

Date of Crash 10/10/2021 Time of Crash 0420 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 1 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 4	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 667 WOBURN ST	2 10
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet N S E W of _____ Mile Marker _____ Exit Number _____	1 11
	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# **21-266-AC**

3	License # S11527685 St MA DOB/Agc _____ Reg # 929WC1 Reg Type PC Reg State MA	3 12
	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement _____ Veh Year 2005 Veh Make NISSAN Veh Config. 1	
4 1	Operator BARRETT, EDWARD JOSEPH III Owner ARSENAULT, THOMAS PAUL	3 12
	Address 13 BUCKMAN ST Address 31 HART ST	
5	City WOBURN State MA Zip 01801-5503 City WOBURN State MA Zip 01801-2229	3 12
	Insurance Company THE COMMERCE INSURANCE CO Vehicle Action Prior to Crash 1 Damaged Area Code: 2 27 1 27 3 27	
6 1	Vehicle Travel Direction: N E W Responding to Emergency? 2 Event Sequence 22 23 23 23 23 Test Status: 1 28 29	3 12
	Citation # (If Issued) 158665AB Most Harmful Event 22 24 Type of Test: 30	
7 1	Viol. 1: Ch/Sec/Sub 90 24 Viol. 2: Ch/Sec/Sub 90 18 Driver Contributing Code 10 25 25 Susp. Alcohol: 1 31 Susp. Drug: 2 32	3 12
	Viol. 3: Ch/Sec/Sub 89 4A Driver Distracted by 0 26 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			1	1	1	0	0	8	2	Winchester Hospital

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 1	License # _____ St _____ DOB/Agc _____ Reg # _____ Reg Type _____ Reg State _____	3 12
	Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement _____ Veh Year _____ Veh Make _____ Veh Config. 21	
9 2	Operator _____ Owner _____	3 12
	Address _____ Address _____	
10 1	City _____ State _____ Zip _____ City _____ State _____ Zip _____	3 12
	Insurance Company _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27	
11 2	Vehicle Travel Direction: N S E W Responding to Emergency? _____ Event Sequence 23 23 23 23 Test Status: 28 29	3 12
	Citation # (If Issued) _____ Most Harmful Event 24 Type of Test: 30	
12 1	Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32	3 12
	Viol. 3: Ch/Sec/Sub _____ Driver Distracted by 26 Towed from scene? 33	

Please fill out for operator/non-motorist 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/Non-Motorist	See Above			1							

Wilmington Police Department
Images Associated with 21-266-AC



Wilmington Police Department
Images Associated with 21-266-AC



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 Address # Name of Roadway/Street
 275 MAIN ST
 Feet N S E W of _____ or _____
 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 1 Occupants Hit/Run Moped
 Crash Report ID# **21-267-AC**

License # **S32173084** St **MA** DOB/Age _____ Reg # **8JF746** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2015** Veh Make **ACURA** Veh Config. **1** 21
 Operator **PETERS, DAWN MW** Owner **PETERS, ERIC D**
 Address **27 IRENE AVE** Address **27 IRENE AVE**
 City **BILLERICA** State **MA** Zip **01821-5016** City **BILLERICA** State **MA** Zip **01821-5016**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **2** 27 27 27
 Vehicle Travel Direction: S E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **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)	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	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S76860555** St **MA** DOB/Age _____ Reg # **2HBS61** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2016** Veh Make **NISSAN** Veh Config. **1** 21
 Operator **PELLEGRINI, DANIELA** Owner **PELLEGRINI, DANIELA**
 Address **19 BRIARWOOD RD** Address **19 BRIARWOOD RD**
 City **WOBURN** State **MA** Zip **01801-1232** City **WOBURN** State **MA** Zip **01801-1232**
 Insurance Company **THE HANOVER INSURANCE COM** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **4** 27 27 27
 Vehicle Travel Direction: N E W Responding to Emergency? **2** Event Sequence **1** 23 23 23 23 Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99** 25 25 BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

