

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/19/2026	Time of Crash 1244 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25	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 200 BALLARDVALE 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 11 #Occupants ☐ Hit/Run ☐ Moped			Crash Report ID# 26-26-AC							
License # St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator GEOFFROY, JAROD THOMAS JAMES Address 622 STEVENS ST City LOWELL State MA Zip 01851-4527 Insurance Company FARMERS PROPERTY & CASUAL Vehicle Travel Direction: N X E 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			Reg # 1JPN73 Reg Type PC Reg State MA Veh Year 2009 Veh Make MAZDA Veh Config. 1 21 Owner GEOFFROY, JAROD THOMAS JAMES Address 622 STEVENS ST City LOWELL State MA Zip 01851-4527 Vehicle Action Prior to Crash 1 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
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 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.										
License St. DOB/Age Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator CAVALIERI, JAMES ANTHONY Address 15 LITTLE MEADOW WAY City NORTH READING State MA Zip 01864 Insurance Company FIREMENS INSURANCE COMPAN Vehicle Travel Direction: N S E X 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			Reg # 7DFW49 Reg Type PC Reg State MA Veh Year 2025 Veh Make MERCEDES-BENZ Veh Config. 1 21 Owner CAVALIERI CONSTRUCTION CO INC Address 269 BALLARDVALE ST City WILMINGTON State MA Zip 01887-1013 Vehicle Action Prior to Crash 6 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 4 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 7 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 1 33							
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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Ballardvale St
Wilmington, MA

200
Ballardvale St
Entrance/Exit

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:

Operator of MV 1 stated that he was driving south on Ballardvale Street when MV 1 turned out of the parking lot of 200 Ballardvale St in front of him. Operator of MV 2 stated that a tractor trailer truck had stopped to let him turn left out of the parking lot of 200 Ballardvale St and was waving him on. MV 2 stated that he could not see around the truck, but believed the operator was telling him no one was coming. During his left turn, he was struck by MV 1. Ballardvale St in this area is a two lane road. MV 1 was in the left southbound lane, the tractor-trailer was in the right southbound lane.

Both vehicles 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

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 James R Hill

225

Wilmington Police Department

01/19/2026

Police Officer Name (Please Print)

