See Report 20-17-OF
On Sunday January 5, 2020 I, Officer Tavares, was assigned to full uniformed patrol for the 8 a.m. to 4 p.m. shift in car 32 sector 2. At approximately 9:52 a.m. I was dispatched to 9 Pleasant Rd. for a report of a past Hit and Run.

On Arrival I was met by the reporting party, Lisa Mackenzie, standing next to a damaged 2013 GMC Yukon, MA Reg 4145XA, which was parked in the roadway in front of 9 Pleasant Rd. The damage appeared to be from a white sedan from the height of the damage, see attached photos. The damage span from the front door to the back bumper on the passenger side. It appeared the vehicle that struck the GMC was travelling eastbound on Pleasant Rd. There was also a piece of the suspects door hinge, see attached photo, left behind which correlates with the paint transfer on the GMC.

Ms. Mackenzie stated she arrived to 9 Pleasant Rd. at about 5:00 p.m. on January 4, 2020 and hadn’t been out to it until this morning. There was no note left on the vehicle from the party who struck the vehicle. I also couldn’t see any surveillance cameras in the area of the parked vehicle. I was unable to locate a vehicle with similar damage in the neighborhood.

I advised Ms. Mackenzie to file a crash report and to notify her insurance company. I also told her that I will be writing a report and filing a crash report for her.

Officer Tavares #206

Wilmington Police Dept.
Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:

Vehicle 1

#Occupants

Hit/Run

Maped

Crash Report ID# 20-7-AC

License # NH1953610 St NH DOB/Age

Sex M Lic. Class 19 Lic. Restrictions 20 CDL Endorsement

Operator ROBERTO, JOHN ANTHONY

Address 110 N LOWELL RD

City WINDHAM State NH Zip 030871215

Insurance Company COMMERCE

Vehicle Travel Direction: N S W Responding to Emergency: 2

Citation # (If issued) ____________________

Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub

Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Please fill out for operator and all occupants involved

Operator

See Above

Name (Last First Middle) Address

DOB/Age

Sex 1 4 0 0 10 1

Please Select One of the Following:

Vehicle 1

#Occupants

Non-Motorist A

Type

Reg # PREMIER Reg Type PC Reg State NH

Veh Year 2019 Veh Make FORD Veh Config 2

Owner ROBERTO, JOHN ANTHONY

Address 110 N LOWELL RD

City WINDHAM State NH Zip 030871215

Vehicle Action Prior to Crash

12 Damaged Area Code: 3 27 27 1

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 33

Please fill out for operator/non-motorist and all occupants involved

Operator/Non-Motorist

See Above

Name (Last First Middle) Address

DOB/Age

Sex 1 4 0 0 10 1
Crash Narrative:

MVI travelling eastbound on Chestnut St. Operator of MVI stated that a small blue vehicle travelling in the opposite direction, crossing into MVI's travel lane. Operator of MVI stated it appeared other operator to be texting. He stated that he pulled to the right to avoid a collision with the unknown MV and scraped along a rock wall. Damage to the rear right panel of the work van. No damage to the wall. Other vehicle did not stop or make themselves known.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Property Damage:

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<thead>
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<th>Owner (Last, First, Middle)</th>
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<th>Phone #</th>
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<th>Description of Damaged Property</th>
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<tbody>
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Truck and Bus Information:

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<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
<th>US DOT #:</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>Trail Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
<th>Hazmat Information:</th>
</tr>
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<tbody>
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<tbody>
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Patrol Officer Kevin P Cavanaugh 195 Wilmington Police Department 01/09/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
# Commonwealth of Massachusetts
## Motor Vehicle Crash Police Report
### Date of Crash: 01/10/2020
### Time of Crash: 1426
### City/Town: Wilmington
### Police Use Only

## Location

### AT INTERSECTION:
- **Route #**
- **Direction**
- **Name of Roadway/Street**
  - **Ballardvale St**

### NOT AT INTERSECTION:
- **Route #**
- **Direction**
- **Address #**
- **Name of Roadway/Street**
  - **Avalon Dr**

## Crash Report ID: 20-8-AC
### Reg #: 4ZS921
### Reg Type: PC
### Reg State: MA
### Veh Year: 2014
### Veh Make: CHEVROLET
### Veh Config: 1

## Owner
- **Address**: 41 Boston Rd Apt 334
- **City**: Billerica
- **State**: MA
- **Zip**: 01862-1046

## Operator
- **Address**: 17 Kent St
- **City**: Tewksbury
- **State**: MA
- **Zip**: 01876-3939

## Operator/Non-Motorist
- **Address**: 210 Andover St Apt 11
- **City**: Wilmington
- **State**: MA
- **Zip**: 01887-1229

