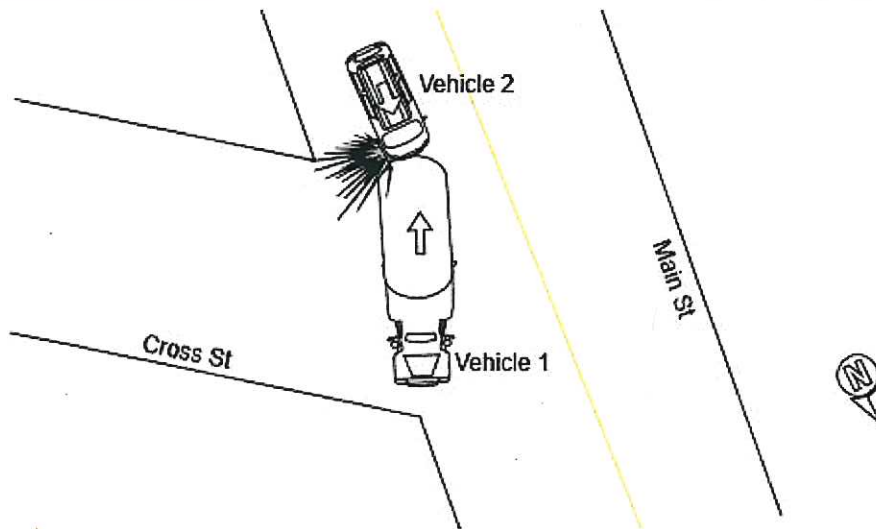


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/28/2025	Time of Crash 0701 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
1 MAIN ST			2				10			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of				or			
1 CROSS ST			8				11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Mile Marker Exit Number			
Also at Intersection with			Route# Intersecting Roadway/Street							
2 1			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 12 #Occupants				☐ Hit/Run			
			☐ Moped				Crash Report ID# 25-240-AC			
License #			Reg # 5AP729				Reg Type PC			
Sex M Lic. Class 19 19			Veh Year 2021				Reg State NH			
Lic. Restrictions 1 20			Veh Make Other-not listed				Veh Config. 8 21			
Operator CARDOSO, DERIDSON MARCOS			Owner FINAL MILE LEASING LLC							
Address 417 SEAVER ST APT 3			Address 175 HERITAGE AVE							
City DORCHESTER State MA Zip 02121-3736			City PORTSMOUTH State NH Zip 03801							
Insurance Company ARBELLA INSURANCE			Vehicle Action Prior to Crash 10 22				Damaged Area Code: 0 27 27 27			
Vehicle Travel Direction: ☒ S ☐ E ☐ W			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 19 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub							Towed from scene? 2 33			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator			See Above				34 Seat Pos. 1 1 4 0 0 10 1			
EDVERCE PINA LOPES			7 GROOM ST DORCHESTER, MA 02125-3835				35 Safety System 1 4 0 0 10 1			
							36 Airbag Status 0 0 10 1			
							37 Eject Code 0 0 10 1			
							38 Trap Code 0 0 10 1			
							39 Injury Status 0 0 10 1			
							40 Transp. Code 0 0 10 1			
							Medical Facility			
Please Select One of the Following:			☒ Vehicle 21 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License #			Reg # 1KGR39				Reg Type PC			
Sex M Lic. Class 19 19			Veh Year 2014				Reg State MA			
Lic. Restrictions 1 20			Veh Make Jeep				Veh Config. 1 21			
Operator GATTA, CRAIG DOMINIC			Owner GATTA, CRAIG DOMINIC							
Address 14 POOLE ST			Address 14 POOLE ST							
City WOBURN State MA Zip 01801-1515			City WOBURN State MA Zip 01801-1515							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22				Damaged Area Code: 2 27 27 27			
Vehicle Travel Direction: ☒ S ☐ E ☐ W			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 1 25 25				BAC Test Result: 1 30			
Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26 26				Susp. Alcohol: 2 31 Susp. Drug: 2 32			
Viol. 3: Ch/Sec/Sub							Towed from scene? 2 33			
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			DOB/Age				Sex			
Operator/Occupants			See Above				34 Seat Pos. 1 1 4 0 0 10 1			
							35 Safety System 1 4 0 0 10 1			
							36 Airbag Status 0 0 10 1			
							37 Eject Code 0 0 10 1			
							38 Trap Code 0 0 10 1			
							39 Injury Status 0 0 10 1			
							40 Transp. Code 0 0 10 1			
							Medical Facility			

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○



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:

On Thursday, August 28, 2025, at approximately 7:00AM, Vehicle one was attempting to turn onto Cross Street from Main Street. Vehicle 1, Did not have enough room to make the turn, came to a stop, placed the vehicle in reverse and collided with the front right of vehicle 2 who was traveling on Main Street. Vehicle 1 had no damage, but the collision caused damage to the front right bumper of vehicle 2.

