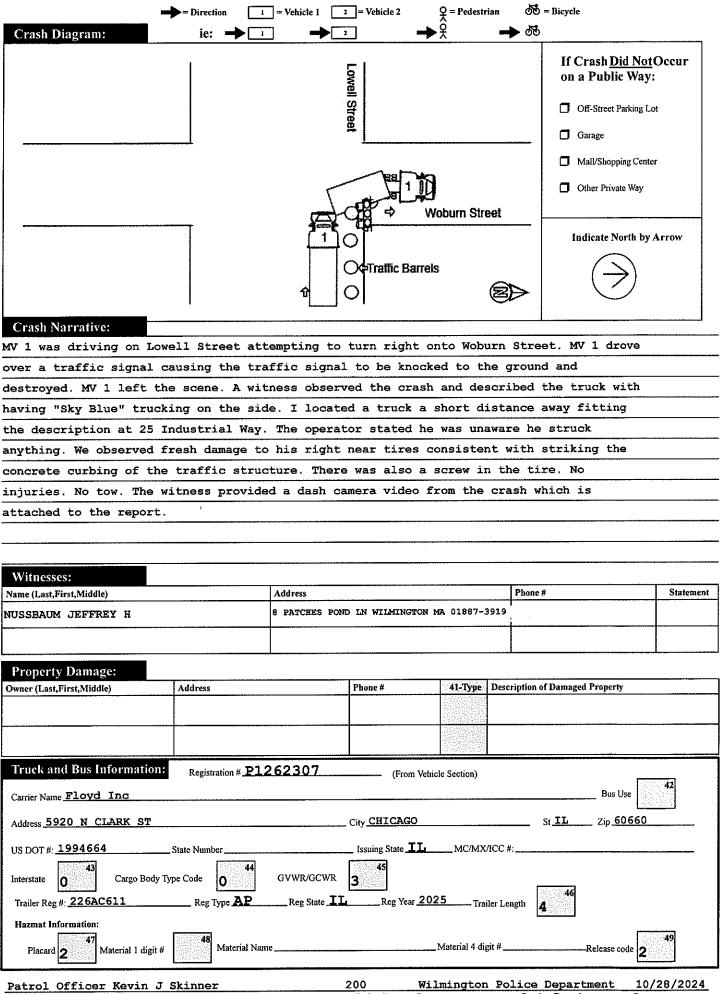
Policë Use Only	Con	<u>ı</u> monwealth	of Massacl	ıusett	S	26.40	RM	V Doci	ument Number
Date of Crash 10/28/2024 1024	City/Town Wilmington	i	hicle Crash	Numbe Vehicle		10bac	d Limit ude	25	MBTA Police
24HR	·		Report	1	0		gitude		Campus Police Other:
AT INTER	SECTION:	< LOC	ATION >		NOT	AT IN	TER	SEC	TION:
					T.O	WELL	C T	1	
Route# Direction	Name of Roadway	/Street	Route# Direction	Address #					vay/Street
	At		Feet N S	E W of				or	
Route# Direction	Name of Intersecting Roa	adway/Street	-	1-1-1-04	Mile	Marker		· -	Exit Number
	Also at Intersection	n with	Feet N S	E W of	Route	- -	Inters	ecting I	Roadway/Street
Route# Direction	Name of Intersecting Roa	ndway/Street	Feet N S	E W of	110011		2.,		,
								ındmari	k
Please Select One of the Following:	e 1.1 #Occupants H	lit/Run Moped	Crash Repor	t ID# 2 4	1-3	05-	-AC	3	
License #	_S _DOB/Age_(. Re	g# P1262307		Reg	Туре А	?	R	eg State IL
Sex M Lic. Class A 19	19 Lic. Restrictions 1 20	CDL Vel	ı Year 2025	Veh Make	Other-	not 1	iste	d Veh	Config. 8
Operator KOCHNO, A	LEXANDER G	Endorsement Ow	ner FLOYD IN	C					
Address 50 PINE LN	APT 116	Middle Ad	dress 5920 N C	LARK	ST Firs	APT	405		iddle
City COUNTRYSIDE	State IL Zip <u>605</u>	25 Cit	CHICAGO			State_ I	L 2	Zip <u>6</u> (0660
Insurance Company ACORD	INSURANCE	Vel	nicle Action Prior to Cras	h 3	22	Damag	ed Area	Code:	4 27 27 27
Vehicle Travel Direction: N S	Responding to Em	nergency? 2 Eve	ent Sequence 23	23 23	23	Test Sta			1 28
Citation # (If Issued)	***************************************	Mo	st Harmful Event 23	24		Type of BAC To		ule	29 _ 30
Viol. 1: Ch/Sec/Sub	Viol. 2; Ch/Sec/Sub -	ind	ver Contributing Code	19 ²⁵	25	Susp. A			1300
Viol. 3: Ch/Sec/Sub	Viol. 4; Ch/Sec/Sub -	Dri	ver Distracted by	26	26	Towed			2 33
