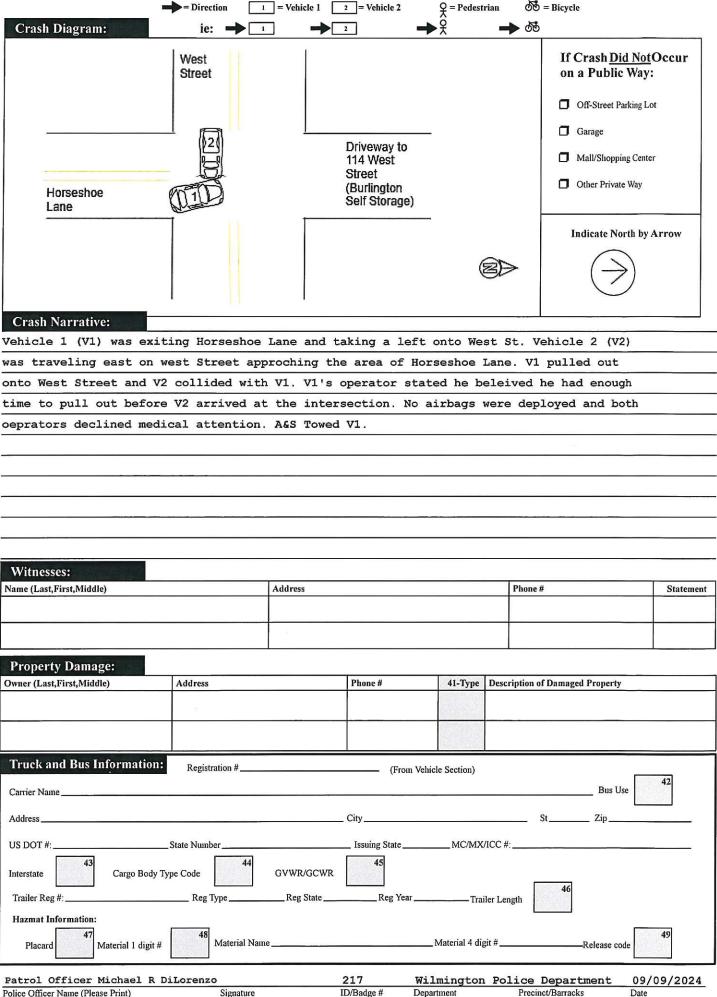
	Police Use Only	Commo	onwealth (	of Massacl	husett	<b>S</b>	RN	MV Document Num		
	Date of Crash   Time of Crash   09/08/2024   1123   Wil	City/Town N mington	Motor Veh	icle Crash	Numbe Vehicle		Speed Lim Latitude	it 25 State Poli Local Pol MBTA Po	lice 🔯	
	24HR	mang con	Police 1	Report	2	0	Lautude	Campus I	Police	
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTE	RSECTION:		
					139	MTCI	iote (	em		2 10
1	Route# Direction	Name of Roadway/Street		Route# Direction	Address #	NIC	Name o	of Roadway/Street		
1		At		Feet N S	E W of			<b>-</b> or		
	Route# Direction Na	une of Intersecting Roadway/S	Street		1-1-1-0	Mile M	arker	Exit Nu	mber	4 11
		Also at Intersection with		Feet N S		Route#	Inter	secting Roadway/Str	reet	
<sup>2</sup> <b>1</b>	Route# Direction Na	une of Intersecting Roadway/S	Street	Feet N S	E W of			<b>-</b>		
Т								andmark		ł
<sup>3</sup> 99	Please Select One of the Following:	#Occupants Hit/Run	Moped Moped	Crash Repor	t ID# <b>2 4</b>	-26	3-A	C		
	License #	, DOB/Ag	Reg #	4FFX56		Reg Typ	e <u>PC</u>	Reg State <b>M</b>	A	12
	Se Class D 19 19 Lic.	Restrictions 1 20 CDL_	Veh \	/ear <u>2005</u>	Velı Make _	TOYOTA	1	Veh Config. 1	L 21	1
	Operator_		sement Owne	HOLDEN,	TRACY					
<sup>4</sup> 2	Addre	rust Mid		ess 681 SHAW	SHEEN	ST.		Middle		
	City, Stat	t lip,	City	TEWKSBURY		Sta	ate MA	Zip <b>01876-</b> 2	<u> 2336</u>	
	Insurance Company THE COMME	RCE INSURANCE	E CO Vehic	le Action Prior to Cras	h 1	22 D	amaged Are		27 <sub>3</sub> 27	
	Vehicle Travel Direction: SEW	Responding to Emergency	y? 2 Event	Sequence 1 23	23 23	4.7	est Status:	1 28		
<sup>5</sup> 2	Citation # (If Issued) T3379448	<del></del>	Most	Harmful Event 1	24		ype of Test: AC Test Re:			
	Viol. 1: Ch/Sec/Sub <u>90 17</u>	- Viol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	2 25	25	usp. Alcohol	1	g 2 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub —	-Viol. 4; Ch/Sec/Sub ———	Drive	r Distracted by	26	32	owed from s		<u> </u>	
<sup>6</sup> 1		ator and all occupants involve		DOD(4)	34 35 Seat Safety		38 39 Trap Injur Code Statu	y Transp.	T 10	