All parties refused medical attention.

Photos attached.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # 5AP729 (From Vehicle Section)

Carrier Name CB Delivery Inc Bus Use 0 ⁴²

Address 248 RALPH TALBOT ST City WEYMOUTH St MA Zip 02190

US DOT #: 2285055 State Number _____ Issuing State MA MC/MX/ICC #: 929015

Interstate 1 ⁴³ Cargo Body Type Code 97 ⁴⁴ GVWR/GCWR 1 ⁴⁵

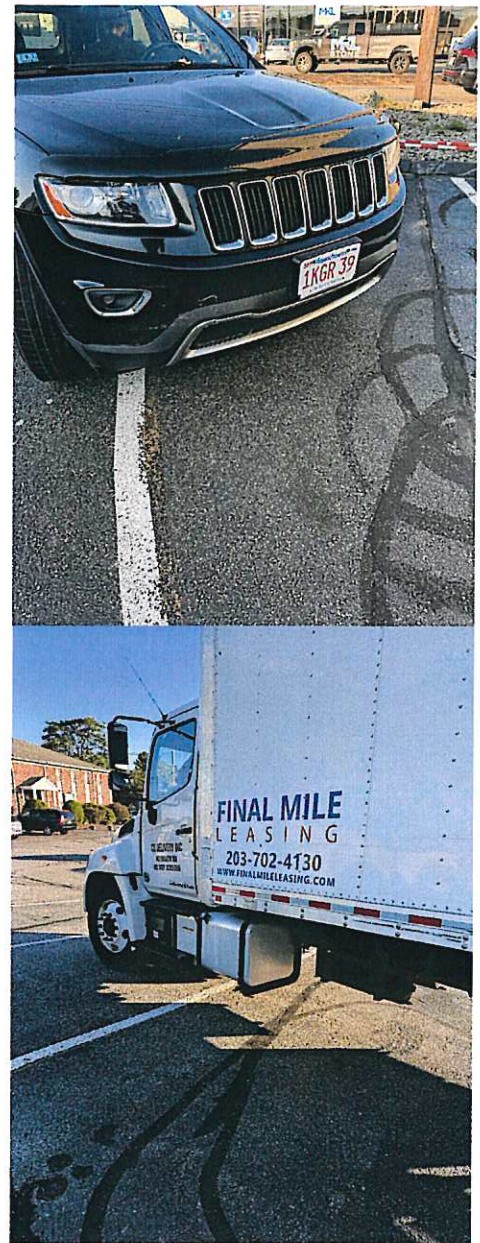
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 2 ⁴⁷ Material 1 digit # ⁴⁸ Material Name _____ Material 4 digit # _____ Release code ⁴⁹

Patrol Officer Christopher K Miccichi 232 Wilmington Police Department 08/28/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-240-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/28/2025	Time of Crash 0710 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 20	State Police Local Police MBTA Police Campus Police Other:					
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 111 EAMES ST											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street											
			Landmark											
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 25-241-AC		
License # St DOB/Age			Reg # NE94XA			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019			Veh Make HONDA			Veh Config. 1					
Operator SYED, YOUSUF M			Owner SYED, JAFFAR M											
Address 52 BOWMAN ST			Address 52 BOWMAN ST											
City WESTBOROUGH State MA Zip 01581-3102			City WESTBOROUGH State MA Zip 01581-3102											
Insurance Company LIBERTY MUTUAL FIRE INSUR			Vehicle Action Prior to Crash 97			Damaged Area Code: 3 27 27 27								
Vehicle Travel Direction: X S E W Responding to Emergency? 2			Event Sequence 22 23 23 23 23			Test Status: 1 28								
Citation # (If Issued)			Most Harmful Event 22 24			Type of Test: 0 29								
Viol. 1: Clt/Sec/Sub Viol. 2: Clt/Sec/Sub			Driver Contributing Code 11 25 25			BAC Test Result: 1 30								
Viol. 3: Clt/Sec/Sub Viol. 4: Clt/Sec/Sub			Driver Distracted by 7 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32								
Please fill out for operator and all occupants involved														
Name (Last First Middle) 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														
Operator See Above														
Please Select One of the Following:			☐ Vehicle 2 #Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License # St DOB/Age			Reg #			Reg Type			Reg State					
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year			Veh Make			Veh Config. 21					
Operator			Owner											
Address			Address											
City State Zip			City State Zip											
Insurance Company			Vehicle Action Prior to Crash 22			Damaged Area Code: 27 27 27								
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 23 23 23 23			Test Status: 28								
Citation # (If Issued)			Most Harmful Event 24			Type of Test: 29								
Viol. 1: Clt/Sec/Sub Viol. 2: Clt/Sec/Sub			Driver Contributing Code 25 25			BAC Test Result: 30								
Viol. 3: Clt/Sec/Sub Viol. 4: Clt/Sec/Sub			Driver Distracted by 26 26			Susp. Alcohol: 31 Susp. Drug: 32								
Please fill out for operator and all occupants involved														
Name (Last First Middle) 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														
Operator/Occupants See Above														