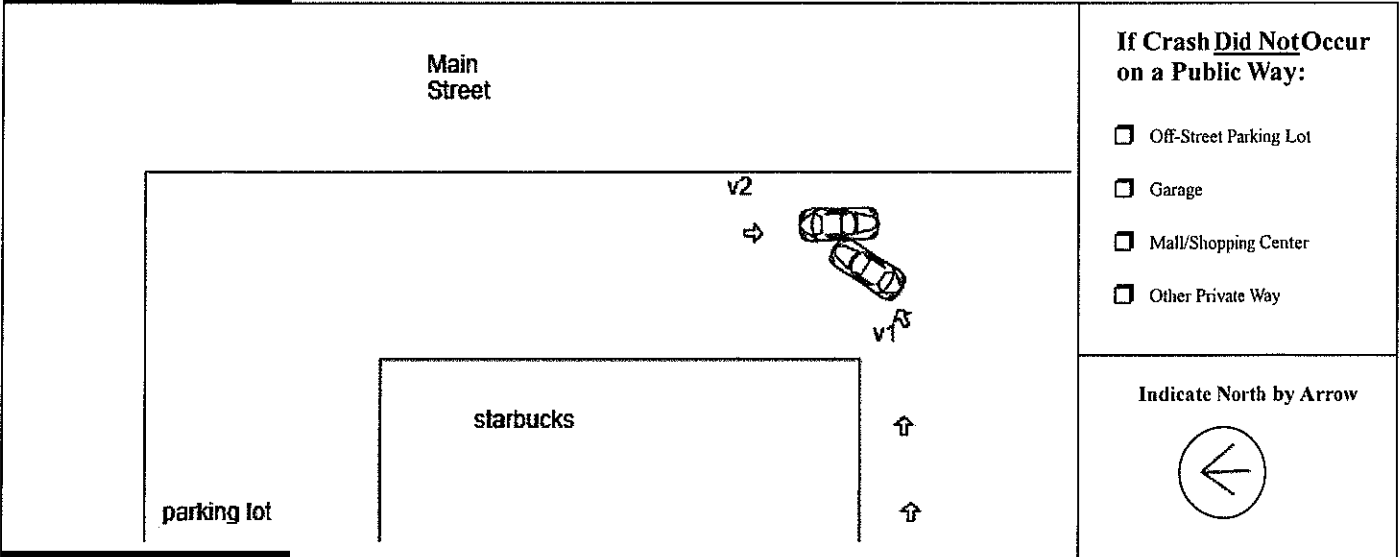
Please fill out for operator/non-motorist and all occupants involved

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/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O = Pedestrian B = Bicycle

Crash Diagram:

ie: → 1 → 2 → O → B



Crash Narrative:

The accident was in the Starbucks parking lot. Traffic conditions are congested in lot. Both parties left the lot, but later contacted the station. There is a row of parking spaces in front of the building. V1 stated that she pulled out of drive through and took a left. She stated v2 had backed out of a spot and was driving forward towards her attempting to pull out. She stated that she stopped her vehicle, when V2 attempted to squeeze past her on the wrong side of the parking lot. V2 then side swiped the side of her vehicle on V1s bumper while v1 was stopped. When asked initially, v2 was not sure who was stopped and who was moving during accident, but later stated she was stopped. She stated V1 came out of the drive through and side swiped the side of her vehicle with the corner of her bumper

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 10/10/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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 Address # Name of Roadway/Street
 _____ **20 JACOBS ST** _____
 _____ Feet **NSEW** of _____ or _____ Exit Number _____
 _____ Feet **NSEW** of _____ Mile Marker _____
 _____ Feet **NSEW** of _____ Route# _____ Intersecting Roadway/Street _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **13** #Occupants Hit/Run Moped **Crash Report ID# 21-268-AC**

License # **S23359113** St **MA** DOB/Age _____ Reg # **SP47880** Reg Type **BU** Reg State **MA**
 Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **FORD** Veh Config. **5**
 Operator **CARROLL, KATHLEEN MAE** Owner **WILMINGTON TOWN OF**
 Address _____ Address **121 GLEN RD**
 City _____ City **WILMINGTON** State **MA** Zip **01887-3500**
 Insurance Company **SELF INSURED** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **SEW** 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: **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** 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)	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	XXXXXX	X	1	10	4	0	0	10	1	
				5	1	4	0	0	10	1	
				5	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **21** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S28507230** St **MA** DOB/Age _____ Reg # **567LK6** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **LEXUS** Veh Config. **1**
 Operator **BRADLEY, THOMAS GERARD** Owner **BRADLEY, THOMAS GERARD**
 Address **20 JACOBS ST** Address **20 JACOBS ST**
 City **WILMINGTON** State **MA** Zip **01887-1333** City **WILMINGTON** State **MA** Zip **01887-1333**
 Insurance Company **LIBERTY MUTUAL INSURANCE** Vehicle Action Prior to Crash **10 22** Damaged Area Code: **5 27 27 27**
 Vehicle Travel Direction: **NEW** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **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 **99 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/non-motorist 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/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 21-268-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# Direction Name of Roadway/Street Route# Direction Address # Name of Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Mile Marker or Exit Number