Signature

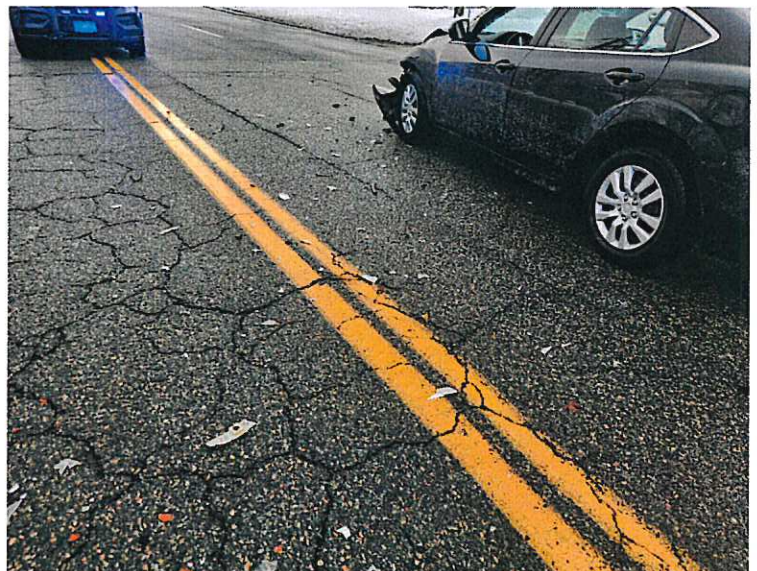
ID/Badge #

Department

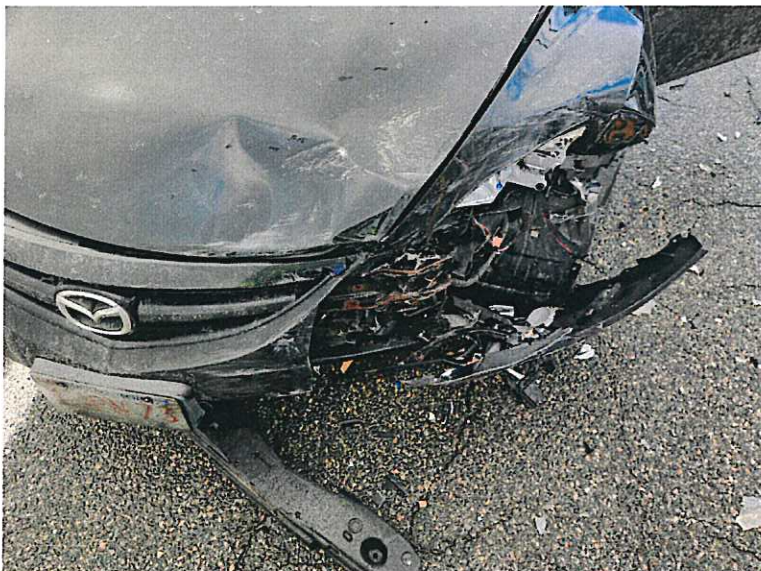
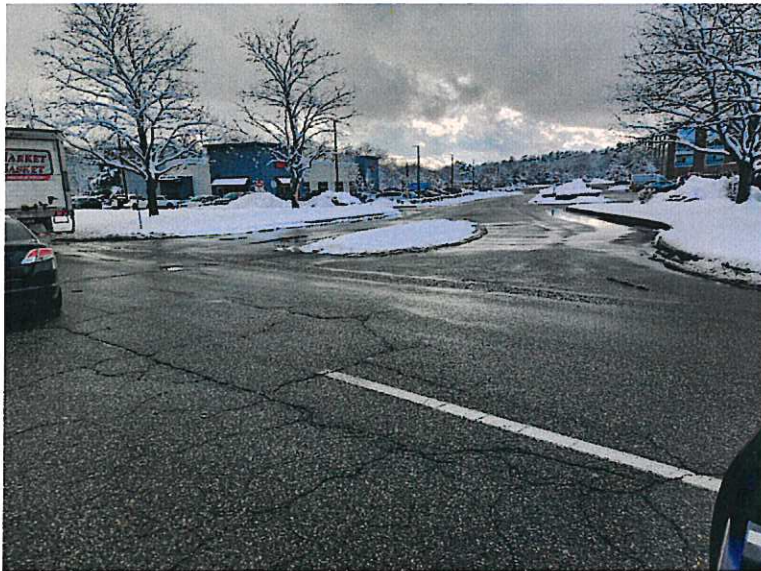
Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-26-AC



Wilmington Police Department
Images Associated with 26-26-AC



Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash 01/21/2026 Time of Crash 1110 City/Town **Wilmington**

Motor Vehicle Crash
Police Report

Number Vehicles 2 Number Injured 0
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 Name of Intersecting Roadway/Street
Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Route# Direction 340 MAIN ST
Address # Name of Roadway/Street

Feet N S E W of Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of

Landmark

Please Select One of the Following:

☒ Vehicle 11 #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 26-27-AC

License # St. DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement

Operator PAULEY, AINSLEY E

Address 16 S RHODA ST

City TEWKSBURY State MA Zip 01876-3225

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Travel Direction: N X E 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

Reg # 31BG34 Reg Type PC Reg State MA

Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21

Owner PAULEY, AINSLEY E

Address 16 S RHODA ST

City TEWKSBURY State MA Zip 01876-3225

Vehicle Action Prior to Crash 4 22 Damaged Area Code: 0 27 27 27

Event Sequence 1 23 23 23 23

Most Harmful Event 97 24

Driver Contributing Code 99 25 25

Driver Distracted by 99 26 26

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

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
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Operator

See Above

Please Select One of the Following:

☒ Vehicle 21 #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # St. DOB/Age
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement

Operator MASOZERA, MANZI NICHOLAS

Address 9 DAVIS RD

City WILMINGTON State MA Zip 01887-1718

Insurance Company UNITED SERVICES AUTOMOBIL

Vehicle Travel Direction: N X E 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

Reg # 4YHM85 Reg Type PC Reg State MA

Veh Year 2025 Veh Make HONDA Veh Config. 1 21

Owner MASOZERA, MANZI NICHOLAS

Address 9 DAVIS RD

City WILMINGTON State MA Zip 01887-1718

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 27 27

Event Sequence 1 23 23 23 23

Most Harmful Event 10 24

Driver Contributing Code 99 25 25

Driver Distracted by 99 26 26

Test Status: 28

Type of Test: 29

BAC Test Result: 30

Susp. Alcohol: 31 Susp. Drug: 32

Towed from scene? 2 33

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
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Operator/Occupants