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle
 ie: → 1 → 2 → ○ → ○

Crash Diagram:

111 Eames St

VZ-10 Pole

Eames St

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:

V1 was traveling north on Eames St when it struck a utility pole. V1 operator stated they swerved to the right and tried breaking to avoid an animal in the roadway and an oncoming vehicle in the left lane. V1 swerved and struck Verizon causing damage to the lower part of the pole and front right fender damage and tire damage to their vehicle. V1 operator pulled over in the parking lot of 111 Eames St. V1 operator declined medical attention and reported no injuries. V1 was towed by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
				VERIZON POLE 10

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

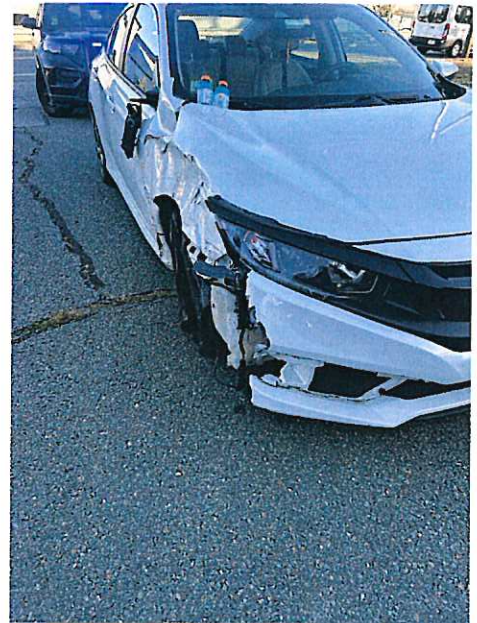
08/28/2025

Date

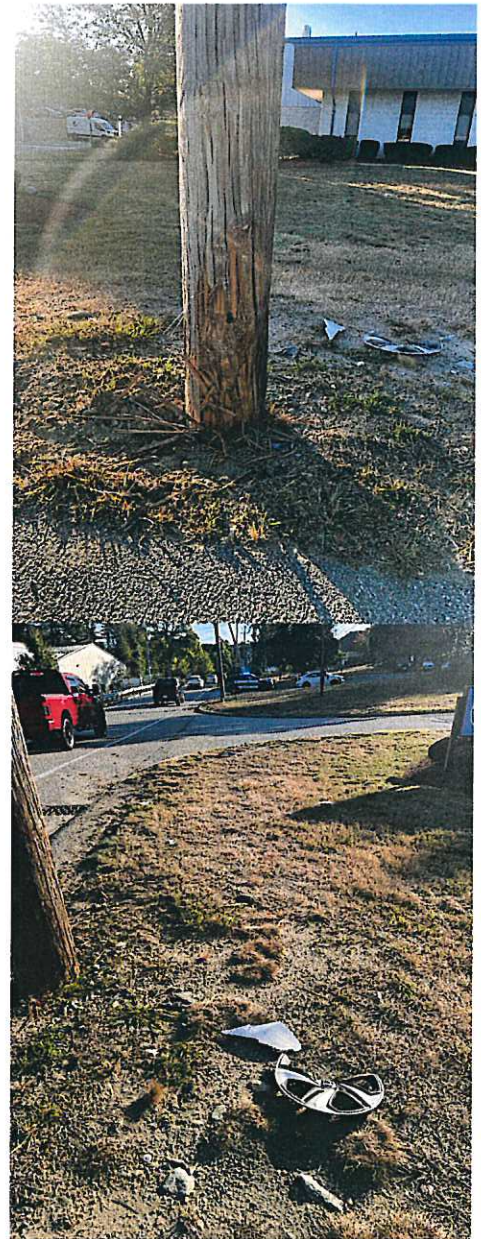
Wilmington Police Department
Images Associated with 25-241-AC