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Route# Intersecting Roadway/Street

Route# Direction Name of Intersecting Roadway/Street Feet **NSEW** of Landmark

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped **Crash Report ID# 21-270-AC**

License # St. DOB/Age Reg # 36MS82 Reg Type PC Reg State MA
 Sex Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2008 Veh Make SAAB Veh Config. 1 21
 Operator Last First Middle Owner BENTLEY, ROBERT W Last First Middle
 Address: Address 85 PARK ST
 City, Sta. Zip City WILMINGTON State MA Zip 01887-1522
 Insurance Company ARBELLA MUTUAL INSURANCE Vehicle Action Prior to Crash 4 22 Damaged Area Code: 1 27 27 27
 Vehicle Travel Direction: **N** **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: 29
 Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Driver Contributing Code 4 25 25 BAC Test Result: 1 30
 Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator and all occupants involved		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	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # 02HNJ82251 St NH DOB/Age Reg # 1YLW23 Reg Type PC Reg State MA
 Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement Veh Year 2019 Veh Make HONDA Veh Config. 1 21
 Operator HENNIGAN, JAY B Last First Middle Owner HENNIGAN, JAY B Last First Middle
 Address 270 LITTLETON RD APT 106 Address 270 LITTLETON RD APT 106
 City CHELMSFORD State MA Zip 01824 City CHELMSFORD State MA Zip 01824
 Insurance Company PLYMOUTH ROCK ASSURANCE C Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 7 27 27
 Vehicle Travel Direction: **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: 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 Susp. Alcohol: 2 31 Susp. Drug: 2 32
 Towed from scene? 1 33

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# 62 Direction E Name of Roadway/Street SALEM ST

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street WOBURN ST

Also at Intersection with

Route# Direction Name of Intersecting Roadway/Street

Feet NSEW of _____ of _____ or _____

Feet NSEW of _____ Mile Marker _____ Exit Number _____

Feet NSEW of _____ Route# _____ Intersecting Roadway/Street _____

Feet NSEW of _____ Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# 21-271-AC

License # S29662301 St MA DOB/Ag _____ Reg # 3KSF89 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Veh Year 2017 Veh Make BMW Veh Config. 1 21

Operator SICILIANO, MASON P Owner SICILIANO, MASON P

Address 17 WILLIAMS RD Address 17 WILLIAMS RD

City NORTH READING State MA Zip 01864-2514 City NORTH READING State MA Zip 01864-2514

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Action Prior to Crash 1 22 Damaged Area Code: 6 27 8 27 27

Vehicle Travel Direction: N S X W Responding to Emergency? 2 Test Status: 1 28

Citation # (If Issued) _____ Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 1 25 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 0 26 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			1	1	4	0	0	10	1	
OWEN MAXWELL	4 SHADY HILL DR NORTH READING, MA 01864	06/07/2000	M	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 22 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # NHL10643807 St NH DOB/Ag _____ Reg # 4628599 Reg Type PC Reg State NH

Sex F Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Veh Year 2011 Veh Make HONDA Veh Config. 1 21

Operator GUDINAS, SOPHIA ELYSE Owner GUDINAS, ANTHONY M

Address 110 FIELDSTONE LN Address 110 FIELDSTONE LN

City ATKINSON State NH Zip 03811 City ATKINSON State NH Zip 03811

Insurance Company GEICO

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

Vehicle Travel Direction: N X E W Responding to Emergency? 2 Test Status: 1 28

Citation # (If Issued) T1151259 Most Harmful Event 1 24 Type of Test: 29

Viol. 1: Ch/Sec/Sub 89 9 Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code 19 25 3 25 BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by 99 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32

Towed from scene? 1 33

Please fill out for operator/non-motorist 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/Non-Motorist	See Above			1	1	1	0	0	10	1	
				3	1	1	0	0	10	1	

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 Address # Name of Roadway/Street
129 E 61 LOWELL ST
 _____ Feet **NSEW** of _____ or _____
 _____ Mile Marker _____ Exit Number _____
 _____ Feet **NSEW** of _____
 _____ Feet **NSEW** of _____
 _____ Route# Intersecting Roadway/Street _____
 _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
 Crash Report ID# **21-272-AC**