	Name (Last First Middle)  Operator	Adda See At		DOB/Age Sex	Pos. System	Status Code	Code Statu	S Code Medical	racinty	
	- <i>F</i>				3 1	4 0	0 10	1		
								-		
				1						
İ			<u> </u>					1		ł
<sup>7</sup> 3	Please Select One of the Following:	_#Occupants  Hit/Run	Moped	Vulnerable U	ser Comple	ete the Vulne	rable User s	ection.		
	License # S	OB/Age	Reg#	1TYA37		Reg Type	PC	Reg State M		
	Sex M Lic. Class D 19 Lic. I	Restrictions 1 CDL_	Veh Y	ear <b>2018</b>	Veh Make <u>M</u>	ERCEDI	ES-BEN	Z Veh Config.	21	
R	Operator COPPINS, KENN	ETH MICHAEL  First Mid	Owne	COPPINS,	KENNE	TH MI	CHAEI	Middle		
<b>1</b>	Address 38 MILL RD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ss 38 MILL	RD	rusi		Middle		<del></del>
	City WILMINGTON State	e <b>MA</b> Zip <u>01887-3</u>	316 City 1	WILMINGTON	1			Zip <b>01887–</b> 3		1 14
	Insurance Company SAFETY IN	SURANCE COMP	ANY Vehicl	e Action Prior to Crasl	4			a Code: 1 27 2 2	8 27	
	Vehicle Travel Direction: X S E W	Responding to Emergency	y? <u>2</u> Event	Sequence 1 23	23 23	40	est Status:	1 28		
2	Citation # (If Issued)		Most I	Harmful Event 1	24	•	AC Test Res	sult: 7 30		
_	Viol. 1: Ch/Sec/Sub	Viol, 2: Ch/Sec/Sub	Driver	Contributing Code	1 25	25	sp. Alcohol		g 2 32	į
	Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub	Driver	Distracted by	26	To	wed from s	cene? 2 33		
ļ	Please fill out for opera Name (Last First Middle)	ator and all occupants involved		DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status		Facility	
	Operator/Occupants	See Ab		$\times$	1 1	4 0	0 10	1		
		1								
		1		1				1 1		

= Direction	I = Vehicle 1 2	= Vehicle 2	Q = Pedestr	ian ಹ = Bicyc	le	
Crash Diagram: ie: ->	1 - 2	□ →	·Ŷ	→ ₩		
Nichois St	MV	STOP)			Crash Did Note a Public Way: Off-Street Parking Lo Garage Mall/Shopping Center Other Private Way  Indicate North by A	r
Crash Narrative:						
MV 2 was stationary at the intersect	ion of Nicho	ls St @ Brown	ı St. I	he vehicle c	ame to a	
complete stop and began to slowly cr	eeping into	the intersect	ion so	they could s	ee traffic	
and safely turn onto Brown St. MV 1						
Brown St. MV 2 thought that he was						
speed of MV 1 that was not the case.	Due to MV	1's speed the	• venici	e side swept	: MV 2.	
