10	1	· · · · · ·		
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= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedest:	rian 🚳	= Bicycle	
Crash Diagram: ie: -	→ [2	₽Ŷ	→ №		
	**************************************				If Crash <u>Did I</u> on a Public W	/ay:
	1.		And the second s		Off-Street Parki	ng cot
	<u></u>		<u> </u>		☐ Garage	
	FA				Mall/Shopping C	Center
	-				Other Private W	ay
High St Middlesex Ave	MV 2		(3>	Indicate North	by Arrow
Crash Narrative:					······································	
MV 2 was stationary at the intersect	ion of Midd	llesex Ave @	High St.	The liq	ht was red.	
The operator of MV 1 was travelling	on Westbour	d on RT 62	toward the	e interse	ction of	
Middlesex Ave @ High St. The operat	or of MV 1	stated that	he was u	sing his	phone trying	
to change the place of destination o	n Waze. He	did not not	tice that	he was a	pproaching th	ie
intersection and that the vehicle in		im was stopp	ped. He	was unabl	e to stop his	
vehicle, as a result he rear ended M	V 2.					
					··	
	, ,		······································			
Witnesses: Name (Last, First, Middle)	Address			Phone #		Statement
Name (Last, First, windie)	Address			ruone #		Statement
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	tZip	······································
US DOT #:State Number		Issuing State	MC/MX	TCC #:		
Interstate Cargo Body Type Code 44	GVWR/GCWR	45		_		
Trailer Reg #: Reg Type	Reg State	Reg Year	Trai	ler Length	46	
Hazmat Information:				<u></u>		
Placard Material 1 digit # 48 Material Na	ne		Material 4 dig	git #	Release code	49
Patrol Officer Shane A Foley		211 W	/ilmington			3/08/2024
Police Officer Name (Please Print) Signature		ID/Badge # D	epartment	Precinc		ate

	Po	lice Use Only	wealth of Massachusetts									RMV Document Number									
	Date of Crash 03/09/2024	Time of Crash	Wilm	City/Town	Moto	or Veh	iicle Cra	ash		umber chicles		″ا اس	peed Li	-		State P Local I MBTA	Source E				
	03,03,202	24HR			P		Report		1		0		ongitud			Campu Other:	is Police	<u> </u>			
		AT INTER	SECTION	ON:	<	< LOCATION > NOT AT INTERSECTI											ION:				
									20	6	RA.	T.T.Z	RDV	7 2 T.	T.	СTF		2 10			
1_	Route# Dire	ection		Name of Roadw	ay/Street		Route# Dire	ction		ess#						ay/Street					
¹2	_			At			Feet	NS	EW	of			- • -	(or _			_			
	Route# Dire	ection	Name	e of Intersecting F							Mile	Mark	er			Exit N	Number	1 11			
				Also at Intersect	tion with			NS			Route		Int	ersect	ing R	oadway/	Street				
² 99	Route# Dire	ection	Name	of Intersecting F	Roadway/Street		Feet	NS	E W	of				7 1				_			
	Please Select	One Navelie	1	#Occupants	LTT:					2.4	-8	1	~	Land	lmark		<u></u>	1			
3	of the Followi		le 1.45	#Occupants	Hit/Kun	Moped	<u>J.</u>											_			
	License #	10	S.	DOB/Age		_	# <u>920F95</u>				-					_	21	- 3 12			
	Sex M Lic.		0.20	strictions	CDL Endorsement		Year 2020									Config.	10				
⁴ 2		NGLE, A					er POTOM	Last			Firs	SIN	IG I	NC	Mid	ldle		-			
2	_	O COLON					ess <u>610 N</u>			RI)							-			
					4683136		LINTHIC		-	<u> </u>	22				-	0901	27 27	-			
	1	pany SELEC					cle Action Prior to			3 23	23		Status:		oue.	99 - 1 28					
⁵ 1	Vehicle Travel I		W W	Responding to	Emergency? 2			23 23	N120-4-1-4	land dia		Турс	e of Tes	t:		29					
	1	sued)		-			Harmful Event		3670	25	25		C Test R	_		1 ³⁰		23 ¹³			
					b		er Contributing C er Distracted by	99	-				Alcoh	2			rug 2 32	23			
⁶ 99	Viol. 3: Ch/Sec/			or and all occupar	nts involved	Dilve	Distracted by	[]	34	35	36	37	38 :	19	40	2 33					
	Name (Last First N	Aiddle)		1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Status	Code (Code Su	atus C	ensp. Code	Medic	cal Facility	_			
	Operate	or			See Above			lacksquare	1	99	4 0	0	99	1				_			
					· · · · · · · · · · · · · · · · · · ·	,															
	Please Select C of the Followin		e 2	#Occupants	Non-Motorist A	Type	15 Action	16	Locatio	n	17 Cc	nditio	n (i)	18] H	lit/Run [Moped	,			
3	License #		C+	DOB/Age		Pag f	1960 1960 			1.00	Pag		1.514		Ď.	g State		-			
	Sex Lic. (10.00	9	strictions 2	CDL_	_	//ear										21	•			
	Operator	Cides Page 17 Page 1		Suredons Angleste	Endorsement	_	a.e.		VC11 1410						ven,	comig. [
99	Address	Last	F	irst	Middle		ess	Last			First				Mid	dle					
	City		State _	Zip		City_						State.		_ Zip_				99 ¹⁴			
	Insurance Comp	any				Vehic	le Action Prior to	o Crash	ſ		22	Dam	aged A	rea Co	ode:	27	27 27				
	Vehicle Travel D	Direction: N S	EW	Responding to I	Emergency?	_ Event	Sequence	23	23	23	23		Status:		-	28 29					
·	Citation # (If Iss	ued)				Most	Harmful Event		24			•	of Test		- 1	30					
2	Viol. 1: Ch/Sec/5	Sub ———	Vi	ol. 2: Ch/Sec/Sut)	Drive	r Contributing Co	ode	,5465 t	25	25		. Alcoh	_		Susp. Dr	ug: 32				
	Viol. 3: Ch/Sec/S	Sub	Vi	ol. 4: Ch/Sec/Sub)	Drive	r Distracted by		26			Tow	ed from	scene	₃?	33	<u> </u>				
	Ple Name (Last First M	•	rator/non-r	notorist and all o	ccupants involved		DOB/Age	Sex	34 Sent Pos.	35 Safety System	Airbag I	ject 1		ury Tra	40 ansp. ode	Medic	al Facility				
		or/Non-Mo	torist		See Above			X	1												
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Wilmington Police Department Images Associated with 24-84-AC