License # **S29578582** St **MA** DOB/Age _____ Reg # **2TYZ25** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2010** Veh Make **DODGE** Veh Config. **2** 21
 Operator **DESIDERIO, ANTHONY ROBERT** Owner **DESIDERIO, ANTHONY ROBERT**
 Address **5133 HORSESHOE LN** Address **5133 HORSESHOE LN**
 City **WILMINGTON** State **MA** Zip **01887-6001** City **WILMINGTON** State **MA** Zip **01887-6001**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **5** 27 27 27
 Vehicle Travel Direction: **N S X 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** 26 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	XXXXXX	X	1	1	4	0	0	10	1	

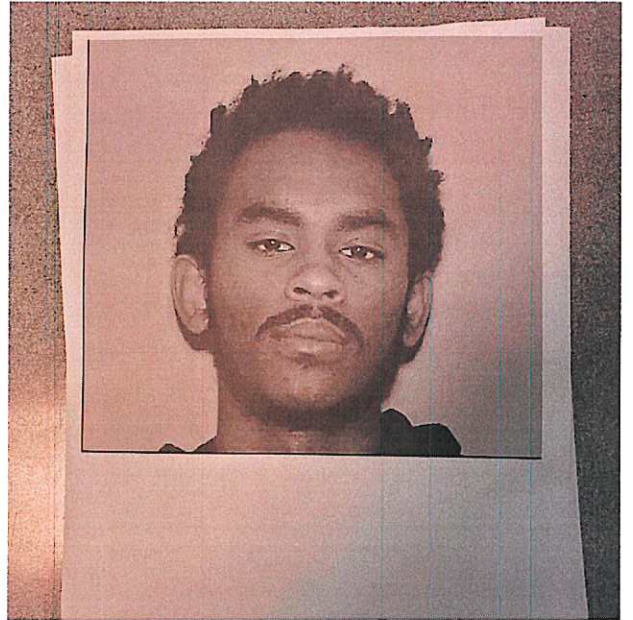
Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S64507478** St **MA** DOB/Age _____ Reg # **1MLJ62** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **1** 20 CDL Endorsement _____ Veh Year **2001** Veh Make **HONDA** Veh Config. **1** 21
 Operator **SMITH, RAHMEL** Owner **SMITH, RAHMEL**
 Address **62 ELM HILL AVE APT 12** Address **62 ELM HILL AVE APT 12**
 City **BOSTON** State **MA** Zip **02121-1734** City **BOSTON** State **MA** Zip **02121-1734**
 Insurance Company **GOVERNMENT EMPLOYEES INSU** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 27 27
 Vehicle Travel Direction: **N S X 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: **29**
 Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **5** 25 19 25 BAC Test Result: **30**
 Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **99** 31 Susp. Drug: **99** 32
 Towed from scene? **2** 33

Please fill out for operator/non-motorist 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/Non-Motorist	See Above	XXXXXX	X	1	99	99	0	0	99	1	

Wilmington Police Department
Images Associated with 21-272-AC



Date of Crash 10/14/2021 Time of Crash 1709 City/Town WILMINGTON

Motor Vehicle Crash Police Report

Number Vehicles 1 Number Injured 1 Speed Limit 30 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

129 S LOWELL ST Route# Direction Name of Roadway/Street At MAIN ST Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Please Select One of the Following: [X] Vehicle 1 #Occupants [] Hit/Run [] Moped Crash Report ID# 21-273-AC

License # S78452362 St MA DOB/Age Sex M Lic. Class 99 19 19 Lic. Restrictions 20 CDL Endorsement Operator BEVILACQUA, BRIAN JOSEPH Address 13 GRACE DR City WILMINGTON State MA Zip 01887-1618 Insurance Company PLYMOUTH ROCK ASSURANCE C 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 # 2J4098 Reg Type MC Reg State MA Veh Year 2015 Veh Make HARLEY-DAVIDSON Veh Config. 3 Owner BEVILACQUA, BRIAN JOSEPH Address 13 GRACE DR City WILMINGTON State MA Zip 01887-1618 Vehicle Action Prior to Crash 1 22 Damaged Area Code: 1 27 3 27 27 Event Sequence 97 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 12 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 0 26 Towed from scene? 2 33