Wilmington Police Department
Images Associated with 25-241-AC



Wilmington Police Department
Images Associated with 25-241-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/28/2025	Time of Crash 0742 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30	State Police ☐	Local Police ☒	MBTA Police ☐	Campus Police ☐	Other: ☐
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street 296 SALEM ST									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street FREDERICK ST									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
Please Select One of the Following:			☒ Vehicle 1 #Occupants			☐ Hit/Run		☐ Moped		Crash Report ID# 25-242-AC		
License # St DOB/Age			Reg # 5JEN15			Reg Type PC		Reg State MA				
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2018			Veh Make CHEVROLET		Veh Config. 1				
Operator			Owner									
Address			Address									
City State Zip			City State Zip									
Insurance Company MAPFRE INSURANCE			Vehicle Action Prior to Crash 1			Damaged Area Code: 1 27 27 27						
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28						
Citation # (If Issued) 663895AD-CN			Most Harmful Event 1 24			Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub 90 13 Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 14 25			BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 26 26			Susp. Alcohol: 2 31 Susp. Drug: 1 32						
Please fill out for operator and all occupants involved			Towed from scene? 2 33									
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code			Medical Facility			
Operator			See Above			1 99 4 0 0 10 1						
Please Select One of the Following:			☒ Vehicle 21 #Occupants			☐ Hit/Run		☐ Moped		☐ Vulnerable User Complete the Vulnerable User section.		
License # S DOB/Age			Reg # EV15ZV			Reg Type PC		Reg State MA				
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2022			Veh Make KIA		Veh Config. 1				
Operator MORAN, PETER DANIEL			Owner MORAN, PETER DANIEL									
Address 38 WILDWOOD DR			Address 38 WILDWOOD DR									
City BEDFORD State MA Zip 01730-1138			City BEDFORD State MA Zip 01730-1138									
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 1			Damaged Area Code: 5 27 27 27						
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 1 23 23 23 23			Test Status: 1 28						
Citation # (If Issued)			Most Harmful Event 1 24			Type of Test: 0 29						
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 1 25 25			BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 26 26			Susp. Alcohol: 2 31 Susp. Drug: 2 32						
Please fill out for operator and all occupants involved			Towed from scene? 2 33									
Name (Last First Middle) Address			DOB/Age Sex			34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trip Code 39 Injury Status 40 Transp. Code			Medical Facility			
Operator/Occupants			See Above			1 99 4 0 0 10 1						

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



296 Salem St



Crash Narrative:

Operator 1 stated he was not paying attention to traffic and rear ended operator 2 when he slowed for traffic.

Operator 2 stated he slowed down for traffic and was rear ended by operator 1

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrol Officer Seth A Mucha-Kangas

Police Officer Name (Please Print)