	for operator and all occupants			34 35 Seat Safe	36 y Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.	
Name (Last First Middle) Operator		Address See Above	DOB/Age Sex	Pos. Syste	1	Code Code		Code 1	Modical Facility
Operator		500710010		+					
							-		
							ļ		
Please Select One of the Following:	e 2#Occupants	it/Run Moped	Vulnerable U	ser Comp	lete the V	uinerable	User se	ction.	
License #	St DOB/Age	Rei	;#		Reg	Type		Re	ee State
Sex Lic. Class			Year		_				21
Operator		Endorsement	ner						
Address	First	Middle	Last iress		Pirs			Mi	iddle
City	State Zip		/			State	2	Zip	
Insurance Company			nicle Action Prior to Crasl	h 3000	22	Damage		- 1	27 27 27
Vehicle Travel Direction: NS			ent Sequence 23	23 23	23	Test Sta	atus:		28
Citation # (If Issued)		Мо	st Harmful Event	24		Type of		-10-	30
3	Viol. 2: Ch/Sec/Sub _	Dri	ver Contributing Code	25	25	BAC To Susp. A			Programme and the second
VIOL 1: Un/Sec/Silb				26	26	Towed			33
Viol. 1: Ch/Sec/Sub —————Viol. 3: Ch/Sec/Sub ————	Viol. 4: Ch/Sec/Sub -	Dri	ver Distracted by	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub – for operator and all occupants			34 35 Scal Safet	y Airbag :	37 38 Eject Trap	39 Injury	40 Transp.	
Viol. 3: Ch/Sec/Sub Please fill out Name (Last First Middle)	for operator and all occupants	involved Address	DOB/Age Sex	Seat Safet Pos. Syste	y Airbag :		Injury	Transp.	Medical Facility
Viol. 3: Ch/Sec/Sub ————————————————————————————————————	for operator and all occupants	involved		Scal Safet	y Airbag :	Eject Trap	Injury	Transp.	Medical Facility
Viol. 3: Ch/Sec/Sub Please fill out Name (Last First Middle)	for operator and all occupants	involved Address		Seat Safet Pos. Syste	y Airbag :	Eject Trap	Injury	Transp.	Medical Facility