Table with 10 columns: 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. Row 1: Operator, See Above, [X], [X], 1, 0, 5, 2, 0, 8, 2, Lahey Clinic

Please Select One of the Following: [] Vehicle 2 #Occupants [] Non-Motorist A Type 15 Action 16 Location 17 Condition 18 [] Hit/Run [] Moped

License # St DOB/Age Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement Operator Address City State Zip Insurance Company Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub

Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 21 Owner Address City State Zip Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Type of Test: 29 BAC Test Result: 30 Driver Contributing Code 25 25 Susp. Alcohol: 31 Susp. Drug: 32 Driver Distracted by 26 Towed from scene? 33

Table with 10 columns: 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. Row 1: Operator/Non-Motorist, See Above, [X], [X], 1, [], [], [], [], [], [], []

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

EVERGREEN DR
 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 Address # Name of Roadway/Street
 Feet N S E W of or 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 2 #Occupants Hit/Run Moped
 Crash Report ID# **21-274-AC**

License # **S91494858** St **MA** DOB/Age _____ Reg # **172ZCM** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **B** Lic. Restrictions **1** CDL Endorsement _____ Veh Year **2006** Veh Make **FORD** Veh Config. **1**
 Operator **ELLIOTT, MARK EDWARD** Owner **ELLIOTT, MARK EDWARD**
 Address **33 BUTLER ST** Address **33 BUTLER ST**
 City **MEDFORD** State **MA** Zip **02155-1803** City **MEDFORD** State **MA** Zip **02155-1803**
 Insurance Company **PREFERRED MUTUAL INSURANC** Vehicle Action Prior to Crash **10** 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: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **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		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	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	
JOAN ELLIOTT		1211 EVERGREEN DR WILMINGTON, MA 01887	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

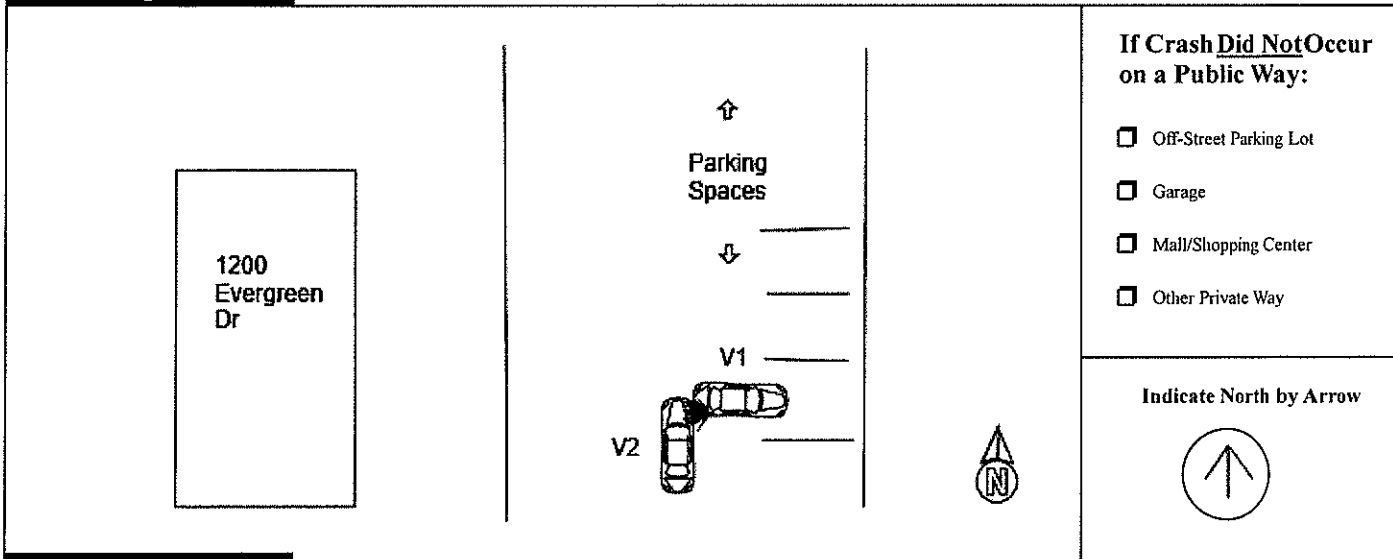
License # **SA6630414** St **MA** DOB/Age _____ Reg # **282M12** Reg Type **PC** Reg State **MA**
 Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2020** Veh Make **CHEVROLET** Veh Config. **1**
 Operator **ALVES DE SOUZA, HENRIQUE F** Owner **HERTZ VEHICLES LLC**
 Address **1112 EVERGREEN DR** Address **111 GEORGE CROCKETT RD ST APT 100**
 City **WILMINGTON** State **MA** Zip **01887-1173** City **LAS VEGAS** State **NV** Zip **891194119**
 Insurance Company **THE HERTZ CORPORATION** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**
 Vehicle Travel Direction: N S E W Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **28**
 Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **30**
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **31** Susp. Drug: **32**
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2 33**
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