The operator of MV 1 was issued a Ma	ssachusetts	Uniformed Cit	ation f	or speed (90	/17)	
Witnesses: Name (Last, First, Middle)	Address			Phone #		Statement
Property Damage:						
Owner (Last,First,Middle) Address	<del></del>	Phone #	41-Type	Description of Damag	ed Property	
Truck and Bus Information: Registration #		(From Vehic	le Section)			
Carrier Name		·			Bus Use	42
Address	,	City		St	Zip	
US DOT #:State Number		Issuing State	MC/MX/I	CC #:		
Interstate Cargo Body Type Code	GVWR/GCWR	45		46		
Trailer Reg #: Reg Type	Reg State	Reg Year	——Trail	er Length		
Hazmat Information:				<u> </u>		
Placard Material 1 digit # Material Nar	ne	r	Material 4 digi	t#	—Release code	49
Patrol Officer Shane A Foley		11 Wil:	minatar	Police Depar	twont 00/	09/2024
Police Officer Name (Please Print) Signature		D/Badge # Depart	<del></del>	Precinct/Barrac		08/2024

	Pol	lice Use Only		Com	monwea	alth	of Mass	ach	ius	etts	5			RM	V Doc	ument Number		
	Date of Crash 09/09/2024	Time of Crash		City/Town	Motor	Veh	icle Cra	sh		lumber ehicles		mber ured		d Limit	3	O State Police Local Police MBTA Police	0800	
	09/09/2024	24HR	1	ington	Po	lice	Report		2		0		Latitu Longi			Campus Police Other:	, 	
		AT INTER	SECTION	ON:	<	LOCA	TION	>			NO	<b>T A</b> 3	ſ IN	TER	SEC	TION:		
		wes:	יי פייי															2 10
1	Route# Dire	ction TTELS.		Name of Roadway/S	Street		Route# Direc	tion	Add	ress#			Na	ame of	Roady	way/Street	_	<u> </u>
1		WOD!	777 077	At			Feet	NS	EW	of		<del></del>			or			
	Route# Dire	ction	SESHO Name	of Intersecting Road	lway/Street						М	ile Ma	rker			Exit Number		3 11
				Also at Intersection	with		Feet			_	Rout	e#		Inters	ecting .	Roadway/Street		
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting Road	lway/Street		Feet	N S	EW	of								
_	Please Select	One 57	۹	#O						~ 4		_			ndmar	<u>k</u>		
3	of the Followi		e 1 <u> </u>	#Occupants Hi	t/Run L	Moped	Crash F	leport	ID#	24	<u>- 2</u>	6	<u>4 – </u>	AC	<u> </u>			
	License #	10	_ S	DOB/Age		Reg	1YKZ19				Re	д Турс	PC	; ,	R	Reg State MA	<del>-</del>	12
	Sex M Lic.	Class D	Lic. Re	estrictions B	CDL Endorsement	Veh Y	rear <b>2016</b>		Veh M	ake 🖊	IAZI	)A			Vel	n Config. 1	<u></u>	<u> </u>
4	-	TZEL, MZ		First	Middle		er <u>WETZEL</u>	Last			F	irst			М	liddle		
<sup>4</sup> 1		1 HORSE					ess <b>2131 F</b>			SHO		N						
				<b>MA</b> Zip <b>0188</b>		City	WILMING'	TON			33				•	1887	<u> </u>	
	Insurance Comp	oany THE CO	MMER	CE INSURA	NCE CO	Vehic	le Action Prior to			4	22		amage st Stat	d Area	Code:	8 <sup>27</sup> 7 <sup>27</sup> 2	27	
5	Vehicle Travel D	Direction: S	EW	Responding to Eme	rgency? 2	Event	Sequence 1	23	23	23	23		pe of			0 29		