See Above

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

A1 gas
440 main
street

main
street 2
lanes

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:

Southbound Main street is two lanes. v1 stated she started in right lane, shifted to left lane, and then took a left into A1 prime. she stated v2 was behind her. v2 traveled at a high rate of speed from directly behind her, then swirved into gas station parking lot, hitting dumpster.

v2 stated that v1 was in far right lane and he was in left lane, v1 cut him off by abruptly crossing into his lane, and pulled in front of him, he was forced into opposite lane and into A1 lot due to being cut off suddenly.

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:

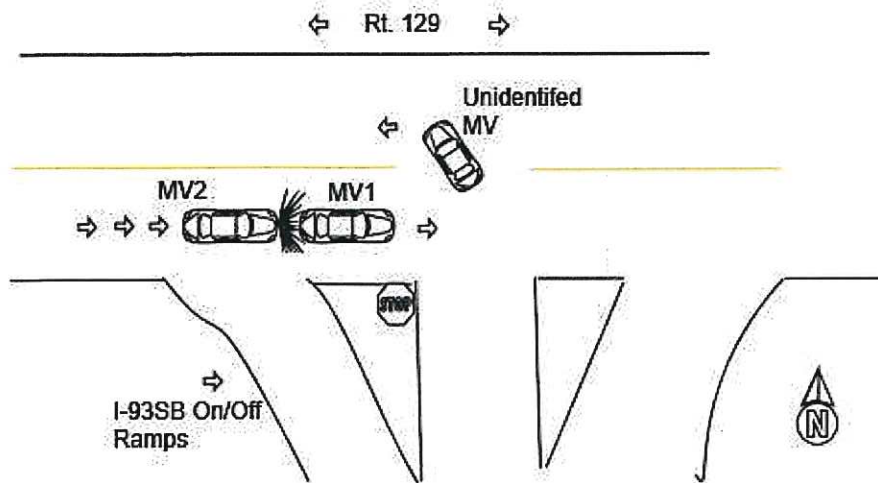
Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Brian D Thornton 190 Wilmington Police Department 01/21/2026
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/23/2026	Time of Crash 0851 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 40	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other			
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street			Route# Direction Address # 332 LOWELL ST Name of Roadway/Street											
At			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											
Also at Intersection with			Landmark											
Route# Direction Name of Intersecting Roadway/Street														
Please Select One of the Following:			☒ Vehicle 1 Occupants			☐ Hit/Run			☐ Moped			Crash Report ID# 26-28-AC		
License # S. DOB/Age			Reg # 4TKE26 Reg Type PC Reg State MA			Veh Year 2009 Veh Make TOYOTA Veh Config. 1			Owner MARCELIN, EMMANUEL					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL H Endorsement			Veh Year 2009 Veh Make TOYOTA Veh Config. 1			Owner MARCELIN, EMMANUEL			Address 14 BEACONSFIELD ST					
Operator MARCELIN, EMMANUEL			City LAWRENCE State MA Zip 01843-2410			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 5 27 27 27					
Address 14 BEACONSFIELD ST			City LAWRENCE State MA Zip 01843-2410			Event Sequence 1 23 23 23 23			Test Status: 1 28					
City LAWRENCE State MA Zip 01843-2410			Insurance Company PILGRIM INSURANCE COMPANY			Most Harmful Event 1 24			Type of Test: 0 29					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Driver Contributing Code 1 25 25			BAC Test Result: 1 30			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Citation # (If Issued)			Driver Distracted by 0 26 26			Towed from scene? 3 33								
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			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 4 0 0 8 2			Lahey Clinic					
Please Select One of the Following:			☒ Vehicle 2 Occupants			☐ Hit/Run			☐ Moped			☐ Vulnerable User Complete the Vulnerable User section.		
License : St DOB/Age			Reg # 1JB766 Reg Type PC Reg State MA			Veh Year 2014 Veh Make HONDA Veh Config. 1			Owner WHITE, KRISTEN A					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2014 Veh Make HONDA Veh Config. 1			Owner WHITE, KRISTEN A			Address 5 KITCHEN AVE					
Operator WHITE, ALAN			City BILLERICA State MA Zip 01821-2155			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 1 27 27 27					
Address 5 KITCHEN AVE			City BILLERICA State MA Zip 01821-2155			Event Sequence 1 23 23 23 23			Test Status: 1 28					
City BILLERICA State MA Zip 01821-2155			Insurance Company PROGRESSIVE CASUALTY INSU			Most Harmful Event 1 24			Type of Test: 0 29					
Vehicle Travel Direction: N S X W Responding to Emergency? 2			Driver Contributing Code 1 25 25			BAC Test Result: 1 30			Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Citation # (If Issued)			Driver Distracted by 0 26 26			Towed from scene? 2 33								
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			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 4 0 0 10 1								