On October 15, 2021, I, Detective Patterson was assigned to marked cruiser 32, sector 2 for the 1600-0000 hours patrol shift. At approximately 1812 hours I was dispatched to the parking lot area of 1200 Evergreen Drive for the report of a 2 car motor vehicle crash. Upon arrival I spoke with the operator of V1 who stated that he was backing out of the parking spots across from 1200 Evergreen Dr and collided with V2. The operator of V1 stated that he was uninjured as did his front seat passenger. I viewed the damage to V1 which consisted of scrapes / paint exchange to the rear bumper of V1. I spoke with the operator of V2 who stated that he was operating V2 in the parking lot, driving straight when V1 backed out of the parking space and collided with his vehicle. Operator of V2 stated he was not injured. I viewed the damage to V2 which consisted of scrapes and a dent to the front passenger side. Vehicle & license info was exchanged on scene.

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

Detective Michael J Patterson 188 Wilmington Police Department 10/15/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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 Address # Name of Roadway/Street
 Feet **N S E W** of _____ or _____ 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 12 #Occupants Hit/Run Moped
 Crash Report ID# **21-275-AC**

License # _____ St _____ DOB/Age _____ Reg # **558MC8** Reg Type **PC** Reg State **MA**
 Se: Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL Endorsement _____ Veh Year **2010** Veh Make **HONDA** Veh Config. **1 21**
 Operator _____ Owner **STEVENS, MICHAEL JEFFREY**
 Address _____ Address **16 SOUTH ST**
 City _____ City **WILMINGTON** State **MA** Zip **01887-1601**
 Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **S E W** Responding to Emergency? **2** Event Sequence **2 23 23 23 23** Test Status: **1 28**
 Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **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 **99 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)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	
SARA ABREU	12 RICHMOND AVE WOBURN, MA 01801	01/07/2004	F	3	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 20 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Reg # **VETRUS** Reg Type **PC** Reg State **NH**
 Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2018** Veh Make **FORD** Veh Config. **1 21**
 Operator **Driverless M.V.** Owner **ANDRUS, JAMES ROBERT**
 Address _____ Address **31 BEECH HILL AVE**
 City _____ City **MANCHESTER** State **NH** Zip **03103**
 Insurance Company _____ Vehicle Action Prior to Crash **11 22** Damaged Area Code: **1 27 27 27**
 Vehicle Travel Direction: **N 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** 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/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Post.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

235 Main Street
Wilmington Crossing
parking lot

If Crash Did Not Occur
on a Public Way:

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

MV2
Parked
unoccupied



MV1

Indicate North by Arrow



Crash Narrative:

Operator of motor vehicle 1, Kevin Stevens stated that he pressed the gas pedal instead of the brake pedal and crashed into MV2. MV2 was unoccupied. Mr. Stevens located and notified the operator of the vehicle, Benjamin Andrus. I assisted with the paperwork exchange. Mr. Stevens and his passenger, Sara Abreu stated no injuries.

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 Julio J Quiles

197

Wilmington Police Department

10/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash: 10/16/2021
Time of Crash: 0258
24HR
City/Town: **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles: 1
Number Injured: 0
Speed Limit: 35
Latitude: _____
Longitude: _____
State Police
Local Police
MBTA Police
Campus Police
Other: _____

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

4

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 **2** Address # **HOPKINS ST** Name of Roadway/Street _____
Feet of _____ or _____
Mile Marker _____ Exit Number _____
Feet of _____
Route# _____ Intersecting Roadway/Street _____
Feet of _____
Landmark _____