	Citation # (If Iss	sued)	<del> </del>	-		Most	Harmful Event	1	24	25	- 25		AC Te	st Resu	ult:	1 30	_	_ 13
	Viol. 1: Ch/Sec/	Sub	V	iol. 2: Ch/Sec/Sub —			r Contributing Co	Γ	26	25	25	j Su		cohol:		Susp. Drug 2	32	1
<sup>6</sup> 1	Viol. 3: Ch/Sec/			iol. 4: Ch/Sec/Sub —		Drive	r Distracted by	0	34	35	36		wed fi	rom sc	ene?	1 33	_	
_	Name (Last First M		tor operato	or and all occupants in	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	37 Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility		
	Operate	or		2	See Above		$\geq$	X	1	99	4	0	0	10	1			
										<del> </del>								
	Please Select C	One X Vehicle	. 1 t	Occupants Hit	Iп.	Aoped	Vulnera	L	(	\!	1	Vl	-LI- (	[	:	<u> </u>	$\neg$	
<sup>7</sup> 2	of the Followin	ng: Venicio		HIL	/Run													
	License	19 1	1 <u>[</u>	OB/Age 20		-	3GWL83									21		
	Sex M Lic, C	Class D	Lic. Re	strictions <b>B</b>	CDL Indorsement		ear 2022				MC				Veh	Config. 2		
8_ 1	•	NTIS, FO	F	irst D	Middle		NEOHOR	ast			Fi	syl			Mi	iddle	-	
		ELEANOR		MA Zip 0188'	7-3199		ss <u>438 BR</u>	(OA)	<u>JWA</u>	X			1/7		. 01	21.40_260	_   1	14
	City WILMI			URANCE CO		-	EVERETT	Caral		1	22			aZ d Area		$\frac{2149-360}{1^{27}}$	<u> </u>	
	Vehicle Travel D		Xw	Responding to Emer	_		Sequence		23	23	23		st Stat			1 28	_	
	Citation # (If Issue		AΨ	Responding to Emer	igency /		· ட	1	24	L		Ту	pe of T	Test:		o <sup>29</sup>		
2	•		3.5	-1 2. Chileile-t			Contributing Co	<u> </u>	1	25	25			st Resu		1 30	. I	
	Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S			ol. 2: Ch/Sec/Sub — ol. 4: Ch/Sec/Sub —			-	0	26	l_	6			cohol:		Susp. Drug: 2 3	ן נ״	
L	TIOL J. CHACCA			r and all occupants in		2110		<u> </u>	34 Sept	35 Sofety	36	37	38	39	40	<u>-</u>	_	
-	Name (Lost First Mi	iddle)	•	1	Address		DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_	
	Operato	or/Occupan	its	S	lee Above			$\triangle$	1	99	4	0	0	10	1			
					-													



## Wilmington Police Department Images Associated with 24-264-AC





Attachments for 24-264-AC	
Description	Туре
VIDEO OF CRASH FROM 114 WEST STREET	MP4
Attachment#: 7377F679E7FA4EA685AD1D7D99BCBAD3	

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	Pol	lice Use Only	Commonwealth of Massachusetts														
	Date of Crash 09/11/2024	Time of Crash	ŀ	City/Town ington	Motor	Veh	icle Cra	sh		umber ehicles		mber ured	Speed	l Limit	30	State Police Local Police MBTA Police	
	03/11/2024	24HR	AA T TI	1119 0011	Po	lice I	Report		2		0			tude		Campus Police Other:	ā
		AT INTER	SECTIO	ON:	<	LOCA'	TION	>			NO	<b>T</b> A	ΓIN	TER	SEC	TION:	
		SALE	em st														2 10
1_	Route# Dire	ction		Name of Roadway/St	reet		Route# Direc	tion	Add	ress#			Na	une of	Roady	vay/Street	