Signature

235

ID/Badge #

Wilmington Police Department

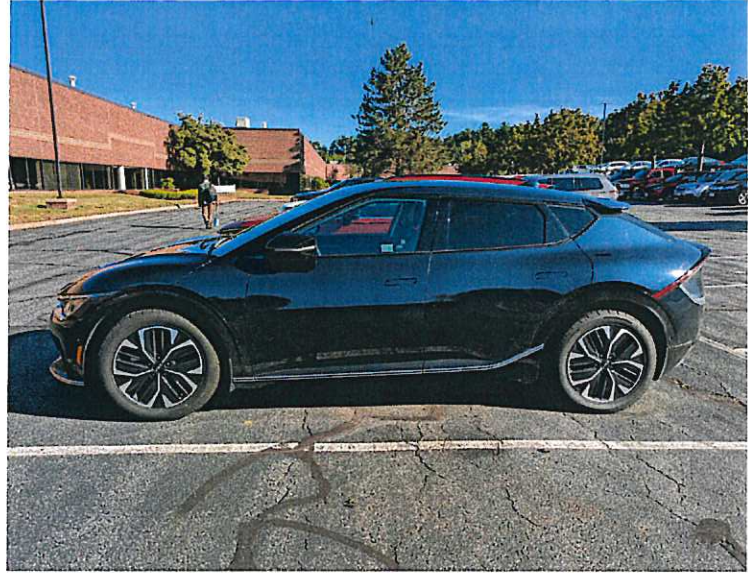
Department

Precinct/Barracks

08/28/2025

Date

Wilmington Police Department
Images Associated with 25-242-AC



Wilmington Police Department
Images Associated with 25-242-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/29/2025		Time of Crash 0940 24HR		City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		Speed Limit 35 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street 222 MAIN ST									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet XSEW of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of Route# Intersecting Roadway/Street									
Please Select One of the Following: ☒ Vehicle 1 #Occupants ☐ Hit/Run ☐ Moped						Crash Report ID# 25-243-AC									
License # St DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement						Reg # W35718 Reg Type CO Reg State MA									
Operator PHAREL, PATRICK Last First Middle						Veh Year 2019 Veh Make CHEVROLET Veh Config. 97 21									
Address 109 PEARL AVE APT A						Owner OPTIMA COURIER INC Last First Middle									
City REVERE State MA Zip 02151-4251						Address 7 WHEELING AVE ST APT 2D									
City WOBURN State MA Zip 01801-6823						Vehicle Action Prior to Crash 1 22									
Insurance Company ARBELLA PROTECTION INSURA						Damaged Area Code: 1 27 27 27									
Vehicle Travel Direction: XSEW Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued)						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub						Driver Contributing Code 1 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved						Towed from scene? 1 33									
Name (Last First Middle) 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															
Operator See Above						1 1 1 0 0 10 0									
Please Select One of the Following: ☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.															
License # St DOB/Age Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement						Reg # 194JG3 Reg Type PC Reg State MA									
Operator BEALS, NITA A Last First Middle						Veh Year 2010 Veh Make TOYOTA Veh Config. 1 21									
Address 3 WICKS CIR						Owner BEALS, NITA A Last First Middle									
City WILMINGTON State MA Zip 01887-1715						Address 3 WICKS CIR									
City WILMINGTON State MA Zip 01887-1715						Vehicle Action Prior to Crash 4 22									
Insurance Company THE HANOVER INSURANCE COM						Damaged Area Code: 3 27 27 27									
Vehicle Travel Direction: NXEW Responding to Emergency? 2						Event Sequence 1 23 23 23 23									
Citation # (If Issued) 666606AD-CN						Most Harmful Event 1 24									
Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub						Driver Contributing Code 6 25 25									
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Driver Distracted by 0 26 26									
Please fill out for operator and all occupants involved						Towed from scene? 1 33									
Name (Last First Middle) 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															
Operator/Occupants See Above						1 1 2 0 1 8 2 Lahey Clinic									

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: →

1

→ 2

→ ○

→ ○

Main St.

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:

On 8/29/25 at approximately 09:35 AM, I was dispatched to a two mortor vehcile crash on 222 Main St at the CVS entrence. Vehicle 1 was traveling northbound in the second lane. Vehicle 2 was heading southbound attempting to turn left into the CVS parking lot. Multiple witnesses observed V2 fail to yield to oncoming traffic. V1 drove into V2's right side causing V2 to flip on its side. Medical attention was offered to both parties. Operator of V2 was transported to Lahey to be evaluated for injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
FEBBO ISABELLA MARA	29 DORCHESTER ST WILMINGTON MA 01887-2272		
PELLETIER SARA ELIZABETH LYMA	12 OLMSTEAD AVE WILMINGTON MA 01887-2669		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # **W35718** (From Vehicle Section)

Carrier Name **Optima Shipping Solutions**

Bus Use **0** ⁴²

Address **845 WOBURN ST**

City **WILMINGTON**

St **MA** Zip **01887**

US DOT #: **2963002**

State Number

Issuing State

MC/MX/ICC #:

Interstate **0** ⁴³

Cargo Body Type Code **44**

GVWR/GCWR **45**

Trailer Reg #:

Reg Type

Reg State

Reg Year

Trailer Length **46**

Hazmat Information:

Placard **47**

Material 1 digit # **48**

Material Name

Material 4 digit #

Release code **49**

Patrol Officer **Kyle P Collins**

239

Wilmington Police Department

08/29/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-243-AC