Police Officer Name (Please Print)

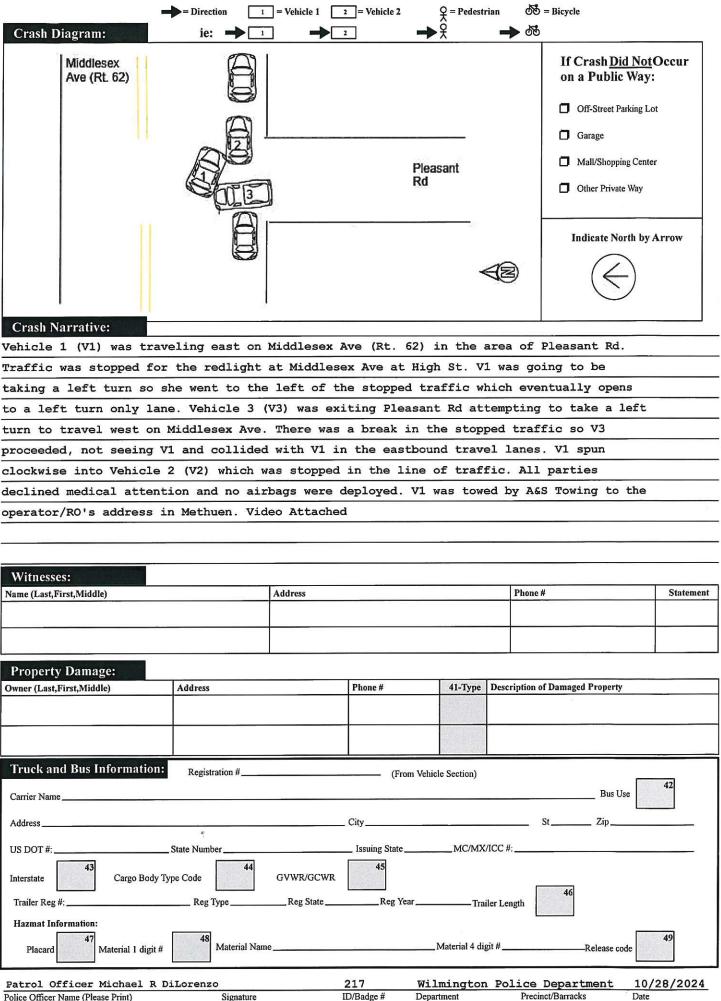
Wilmington Police Department Images Associated with 24-305-AC