11		ADT.V	ENE A	At VE			Feet	N S	EW	of				. —	or .		
	Route# Dire			of Intersecting Roady				Nie	I E Jav	1 .	M	ile Ma	ırker			Exit Number	3 11
				Also at Intersection w	∕ith		Feet			-	Rout	e#		Inters	ecting	Roadway/Street	-
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting Roady	vay/Street		reet	MIS	1211	lor				La	ndmar	k	_
-	Please Select		. 12	#Occupants Hit/	Run 🗀 i	Moped	Crash F	Renort	t ID#	24	-2	6	<u> </u>			······································	
3	of the Followi	ng:									·····						
	License	19 1	St. 9	DOB/Agestrictions B C	DL		8GW778 ear 2014									21	1 12
	Sex M Lic.	ARSON, I		E.	ndorsement		r PEARSO								ven	Conng. 12	'  '
<sup>4</sup> 1		Last 'RANKLIN		îrsi	Middle		s 8 FRAN	Last			F	irst	14.1		M	iddle	_
				ма <sub>Zip</sub> 01887	7-1117		VILMING					Sta	te <b>M</b> Z	<b>A</b> 2	ip <b>0</b>	1887-111	_
	-			AL INSURAN		-	e Action Prior to			4	22				Code:		, I
_	Vehicle Travel D	Direction: N	EW	Responding to Emerg	gency? 2	Event	Sequence 1	23	23	23	23		st Stat			1 28	<sup></sup>
3	Citation # (If Iss	ued)				Most l	Harmful Event	1	24			-	pe of ' ∆∩ Tes	Test: st Resi	de	o <sup>29</sup>	
	Viol. 1; Ch/Sec/	Sub	Vi	ol. 2: Clv/Sec/Sub		Driver	Contributing Co	de	4	25	25	1		cohol:		Susp. Drug: 2	2 1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/	Sub	Vi	ol. 4: Cli/Sec/Sub —		Driver	Distracted by	0	26	2	6	To	wed fi	rom sc	ene?	2 33	
1	Name (Last First M		for operato	r and all occupants inv	volved Address		DOB/Age	Sex	34 Scat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	$\neg$
	Operate	or	•	Se	e Above			X	1	99	4	0	0	10	1		
	LYNNE CHAME	PION		8 FRANKLIN AVE WILMINGTON, MA 0	1887-1117			F	3	1	4	0	0	10	1		
										<u> </u>							
										<u> </u>							
7	Please Select C		21 #	Occupants Hit/	e In a	loped	Uulnera	hla Ha	er (	omple	te the	Vulner	able I	lser se	ction		┪
<sup>7</sup> 3	of the Followin	ng:															_
	License #	19 19	9	OB/Agt			4ZXT48									_ 21	
	Sex F Lic. (	ER, CLAU	ال	Er	DL idorsement		ear 2012 DYER,								_ Veh	Config. 2	İ
8,	-	IMBALL (	F	PT 512	Middle		s 4 KIME	ast			F	irst T 5	512		Mi	ddie	_
	City WOBUF			<u>/A</u> Zip 01801	-6959		OBURN							. z	ip <b>0</b> ]	1801-6959	9 1 14
	•		MENT	EMPLOYEES	INSU	Vehicle	e Action Prior to	Crash		1	22	Da	mageo	i Area	Code:	1 27 27 27	]
	Vehicle Travel D	rirection: N S	E	Responding to Emerg	gency? <u>2</u>	Event	Sequence 1	23	23	23	23		st State			1 <sup>28</sup>	
<sup>9</sup> 2	Citation # (If Iss	ued)				Most I	Harmful Event	1	24			_	pe of T AC Tes	iest: st Resu	lt:	30	
2	Viol. 1: Ch/Sec/S	Sub	Vi	ol. 2: Ch/Sec/Sub ——		Driver	Contributing Co	de	1	25	25			cohol:		Susp. Drug: 2	2
	Viol, 3; Ch/Sec/S	Sub	Vie	ol. 4: Ch/Sec/Sub ——		Driver	Distracted by	0	26	2	6	То	,	om sc		2 33	
	Name (Last First Mi		or operator	r and all occupants inv	olved Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operate	or/Occupan	ts	Se	e Above		$\geq <$	X	1	99	4	0	0	10	1		

	-	= Direction 1	= Vehicle 1	z = Vehicle 2	2 = Pedestri	an Ø0 =	Bicycle	
Crash Dia	gram:	ie: → 📑	<b>→</b> □	<u>→</u>	ĝ	<b>→</b> \$5		
	Salem Street			Arlene Ave	<b>E</b>	3	If Crash Did No on a Public Way  Off-Street Parking Garage Mail/Shopping Cer Other Private Way  Indicate North by	y: Lot ster
Crash Nar	rative	*			·			
	<del></del>	reling south or	Arlene Ave	towards Sale	m Stree	t. Vehicl	e 2 (V2) was	
		Street. V1 pr						
		d travel lane						
parties de	clined medica	l attention fr	om the Wilm	ington Fire D	epartme	nt. Both	vehicles were	
able to be	driven from	the scene.						