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

Crash Diagram:



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:

After speaking with both operators it was learned that both vehicles were traveling East on Lowell St (Rt. 129) when an unknown vehicle pulled out in front of them turning left onto Lowell St from the I-93SB ramps. The vehicle continued forward. The operator of MV1 stated that he reacted and jammed on his brakes in order to avoid striking the vehicle coming off the ramp. MV1 operator said right as he came to a stop the vehicle behind him slammed into him. MV2 stated that he did not have enough time to react which led to the accident. Both operators had the same story.

The vehicle was towed by Cain's. MV2 was in drivable condition and sent on his way.

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 Taylor Padulsky

Police Officer Name (Please Print)

Signature

238

ID/Badge #

Wilmington Police Department

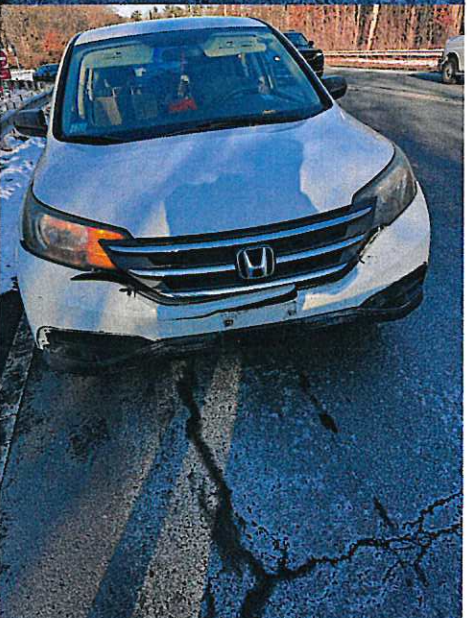
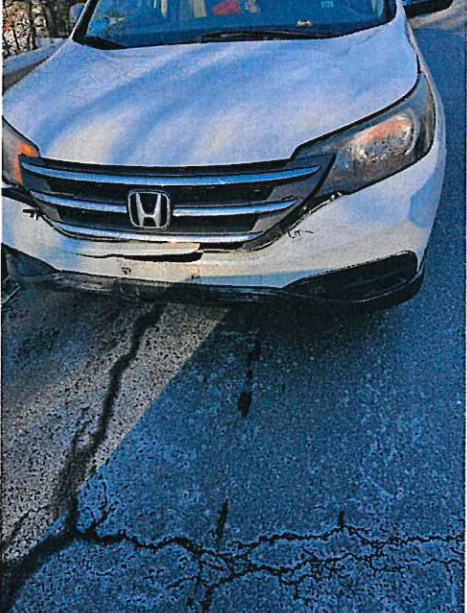
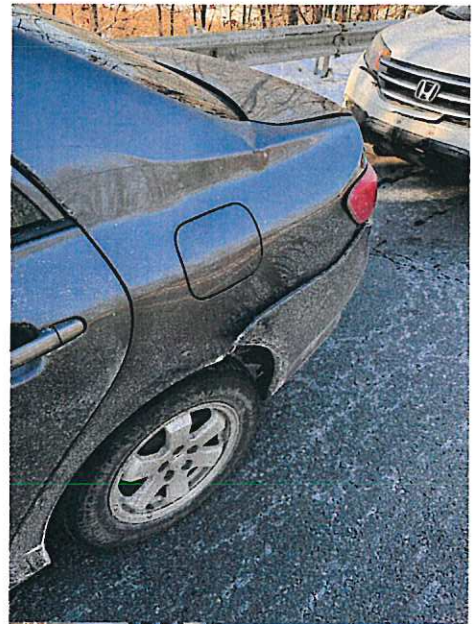
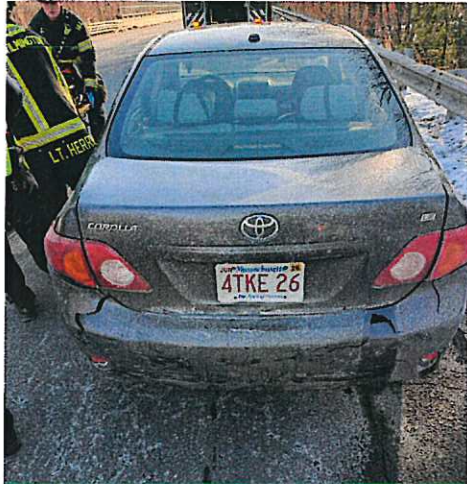
Department