	Police Use Only	Comn	nonwealth	of Massa	chus	setts	,		RM	V Docu	ment Number	
	1	City/Town ington	Motor Vel	iicle Cras	sh	Number Vehicles	Num' Injur		d Limit	35	State Police Local Police MBTA Police Campus Police	
	24HR	ing con	Police	Report	3	3	0		itude		Campus Police D	
	AT INTERSECTION	N:	< LOC	ATION >	>		NOT	'AT IN	TER	SEC	ΓΙΟΝ:	<u> </u>
												2 10
-	Route# Direction MIDDLESE	X AVE Name of Roadway/Str	eet	Route# Directi	on Ad	Idress#		N	ame of	Roadw	ay/Street	<u> </u>
¹ 1		At		Eng. [7	N S E	w of				or		
	Route# Direction PLEASANT Name	RD of Intersecting Roadw	ay/Street	rect	., 5 2	·· · · · ·	Mil	e Marker		· · ·	Exit Number	3 11
		Also at Intersection wi	th	Feet [N S E	w of	Route	, —	Interes	acting P	Loadway/Street	3
² 1	Route# Direction Name	of Intersecting Roadw	av/Street	Feet [N S E	w of	Route	•	incis	cuing to	outhly but to	
1			<u> </u>							ndmark		-
3	Please Select One of the Following:	Occupants Hit/F	Run Moped	Crash Ro	eport ID#	24	-3	06-	·AC	•		
	LicenseSt	_ DOB/Age	Reg	# 1EF262			Reg	Туре РС		Re	eg State MA	_ 12
	Sex F Lic. Class D 19 Lic. Res	trictions B 20 CI	DL Veh	Year 2018	Veh	Make <u>I</u>	OYO	TA		Veh	Config 1	1
	Operator WOEKEL, KATHLE		dorsement Own	ner WOEKEL	, KA	THLE	EN	MARI	E			
41	Address 133 SWAN ST	ist.		ress 133 SW	AN S	T	Firs	t		Mic	idle	
	City METHUEN State 1	4A Zip 01844	-5332 City	METHUEN				State M	A _ 2	ip 01	844-5332	
	Insurance Company THE COMMERC	E INSURAN	CE CO Veh	icle Action Prior to (Crash	1	22	Damage	ed Area	Code:	3 27 2 27 27	
	Vehicle Travel Direction: N S X W	Responding to Emerg	ency? 2 Eve	nt Sequence 2	3 23	23	23	Test Sta			1 28	
5	Citation # (If Issued)		Mos	t Harmful Event	1 24			Type of BAC To		.16.	0 29 _ 30	
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ——	Driv	er Contributing Cod	le 9	25	25	Susp. A			Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/SubVio	ol. 4; Ch/Sec/Sub	Driv	er Distracted by	O 26		6	Towed			1 33	\vdash
⁶ 1	Please fill out for operator	and all occupants inv	olved		34 Sec	at Safety	36 Airbag	37 38 Eject Trap Code Code	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address e Above	DOB/Age	Sex Po			Code Code	Status 10	Code 1	Medical Facility	1
	Operator	30	e Above		<u> </u>	- -			-	-		4
												-
⁷ 3	Please Select One of the Following:	Occupants Hit/F	tun Moped	Uulnerab	le User	Comple	te the V	ulnerable	User se	ction.		
3	License # S	DOB/Ags	Rec	# MIAIAN			Reg	Tyne PC	:	Re	o State MA	1
	5019 to 19	trictions 1 20 CE		Year 2022				-, pv			21	
	Operator BUESO CANAS, H	En	dorsement	er BUESO (
³ 1	Address 2 SUMMER ST	rst	Middle	ress 2 SUMM	ist		Firs			Mic	ldle	
	City NORTH READING State N	1A Zip 01864		NORTH RE				State M	A _ 2	ip 01	864-2026	2 14
	Insurance Company GEICO GENER	-		cle Action Prior to (2	22	Damage				
		Responding to Emerg		nt Sequence	3 23	23	23	Test Sta	tus:		1 28	
	Citation # (If Issued)		•	· <u></u>	1 ²⁴]		Type of		.	0 ²⁹ - 30	
2	Viol, 1: Ch/Sec/Sub ————Viol	nl. 2: Ch/Sec/Sub	Driv	u er Contributing Cod	le 1	25	25	BAC Te Susp. A			1	
		ol. 4: Ch/Sec/Sub		er Distracted by	O 26		6	Towed	,		2 33	
	Please fill out for operator		olved		34 Se		36 Airbag	37 38 Eject Trup	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age	Sex Po	s. System	Status	Code Code	Status 10	Code 1	Medical Facility	
	Operator/Occupants	Se ⁱ	e Above		X^1	1	-	0	10	-		1
									ļ <u>.</u>			_