Witnesses: Name (Last, First	Middle)		Address			Phone #	<u></u>	Statement
			. Radiness	• •		12000		- Justiness
Property D	·····				F T	·		
Owner (Last,Firs	it,Middle)	Address		Phone #	41-Type	Description of D	amaged Property	
Truck and	Bus Information:	Registration #		(From Vehic	le Section)			(0)
Carrier Name							Bus Use	42
Address				City		St_	Zip	
US DOT #:		State Number		Issuing State	MC/MX/I	CC #:		
Interstate	43 Cargo Body Ty	44	GVWR/GCWR	45				
Trailer Reg #: _		Reg Type	Reg State	Reg Year	———Traile	er Length	46	
Hazmat Inform		-			114116			
Placard	47 Material 1 digit #	48 Material Nam	e	1	Material 4 digit	t#	Release code	49
Patrol Offi	cer Michael R D	iLorenzo		217 Wil	mington	Police De	epartment 09	/11/2024

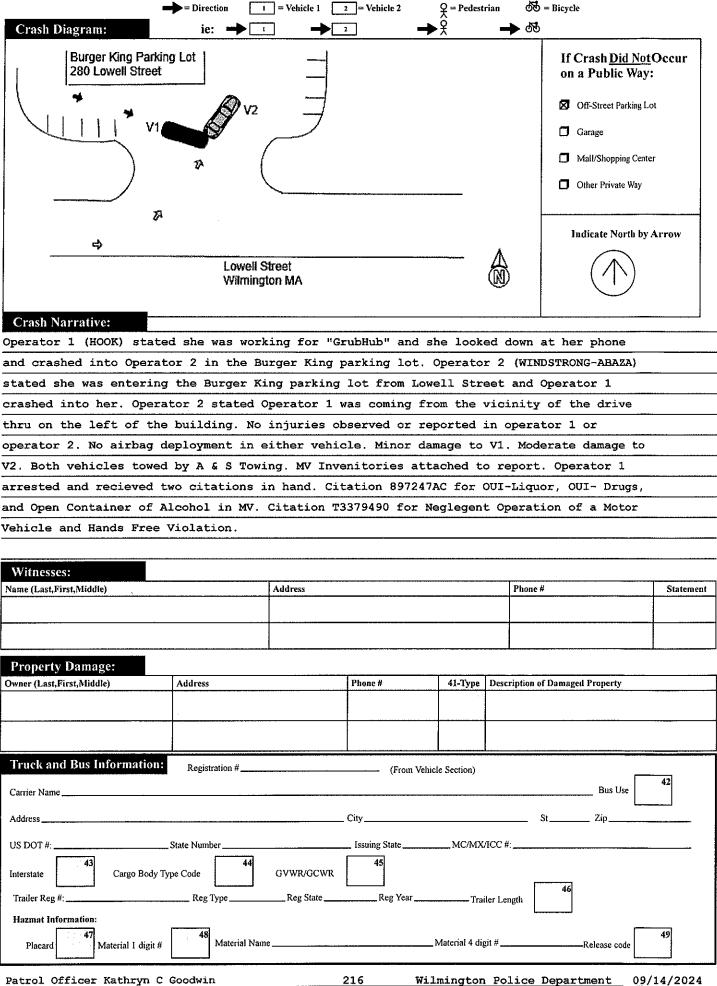
Department

## Wilmington Police Department Images Associated with 24-265-AC





	Police Use Only Commonwealth of Massachus					usetts	§		RMV Document Number				
	Date of Crash 09/14/2024	Time of Crash	City/Town ilmington	Motor Veh		sh	Number Vehicles		4 1262	d Limi tude	t1	O State Police Local Police MBTA Police	
	,,	24HR		.L.,	Report		2	0	1	gitude _		Campus Police Other:	3
		AT INTERSE	CTION:	< LOCA	TION >	>		NOT	AT IN	TER	SEC	CTION:	_ 10
							280	LO	VELI	SI	•		2 10
<sup>1</sup> 1	Route# Dire	ction	Name of Roadway/S	Street	Route# Direct		Address #					way/Street	_
Т			Al		Feet [	N S I	E W of			•	- ог.	** 's \$1 I	_
	Route# Dire	ction	Name of Intersecting Road		F [	NEI	E W of	Mile	Marker			Exit Number	3 11
			Also at Intersection	with	I _		EW of	Route#		Inters	ecting	Roadway/Street	-
<sup>2</sup> <b>1</b>	Route# Dire	ction	Name of Intersecting Road	lway/Street	reet	111314	<u> </u>				andmar	·k	_
	Please Select (	One Vehicle L	1 #Occupants Hi	t/Run Moped	Crash R	enort I	D# <b>24</b>	-2	<u></u>			<u> </u>	7
3	of the Followi	ng:		ı <u> </u>								3.73	_
	License	_ S _ 19 19 19	DOB/Ag		# <u>3HGX35</u> 2006							21	1 12
	Sex F Lic.			Endorsement	Year <u>2006</u> er <u>HOOK ,     (</u>						Vel	n Config.	