Precinct/Barracks

01/23/2026

Date

Wilmington Police Department
Images Associated with 26-28-AC

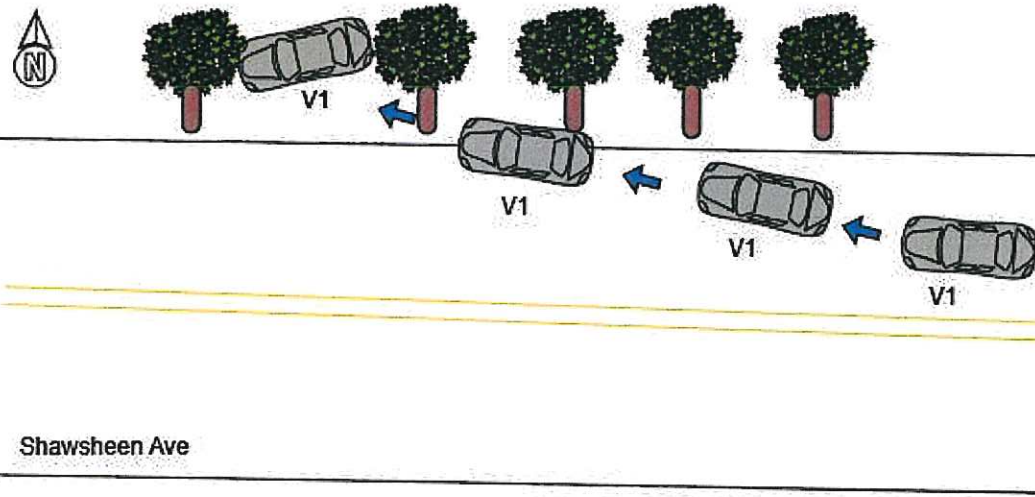


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/24/2026	Time of Crash 0659 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 35	Latitude	Longitude	State Police Local Police MBTA Police Campus Police Other
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		516 SHAWSHOEN AVE					
At			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					
Also at Intersection with			Feet N S E W of		Landmark					
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following:			☒ Vehicle 1 #Occupants		☐ Hit/Run		☐ Moped		Crash Report ID# 26-29-AC	
License St. DOB/Age			Reg # 3SMM65		Reg Type PC		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2019		Veh Make KIA		Veh Config. 1 21			
Operator KELLEHER, KEVIN JOHN			Owner KELLEHER, KEVIN JOHN							
Address 47 CHATHAM RD			Address 47 CHATHAM RD							
City BILLERICA State MA Zip 01821			City BILLERICA State MA Zip 01821							
Insurance Company SAFETY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 1 27 3 27 7 27					
Vehicle Travel Direction: N S E W Responding to Emergency? 2			Event Sequence 21 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 21 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 2 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 1 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator			See Above		1		1		3	
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: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 33					
Viol. 4: Ch/Sec/Sub										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		DOB/Age		Sex		Medical Facility	
Operator/Occupants			See Above		1		1		3	

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



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 west on Shawsheen Ave when it lost control ended up colliding into a tree outside the roadway. The operator was the lone occupant and he stated that he may have skidded on debris/leaves that were on the shoulder of the road. He also said he may have been traveling at about 40-45 MPH. The temperature outside was sub-10 degrees and the roads were dry. V1 crashed into multiple trees and ended up getting stuck between two trees.

The vehicle was towed to Cain's Towing in Wilmington.

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 Michael W Powers

231

Wilmington Police Department

01/24/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-29-AC



Wilmington Police Department
Images Associated with 26-29-AC