## Police Use Only
- **Speed Limit**: 25
- **State Police Local**: 
- **Mega Police**: 
- **Camos Police**: 
- **Other**: 
- **Latitude**: 
- **Longitude**: 

---

## License 
- **License #**: S47305733
- **Reg #**: 4ZS921

## Vehicle
- **Year**: 2014
- **Make**: CHEVROLET

## Owner
- **Address**: 41 Boston Rd Apt 334
- **City**: Billerica
- **State**: MA
- **Zip**: 01862-1046

## Operator
- **Address**: 17 Kent St
- **City**: Tewksbury
- **State**: MA
- **Zip**: 01876-3939

## Operator/Non-Motorist
- **Address**: 210 Andover St Apt 11
- **City**: Wilmington
- **State**: MA
- **Zip**: 01887-1229

---

## License 
- **License #**: SS87595610

## Vehicle
- **Year**: 2018
- **Make**: GMC

## Owner
- **Address**: 210 Andover St Apt 11
- **City**: Wilmington
- **State**: MA
- **Zip**: 01887-1229

---

## Release Forms
- **Drivers**: Yes
- **Non-Motorists**: Yes

---

## Form No: 10564 CSR-A-65 0916
If Crash Did Not Occur on a Public Way:
- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:
Vehicle 1 was traveling straight, west bound on Ballardvale St. Vehicle 2 was attempting to turn left, east bound, onto Ballardvale from Avalon Dr. The operator of vehicle 2 said he did not see vehicle 1 when he pulled into the travel lane and crashed into the side of vehicle 1. This caused vehicle 1 to swerve to the right of the roadway and crash into Verizon utility pole #9. Both vehicles were towed by A&S.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
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<tr>
<th>Owner (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
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<td>28 DIANA LN DRACUT MA 01826</td>
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<td>UTILITY POLE</td>
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Truck and Bus Information:

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US DOT #:

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Hazmat Information:

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Patrol Officer Michael W. Wandell  
174  
Wilmington Police Department  
01/10/2020
### Motor Vehicle Crash Police Report

**Commonwealth of Massachusetts**

**Location:**

**Route #:** 193SB HWY

**Name of Roadway/Street:**

**Route #:**

- Direction:
  - Name of Roadway/Street:
  - Uses:

**Route #:**

- Direction:
  - Name of Intersectional Roadway/Street:
  - Also at Intersection with:

**Route #:**

- Direction:
  - Name of Intersectional Roadway/Street:

**Please Select One of the Following:**

- Vehicle
- #Occupants
- Hit/Run
- Mapped

**License #:** S87306958

**DOB/Age:**

**Sex:** M

**Lic. Class:** 20

**Lic. Restrictions:**

**CDL Endorsement:**

**Operator:** AGUDELO-ALVAREZ, FREDY ALEJANDRO

**Address:** 32B KENT ST

**City:** LAWRENCE

**State:** MA

**Zip:** 01843-0000

**Insurance Company:** ALLSTATE INSURANCE COMPANY

**Vehicle Travel Direction:** N/X/E/W

**Citation #:**

**Event Sequence:**

- 

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

**Crash Report ID #:** 20-9-AC

**Reg #:** 63NW1

**Reg Type:** PC

**Reg State:** MA

**Veh Year:** 2011

**Veh Make:** MAZDA

**Veh Config:**

**Owner:** CALLE, CAROLINA

**Address:** 32B KENT ST

**City:** LAWRENCE

**State:** MA

**Zip:** 01843-2806

**Insurance Company:** ALLSTATE INSURANCE COMPANY

**Vehicle Travel Direction:** N/X/E/W

**Citation #:**

**Event Sequence:**

- 

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

**Reg #:** 4BS781

**Reg Type:** PC

**Reg State:** MA

**Veh Year:** 2005

**Veh Make:** HONDA

**Owner:** DEVRIES, MARK D

**Address:** 28 CONGRESS ST

**City:** STONEHAM

**State:** MA

**Zip:** 02180-2594

**Insurance Company:** THE COMMERCE INSURANCE COMPANY

**Vehicle Travel Direction:** N/X/E/W

**Citation #:**

**Event Sequence:**

- 

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

**Reg #:** 283781

**Reg Type:** PC

**Reg State:** MA

**Veh Year:** 2005

**Veh Make:** HONDA

**Owner:** DEVRIES, MARK D

**Address:** 28 CONGRESS ST

**City:** STONEHAM

**State:** MA

**Zip:** 02180-2594

**Insurance Company:** ALLSTATE INSURANCE COMPANY

**Vehicle Travel Direction:** N/X/E/W

**Citation #:**

**Event Sequence:**

- 

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

**Please Select One of the Following:**

- Vehicle
- #Occupants
- Non-Motorist A

**License #:** S77132618

**DOB/Age:**

**Sex:** M

**Lic. Class:** 20

**Lic. Restrictions:**

**CDL Endorsement:**

**Operator:** DEVRIES, MARK D

**Address:** 28 CONGRESS ST

**City:** STONEHAM

**State:** MA

**Zip:** 02180-2594

**Insurance Company:** THE COMMERCE INSURANCE COMPANY

**Vehicle Travel Direction:** N/X/E/W

**Citation #:**

**Event Sequence:**

- 

**Most Harmful Event:**

**Driver Contributing Code:**

**Driver Distracted by:**

---

**Please fill out for operator and all occupants involved**

**Name (Last First Middle):**

**Address:**

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<th>32 Seat Pos</th>
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</tr>
</tbody>
</table>

---

**Operator/Non-Motorist**

**See Above**

---

Form No. 10346 CR-07/09/16
Crash Narrative:

MV 1 was travelling southbound in the far left lane of Interstate 93 S. MV 2 was also travelling southbound in the far left lane of the highway. During this time there was a high volume of traffic due to rush hour. Traffic had come to a stand still, and the operator of MV 2 was not paying attention because he was distracted by something in his car. He attempted to swerve and avoid MV 1, but rear ended the vehicle.
Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

AT INTERSECTION:

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# Direction Address#

Name of Roadway/Street

Feet N SE W

Mile Marker or Exit Number

Feet N SE W

Route# Intersecting Roadway/Street

Landmark

Please Select One of the Following:

Vehicle 1

#Occupants Hit/Run Moped

Crash Report ID# 20-10-AC

License # S26797133 MA DOB/Age

Sex F Lic. Class 19 Lic. Restrictions 20 CDL Endorsement

Operator DAVIS, DONNA I

Address 7 MICHELINI LN

City READING State MA Zip 01867-3563

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Action Prior to Crash

Event Sequence 1 1 23 23 23

Most Harmful Event

Driver Contributing Code

Driver Distracted by

Reg # SXW916 Reg Type PC Reg State MA

Veh Year: 2019 Veh Make: SUBARU Veh Config: 1

Owner DAVIS, DONNA I

Address 7 MICHELINI LN

City READING State MA Zip 01867-3563

Vehicle Travel Direction: N S W

Responding to Emergency? 2

Citation # (If Issued)

Viol. 1: Chn/Sub Viol. 2: Chn/Sub

Viol. 3: Chn/Sub Viol. 4: Chn/Sub

Please fill out for operator and all occupants involved

Operator

Address See Above

DOB/Age Sex

24 1 4 0 0 10 1

Condition 15 Action 16 Location 17

Hit/Run Moped

Please Select One of the Following:

Vehicle 1

#Occupants Non-Motorist A Type

Reg # 5XT974 Reg Type PC Reg State MA

Veh Year: 2002 Veh Make: NISSAN Veh Config: 1

Owner WEHBE, NASSER A

Address 1 HILLTOP DR

City PEABODY State MA Zip 01960-3185

Insurance Company ARBELLA MUTUAL INSURANCE

Vehicle Action Prior to Crash

Event Sequence 1 1 23 23 23

Most Harmful Event

Driver Contributing Code

Driver Distracted by

Please fill out for operator/non-motorist and all occupants involved

Operator/Non-Motorist

Address See Above

DOB/Age Sex

24 1 1 0 0 10 1

Condition 15 Action 16 Location 17

Hit/Run Moped
Crash Narrative:

Both MVs travelling eastbound on Lowell St. (Rt. 129) in traffic. Operator of MV1 stated that MV2 had been travelling very closely to her rear bumper, including not being able to see its headlights at a couple of points. She stated that she was slowing for traffic when she felt the impact. Operator of MV2 stated that he does not have ABS so when MV1 braked he was unable to stop in time. No injuries reported. Minor damage to the rear bumper of MV1. Significant damage to the front of MV2. MV2 towed by A&S Towing.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
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<th>Phone #</th>
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Truck and Bus Information:

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<thead>
<tr>
<th>Carrier Name</th>
<th>Registration # ———— (From Vehicle Section)</th>
<th>Bus Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>State Number</td>
<td>Issuing State</td>
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<tr>
<td>US DOT #:</td>
<td>Cargo Body Type Code</td>
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<tr>
<td>Interstate</td>
<td>Reg Type</td>
<td>Reg State</td>
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<td>Trailer Reg #:</td>
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<th>Material 4 digit #</th>
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</thead>
</table>

Patrol Officer Kevin P Cavanaugh 195 Wilmington Police Department 01/10/2020
Crash Diagram:

Nichols St.