<sup>4</sup> 1		OK, CAITL IMBALL CT		Middle	er HOOK, Comments of the services of KIMB	ast		First	200	5	М	fiddle	-
_	City WOBUL		State <b>MA</b> Zip <b>0180</b>		WOBURN	لىدلىدە د	. <i></i>				Zin <b>O</b>	1801	-
	_		MUTUAL INS		cle Action Prior to	Crash	1	22	Damag				
	Vehicle Travel D				t Sequence 2		3 23	23	Test St	atus:		2 28	
5	Citation # (If Iss	ued) <b>897247</b> A			ــــــــــــــــــــــــــــــــــــــ	1	24		Type of			2 29 30	
			·J_Viol. 2: Ch/Sec/Sub 9	0 24F Drive	ı er Contributing Cod	ie [	L9 <sup>25</sup> 2	0 25	BAC T Susp. A			<u> </u>	1 13
	Viol. 3: Ch/Sec/S	Sub 90 24	4I Viol. 4: Ch/Sec/Sub -	Drive	er Distracted by	1	26	26	Towed		1	1 33	
<sup>6</sup> 1			operator and all occupants in				34 35 Sent Sufety	Airbag E	17 38 ject Trap	Injury	40 Transp.		7
	Operate		5	Address See Above	DOB/Age	Š	Pes. System	Status C	ode Cod	: Status	Code	Medical Facility	
	- Per inte					$\hookrightarrow$	_	-					-
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<sup>7</sup> 1	Please Select C of the Followir		L_#Occupants Hit.	/Run Moped	U Vulnerab	ie User	- Comple	te the Vu	nerable	User se	ction.		
	License #	S			5HYB58			Reg T	уре <u>Р</u> С		R	eg State MA	_
	Sex <b>F</b> Lic. (	Class D 19 19 L		DL Veh Y	Tear 2024	Ve	h Make <b>H</b>	YUNI	AI		Veh	Config. 21	
81	Operator <b>WII</b>	DSTRONG-1			er <b>WINDSTF</b> La	RONG	S-ABA	ZA,	MAR	IA	Mi	iddle	-
1	Address <b>199</b>	HILDRETH	ST APT 15	Addre	ess 199 HI	LDR	ETH S	ST .	APT	15			- 14
	City <b>DRACU</b>	<b>T</b> :	State <b>MA</b> Zip <b>0182</b>	6 City 1	DRACUT							1826	-  1
	Insurance Compa	-	MUTUAL INSU	JRANCE Vehic	le Action Prior to C		1 22	22	Damage Test Sta		Code:	5 27 27 27 28	
ľ	Vehicle Travel D		W Responding to Emer	•	Sequence 1		3 23 24	23	Type of			29	
<sup>9</sup> 2	Citation # (If Issu	ıed)			£	<u> </u>		25	BAC Te	st Resi	dt:	30	
			Viol. 2; Ch/Sec/Sub		r Contributing Cod		<u>-                                    </u>	6	Susp. A		-	Susp. Drug 2 32	
	Viol. 3: Ch/Sec/S		— Viol. 4: Ch/Sec/Sub — perator and all occupants in		r Distracted by	V .	34 35		Towed :	39	40	1 33	4
	Name (Last First Mi	ddle)	Perator and an occupants III	Address	DOB/Age	1 :	Seat Safety Pos. System	Airbag E	ect Trap de Code	Injury	Transp. Code	Medical Facility	4
	Operato	r/Occupants	S	ee Above		X	1 1	4 0	0	10	1		_
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Department

## Wilmington Police Department Images Associated with 24-266-AC





Attachments for 24-266-AC  Description	Tyne
	-1100
HOOK MV INVENTORY	PDF
Attachment#: D4A71CBCC76645A28E0064AC803BA53A	
WINDSTRONG-ABAZA MV INVENTORY	PDF
Attachment#: DE81297906904AC190CB62BDB4DDF55A	