10

11

2

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped

Crash Report ID# **21-276-AC**

3

License # **S54959797** St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **99** CDL _____
Operator **NGUYEN, TRANG THUY**
Address **46 UPSALA ST APT 1**
City **WORCESTER** State **MA** Zip **01610-2041**
Insurance Company **GOVERNMENT EMPLOYEES INSU**
Vehicle Travel Direction: 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 # **7WH449** Reg Type **PC** Reg State **MA**
Veh Year **2015** Veh Make **BMW** Veh Config. **1**
Owner **VO, AN KHANG T**
Address **44 HOPKINS ST**
City **WILMINGTON** State **MA** Zip **01887-4527**
Vehicle Action Prior to Crash **1**
Event Sequence **21**
Most Harmful Event **21**
Driver Contributing Code **1**
Driver Distracted by **0**
Damaged Area Code: **1**
Test Status: **1**
Type of Test: **29**
BAC Test Result: **30**
Susp. Alcohol: **2**
Susp. Drug: **2**
Towed from scene? **2**

12

13

6

Please fill out for operator and all occupants involved		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	<input checked="" type="checkbox"/>	1	99	4	0	0	10	1	
AN KHANG VO		44 HOPKINS ST WILMINGTON, MA 01887-4527	M	3	99	4	0	0	10	1	

7

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____
Sex _____ Lic. Class **19** Lic. Restrictions **20** CDL _____
Operator _____
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: Responding to Emergency? _____
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. **21**
Owner _____
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash **22**
Event Sequence **23**
Most Harmful Event **24**
Driver Contributing Code **25**
Driver Distracted by **26**
Damaged Area Code: **27**
Test Status: **28**
Type of Test: **29**
BAC Test Result: **30**
Susp. Alcohol: **31**
Susp. Drug: **32**
Towed from scene? **33**

14

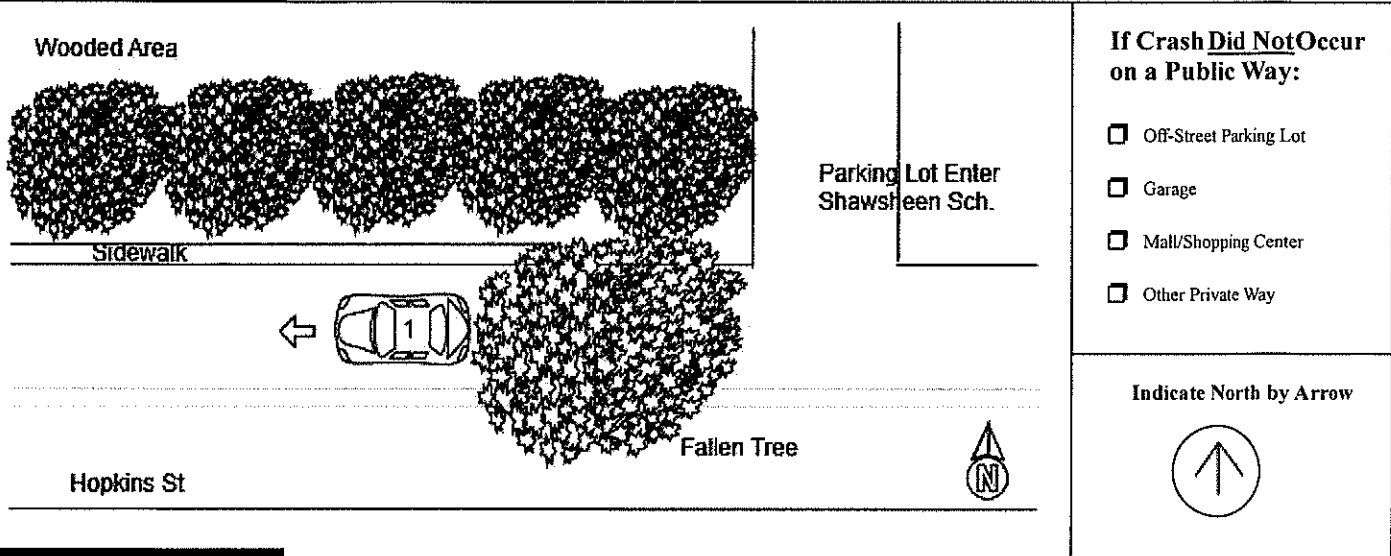
9

Please fill out for operator/non-motorist and all occupants involved		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/Non-Motorist		See Above	<input checked="" type="checkbox"/>	1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○



Crash Narrative:

MV1 traveling W-Bound on Hopkins St, Pass. heard noise and noticed pass side mirror missing. MV1 stopped, occupants exited MV1 and noticed heavy damage to top/pass side/windshield. This was when I found MV1 as I was traveling E-Bound. Large tree had fallen onto MV1 and lying across 2/3 of rdwy. MV1 was able to keep moving forward and was not trapped under tree. No injuries reported. RO lives at 44 Hopkins and was able to take vehicle home under own power. Tree removed by DPW Tree Dpt.