	Police Use Only	Comi	monwealth			etts			RM	V Doc	ument Number	
	Date of Crash Time of Crash 10/28/2024 1042 Wi	City/Town lmington	Motor Veh		$\mathbf{h} \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Numb Injure	er Speed	I Limit ide	35	MBTA Police	
	24HR	Iming con		Report	3		0	Longi	itude		Other:	
	AT INTERSEC	TION:	< LOCA	TION >			NOT	AT IN	TER	SEC	TION:	_ 10
	MIDDLE	SEX AVE										2 10
1 1	Route# Direction	Name of Roadway/St	reet	Route# Direction	n Add	ress#		Na	ame of	Roadw	vay/Street	_
1	PLEASA	At NT RD		Feet N	SEW	of -		(. —	or _	77 74 87 1	
	Route# Direction	Vame of Intersecting Roady		- 1	lelelu	a .	Mile	Marker			Exit Number	3 11
		Also at Intersection w	vith	I =	SEW	_	Route#	-	Interse	ecting l	Roadway/Street	
² 1	Route# Direction	Name of Intersecting Roady	vay/Street	reet [1	13 2 10] 01			Ιa	ndmarl	·	-
	Please Select One Vehicle 31	#Occupants Hit/	Run Moped	Crash Re	ort ID#	24	_ 3/	06-				1
3	of the Pollowing:		<u> </u>									-
	License #	DOB/Ags	_	# <u>M6843A</u>			_				21	1 12
	21,555 (21,555)	E	ndorsement	Year 2020 ner WILMING							Config. 2	
¹ 1	Operator BURKE, KEVIN Address 121 GLEN RD	First	Middle	ress 121 GLF	ι		Pirst	e IV	MAN	М	íddle	
_	Address 121 GLEN RD City WILMINGTON S	tota MA 7in 01885		WILMINGT				State M7	A 7	_{'in} Ո՝	1887-3500	
	Insurance Company MIIA	Zip <u>0 2 0 0 1</u>		cle Action Prior to C		1	22	Damage				
	Vehicle Travel Direction: X S E V	V Responding to Emer		nt Sequence 1 23		23	<u></u> 23	Test Sta			1 28	
5	Citation # (If Issued)	Temporaling to zamo.	-	t Harmful Event	24	(4900)	88.87	Type of			0 29	
	Viol. I: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub		er Contributing Code	1	25	25	BAC Te Susp. Al			1 30 Susp. Drug: 2 32	1 13
	Viol. 3: Ch/Sec/Sub			er Distracted by	26	2(1	Towed f			2 33	
1		perator and all occupants in			34 Seat	35 Safety	Airbag I	37 38 ject Trap	39 Injury	40 Transp.		1
	Name (Last First Middle)		Address ee Above	DOB/Age	Sex Pos.	System	Status C	Code Code	Status 10	Code 1	Medical Facility	
	Operator		ee Above	+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			-	-			-
						-						_
									<u></u>			4
3	Please Select One of the Following: Vehicle 4_	#Occupants Hit/	Run Moped	U Vulnerable	e User (Complete	e the Vi	ılnerable U	Jser se	ction.		
_	License #St	DOB/Age	Reg	#	·		_ Reg ?	Гуре		R	eg State	1
	Sex Lic, Class 19 19 Lic			Year	Veli M	lake				Veh	Config.	
	Operator	First	ndorsement Middle Own	er			First	·		M	iddle	
1	Address	Litzr		ress			Lusi			MI		14
	City \$	tate Zip	City					State	z	ip		2 14
	Insurance Company		Vehi	cle Action Prior to C	rash		22	Damage		Code:	27 27 27 28	
	Vehicle Travel Direction: N S E V	Responding to Emer	gency? Even	t Sequence 23	23	23	23	Test Star			29	
2	Citation # (If Issued)		Most	t Harmful Event	24	es all est		BAC Te		ilt:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	1.77	25	25	Susp. Al	lcohol:	31		
	Viol. 3; Cli/Sec/Sub	Viol, 4: Ch/Sec/Sub	Dríve	er Distracted by	26	26]	Towed f			33	ļ
	Please fill out for op Name (Last First Middle)	erator and all occupants in	volved Address	DOB/Age	34 Seat Sex Pos,	35 Safety System	Airbag E	37 38 ject Trap Code Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	Se	ee Above		1							
					1							1
												1
					_	+-						1