Traffic Island

Shawsheen Ave./MA 129

If Crash Did Not Occur on a Public Way:
- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow

Crash Narrative:
MV1 was traveling NB on Shawsheen Ave. MV2 was entering Shawsheen Ave from Nichols St. MV2 entered in front of MV1 path of travel. MV1 struck MV2. MV1 had heavy damage to front end and airbag deployment. MV2 had minor front end damage. No injuries and all declined medical treatment. Both vehicles were towed by A&S Towing.

Witnesses:

<table>
<thead>
<tr>
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<th>Phone #</th>
<th>Statement</th>
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<th>St</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>US DOT #:</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #:</th>
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<th>Reg Year</th>
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</table>

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 01/11/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
### Commonwealth of Massachusetts
#### Motor Vehicle Crash
##### Police Report

**Date of Crash:** 01/11/2020  
**Time of Crash:** 1254  
**City/Town:** Wilmington  
**RMV Document Number:** 0000

### AT INTERSECTION:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>Name of Roadway/Street</th>
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<tr>
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<td>MAIN ST</td>
<td>FMain ST</td>
<td>dMain ST</td>
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### NOT AT INTERSECTION:

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#### Vehicle 1

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<table>
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<tr>
<th>Operator</th>
<th>Address</th>
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<tbody>
<tr>
<td>NEWHOUSE, RALPH E III</td>
<td>28 NASSAU AVE</td>
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<table>
<thead>
<tr>
<th>City</th>
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#### Vehicle Action Prior to Crash

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<th>Driver Distracted by</th>
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#### Operator

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Above</td>
</tr>
</tbody>
</table>

#### Operator/Non-Motorist

<table>
<thead>
<tr>
<th>License #</th>
<th>St.</th>
<th>DOB/Ag.</th>
<th>Sex</th>
<th>Lic. Class</th>
<th>Lic. Restrictions</th>
<th>CDL</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>895656564</td>
<td>MA</td>
<td>8956569564</td>
<td>M</td>
<td>99</td>
<td>99</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reg #</th>
<th>Reg Type</th>
<th>Reg State</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR737T</td>
<td>CO</td>
<td>MA</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Veh Year</th>
<th>Veh Make</th>
<th>Veh Config</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>FORD</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILMINGTON</td>
<td>MA</td>
<td>01887-2820</td>
</tr>
</tbody>
</table>

#### Vehicle Action Prior to Crash

<table>
<thead>
<tr>
<th>Event Sequence</th>
<th>Most Harmful Event</th>
<th>Driver Contributing Code</th>
<th>Driver Distracted by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Operator

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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#### Operator/Non-Motorist

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<th>License #</th>
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<th>Lic. Class</th>
<th>Lic. Restrictions</th>
<th>CDL</th>
<th>Endorsement</th>
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</thead>
<tbody>
<tr>
<td>2RF560</td>
<td>PC</td>
<td>895656564</td>
<td>M</td>
<td>99</td>
<td>99</td>
<td>20</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reg #</th>
<th>Reg Type</th>
<th>Reg State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2RF560</td>
<td>PC</td>
<td>MA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veh Year</th>
<th>Veh Make</th>
<th>Veh Config</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>TOYOTA</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILMINGTON</td>
<td>MA</td>
<td>01887-1716</td>
</tr>
</tbody>
</table>

---

Please fill out for operator and all occupants involved.

---

Form No. 5064 CRX-01 09/18
Crash Narrative:

Ristuccia Arena (190 Main St.) northside lot. MV1 parked, backed into parking space. MV2 attempting to park next to MV1. MV2 scraped front passenger door of MV1. MV2 then hit own passenger side headlight on side of flatbed, breaking it. MV2 left scene. Officers contacted operator of MV2. No one hurt, no need for medical eval. Minor damage to both vehicles. Neither MV towed.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last,First,Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>Statement</th>
</tr>
</thead>
</table>

Property Damage:

<table>
<thead>
<tr>
<th>Owner (Last,First,Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>4U-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Registration #</th>
<th>(From Vehicle Section)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Bus Use</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>US DOT #</th>
<th>State Number</th>
<th>Issuing State</th>
<th>MC/MX/ICC #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interstate</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Trailer Reg #</th>
<th>Reg Type</th>
<th>Reg State</th>
<th>Reg Year</th>
<th>Trailer Length</th>
</tr>
</thead>
</table>

Hazmat Information:

<table>
<thead>
<tr>
<th>Placard</th>
<th>Material 1 digit</th>
<th>Material Name</th>
<th>Material 4 digit</th>
<th>Release code</th>
</tr>
</thead>
</table>

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 01/11/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date