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

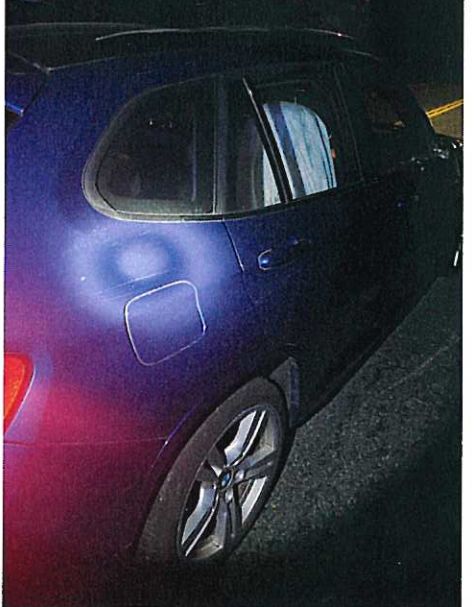
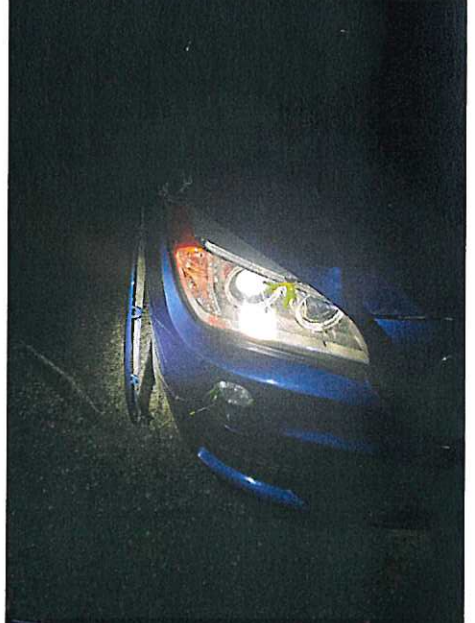
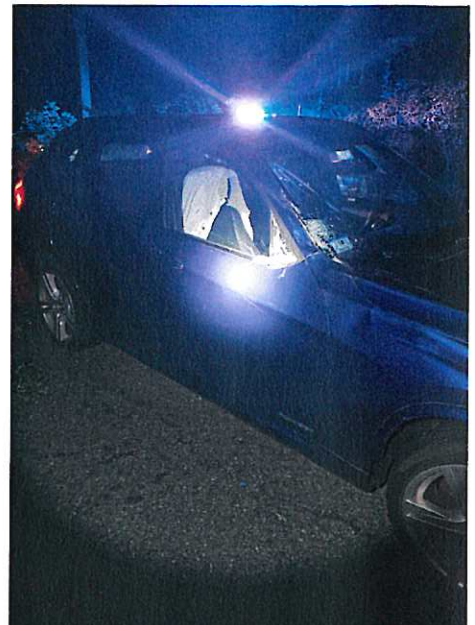
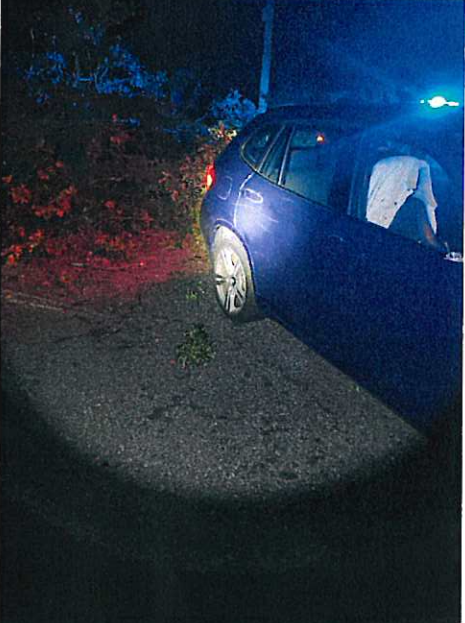
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Joseph A Fitzgerald 215 Wilmington Police Department 10/16/2021
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-276-AC



Wilmington Police Department
Images Associated with 21-276-AC