Wilmington Police Department Images Associated with 24-306-AC













Wilmington Police Department Images Associated with 24-306-AC













Wilmington Police Department Images Associated with 24-306-AC



	ice Use Only	Com	monwea	lth of	t Massa	ichi	ısett	S			RMV	Docun	nent Numbe	use the tr
Date of Crash 10/30/2024	Time of Crash 1157 Wilm	City/Town	Motor	Vehic	cle Cra	sh	Numb Vehick		1 1	Speed I Latitud		20	State Police Local Police MBTA Police	
10/30/2024	24HR	iring con	Pol	lice R	.eport		2	1	T I	Longitu			Campus Pol Other:	ice 🗓
	AT INTERSECTI	ON:	< [LOCAT	ION :	>		NO	T AT	INT	ERS	ECT	ION:	
							201	C 1	1777 CI	MATT 1	m (7 BH		
Route# Direc	tion	Name of Roadway/	Street		Route# Direct		221 Address		HES'	Nan Yan	ne of R	loadway	y/Street	
		At			F [NICE	w of							
Route# Direct	rtion Nam	e of Intersecting Roa	dway/Street		reet	Malx	2 1 44 1 01	M	ile Mar	ker		or	Exit Numl	ber
TOMO: Direct		Also at Intersection			Feet	N S I	w of	Rout	-4	T		ntin a D a	oadway/Stree	
				_	Feet	N S F	w of	Koui	ен	1	ntersec	ang Ko	sauway/Suee	а
Route# Direct	tion Nam	e of Intersecting Roa	dway/Street								Lan	dınark		
Please Select O of the Followin	One Vehicle 12	#Occupants H	it/Run 🔲 N	Moped	Crash R	eport I	D# 2 4	1-3	307	7 — <i>i</i>	AC			
		DOD/Ass i		Dog#	6CK984			D.	a Trans	PC		Pan	, Stata MA	
License #	St 19 19	DOB/Age	on.	-	2013									21
Sex F Lic. C	Lic. R	estrictions 1	CDL Endorsement		KRUEGE							_ ven c	Joinig.	
-	LENTE, MICHI	First	Middle			ast		F	irst	211C	· J. 13_	Midd	lle	
	MARION ST	N/2 0100	27_2206							MA		01	887-3	206
	INGTON State				ILMING'		12:11	22				_	27 27	
_	any ALLSTATE 1				Action Prior to		1 3 23	23		st Statu		-	28	
Vehicle Travel Di		Responding to Em	ergency? 2		edactice 1	ed peaks	ا		Тур	pe of T	est:		29	
	ued)				armful Event	<u> </u>	36] ************************************			C Test	t Resul		30	
Viol. 1: Ch/Sec/S	Sub	Viol. 2: Ch/Sec/Sub =		Driver (Contributing Co		L 25	25	Su	sp. Alc	ohol:	31	Susp. Drug:	32
Viol. 3: Ch/Sec/S	Sub	Viol. 4: Ch/Sec/Sub =		Driver I	Distracted by	0	26	26		wed fro	om sce	ث	33	
Name (Last First Mi	Please fill out for operatidate	tor and all occupants	involved Address		DOB/Age	Sex	34 3: Seat Safe Pos. Syst	ty Airbag	37 Eject Code	38 Trap Code	39 Injury Sintus	40 Transp. Code	Medical Fo	cility
Operato	or .		See Above		$>\!\!<$	X	1 1	2	0	0	9		inchester cspital	
WILLIAM KRU	ÆGER	118 MARION ST WILMINGTON, MA	01887~3396			м	3 1	2	0	0	10	1	· · · · · · · · · · · · · · · · · · ·	
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								-						
					T									
Please Select O of the Followin		#Occupants H	it/Run 🔲 N	Moped	Ulneral	ble Use	r Com	lete the	Vulner	able U	ser sec	tion.		
License #	_ S1	OB/As		Reg#_	4ETA27			Re	д Туре	PC		Reg	State MA	
	lass n 19 19 Lic. R	estrictions 20	CDL	Velı Yea	ar 2016	Ve	h Make.	SUB	ARU			_ Veh C	Config. 1	21
Sex M Lic. C			Endorsement EN	•		NT 1	MATT	HEW	ST	EPH	EN			
	NATTI , NATTI			Owner.	WOODMA	17			irst			Midd	lle	
Operator WOC	Last	First	Middle		WOODMA 13 CHE	ast	R RI		. It st					
Operator <u>WOC</u> Address <u>13</u> (CHESTER RD	First	Middle	Address	13 CHE	STE	R RI			e MA	Zi	р 01	821-6	051
Operator WOC Address 13 (City BILLE	CHESTER RD CRICA State	MA Zip 0182	21-6051	Address City_ <u>B</u>	13 CHE	est ISTE CA	Fact.		Stat			_	821-6 27 27	051 27
Operator WOC Address 13 (City BILLE Insurance Compa	CHESTER RD ERICA State any GEICO GENE	MA Zip 0182	21-6051 NANCE C	Address City <u>B</u> Vehicle	13 CHE LLERIC	CA Crash	R RI	22	Stat		Area (p 01 :		
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Operator WOC Address 13 (City BILLE Insurance Compa Vehicle Travel Di Citation # (If Issu	CHESTER RD CRICA State CRICA State CRICA State	MA Zip 0182 CRAL INSUE Responding to Em //iol. 2: Ch/Sec/Sub -	21-6051 PANCE C ergency? 2	Address City B Vehicle Event S Most H	Action Prior to equence 1	CA Crash 23 2 de	1 3 23 24 7 25	22	Stat Da Tes Typ BA	maged of Statu pe of T AC Test	Area (is: est: t Resul	Code: B	27 27 28 29 30 Susp. Drug:	
Operator WOC Address 13 (City BILLE Insurance Compa Vehicle Travel Di Citation # (If Issu	CHESTER RD CRICA State State	MA Zip 0182 CRAL INSUE Responding to Em Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	ANCE C ergency? 2	Address City B Vehicle Event S Most H	Action Prior to equence 1	CA Crash 1 de	1 3 23 24 7 25 26	22 23 23 6 25	Stat Da Tes Tyj BA Sur	maged st Statu pe of T aC Test sp. Alc wed fro	Area (is: 'est: t Resul	Code: B	27 27 28 29 30	27
Operator WOC Address 13 (City BILLE Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S	CHESTER RD CRICA State State	MA Zip 0182 CRAL INSUE Responding to Em Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	ANCE C ergency? 2	Address City B Vehicle Event S Most H	Action Prior to equence 1	CA Crash 1 de 0	1 3 23 24 7 25	22 23 6 25 26 17 36 Airbag	Stat Da Tes Typ BA Su: To	maged of Statu pe of T AC Test	Area (is: est: t Result cohol: om sce	Code: 8	27 27 28 29 30 Susp. Drug:	32
Operator WOC Address 13 (City BILLE Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	CHESTER RD CRICA State State	MA Zip 0182 CRAL INSUE Responding to Em Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Middle 21-6051 RANCE C ergency? 2	Address City B Vehicle Event S Most H	Action Prior to equence 1 armful Event Contributing Co	CA Crash 23 2 de 0	1 3 23 24 7 25 26 26 34 3. Seat Safe	22 23 6 25 26 17 36 Airbag	Stat Da Tes Tyj BA Su: To 37 Eject Code	maged st Statu pe of T AC Test sp. Alc wed fro wed fro Trap Code	Area (is: est: t Result cohol: om sce	Code: 8	27 27 28 29 30 Susp. Drug:	32
Operator WOC Address 13 (City BILLE Insurance Compa Vehicle Travel Di Citation # (If Issu Viol. 1: Ch/Sec/S Viol. 3: Ch/Sec/S	CHESTER RD CRICA State CRICA	MA Zip 0182 CRAL INSUE Responding to Em Viol. 2: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Middle 21-6051 RANCE C ergency? 2 involved Address	Address City B Vehicle Event S Most H	Action Prior to equence 1 armful Event Contributing Co	CA Crash 23 2 de 0	1 23 23 24 7 25 26 Safe Pos. Syst	22 23 23 26 26 36 Airbag Status	Stat Da Tes Tyj BA Su: To 37 Eject Code	maged st Statu pe of T AC Test sp. Alc wed fro wed fro Trap Code	Area (is: est: t Result cohol: om sce	Code: 8	27 27 28 29 30 Susp. Drug:	32
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	= Direction 1	= Vehicle 1	2 = Vehicle 2	Pedestrian	Ø = Bicycle	
Crash Diagram:	ie: → 📑	□ → □	2	. ₹	→ №	
		1 1 1 1 1		221 chestnu	t If Crash <u>Did No</u> on a Public Way	
	200	100			Off-Street Parking I	Lot
	¥2 -				☐ Garage	
					☐ Mall/Shopping Cen	ter
					Other Private Way	
					Indicate North by	Arrow
				Ű		
G and Name (included)						
Crash Narrative: The driver of v1 stated	that she was	going south	on Chestnut	. When vi	2 crossed the line	
					driving north on	
chestnut, 30-35 mph, wh						
20 mph, and is posted w	with a curved o	coad sign ju	st prior to	where v2 v	was speeding and got	
into the accident. The	road is slipp	pery due to	weather cond	itions. N	V2 was traveling to	
fast for the weather co	onditions.					
Witnesses:						
Name (Last,First,Middle)		Address			Phone #	Statement
Property Damage: Owner (Last, First, Middle)	Address		Phone #	41-Type De	escription of Damaged Property	
O Miles (Causaya Manya Causaya)						
Truck and Bus Information:	Registration #		(From Vehi	cle Section)		
Carrier Name					Bus Use	42
Address			City		St Zip	
US DOT #:	State Number		Issuing State	MC/MX/ICC	C#:	
43	44		45	•		
Interstate Cargo Body T	1990,455	GVWR/GCWR			46	
·	Reg Type	Reg State	Reg Year	Trailer 1	Length	
Hazmat Information: 47	48			34 (34.00.00	[4]	49
Placard Material 1 digit #						
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	Thornton		190 Wil		Police Department 10	/30/2024

Police Officer Name (Please Print)

Signature

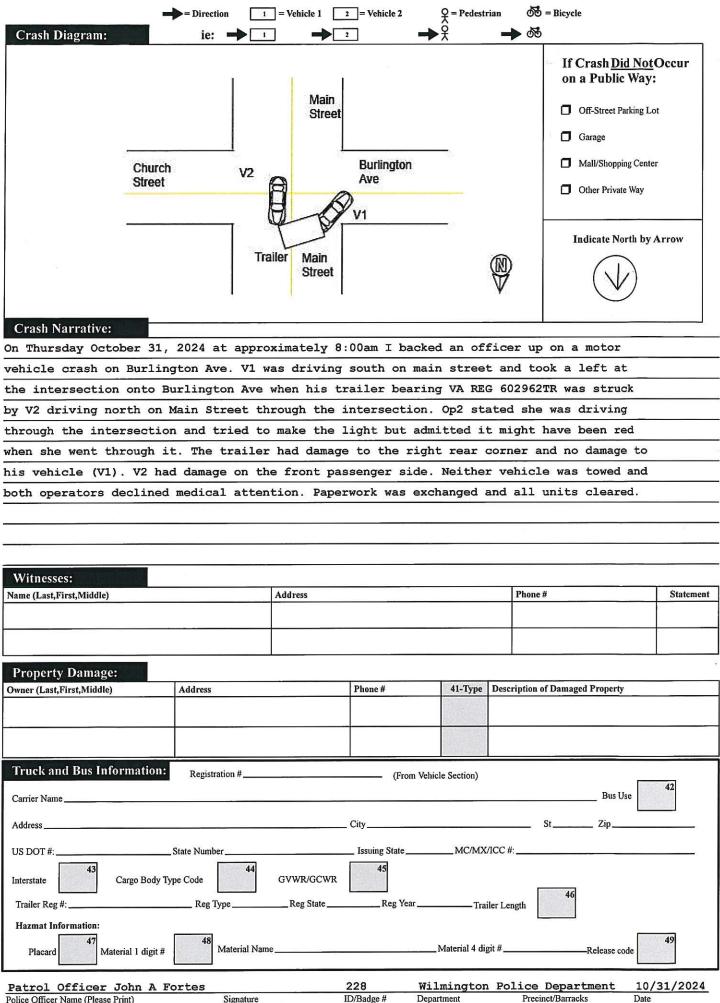
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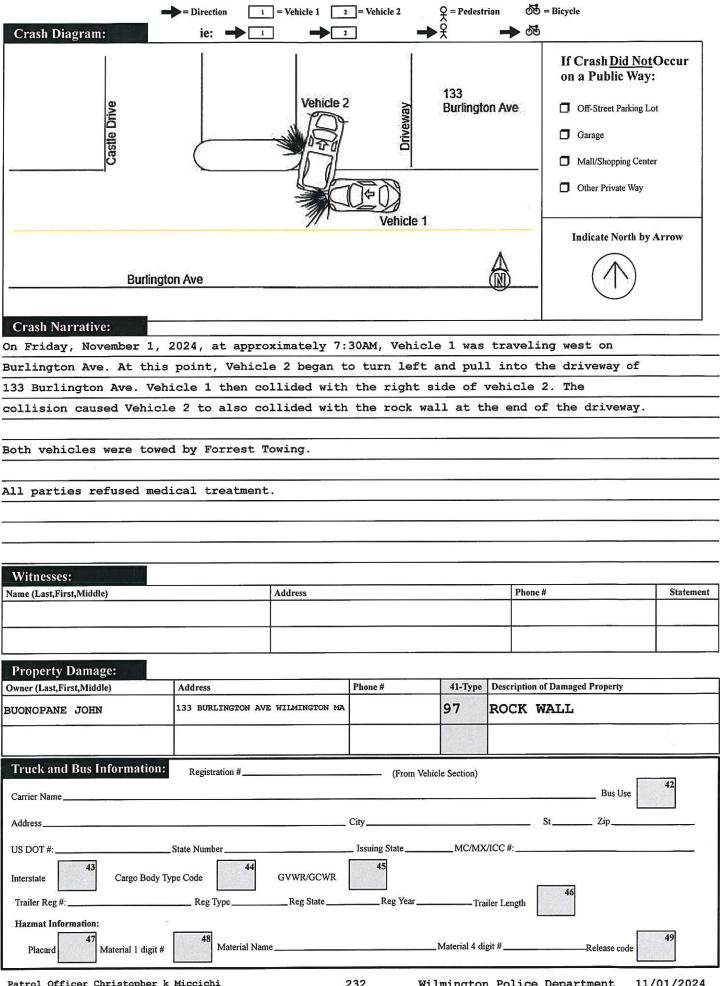
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Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by O 26 26 Towed from scene? 1 33 Please fill out for operator and all occupants involved Safety Airbag Eject Trap Injury Transp.	Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Susp. Drug: 2 32 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Viol. 3: Ch/Sec/Sub Driver Distracted by O 26 Viol. 3: Ch/Sec/Sub Driver Distracted by O 32 Viol. 3	2	Citation # (If Issu	ued)				Most	Harmful Event	1			aile a p	1	AC Tes	st Resi	ılt:	1 30	
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Direct Distracted by Viol. 3: Ch/Sec/Sub Direct Distract Distracted by Viol. 3: Ch/Sec/Sub Direct Distract Distract Distract Distract Distract Distract Distract	Viol. 3: Ch/Sec/Sub	<u>-</u>	Viol. 1: Ch/Sec/S	Sub	—— Vi	ol. 2: Ch/Sec/Sub —		_ Drive	Contributing Co	ode				Su					
Sent Safety Airbag Eject Trap Injury Transp	Name (Last First Middle) Sat Safety Airbag Eject Trap Injury Transp. Name (Last First Middle) DOB/Age Sex Pos. System Status Code Code Status Code Medical Facility		Viol, 3: Ch/Sec/S					Drive	Distracted by	0					,	rom sc		1 33	_
	Operator/Occupants See Above 1 1 3 0 0 10 1	:	Name (Last First Mi		operato	r and all occupants i			DOB/Age	Sex	Sent	Safety	Airbag	Eject	Trap		Transp.	Modical Facility	
Operator/Occupants See Above 1 1 1 3 0 0 10 1			Operato	or/Occupants	5		See Above		><	X	1	1	3	0	0	10	1		
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Patrol Officer Christopher k Miccichi

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Wilmington Police Department

11/01/2024

Department

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