

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/10/2026	Time of Crash 2232 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			Route# Direction Address # Name of Roadway/Street				66 CONCORD ST			
At			Feet N S E W of				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			Crash Report ID# 26-85-AC							
Please Select One of the Following:			☒ Vehicle 12 #Occupants				☐ Hit/Run			
			☐ Moped							
License # St. DOB/Age			Reg # 1191469 Reg Type PC Reg State NH							
Sex M Lic. Class D 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019 Veh Make SUBARU Veh Config. 1 21							
Operator BARRETO, BRUNO SILVA			Owner PEREIRA BARRETO, WILLIAM							
Address 445 WOOD LN			Address 6 WREN CT APT 7							
City PECONIC State NY Zip 11958			City MERRIMACK State NH Zip 030542757							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 2 22				Damaged Area Code: 5 27 27 27			
Vehicle Travel Direction: N X 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 19 25				BAC Test Result: 1 30			
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/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 Sent Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility			
Operator			See Above							
PRISCILA MONTEIRO			8 PILGRIM ST NORTH READING, MA 01867							
Please Select One of the Following:			☒ Vehicle 21 #Occupants				☐ Hit/Run			
			☐ Moped				☐ Vulnerable User Complete the Vulnerable User section.			
License # St. DOB/Age			Reg # 6XNH59 Reg Type PC Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year 2017 Veh Make HONDA Veh Config. 1 21							
Operator VIEIRA TREGUES, BRENNIO			Owner VIEIRA TREGUES, BRUNO							
Address 168 WARWICK ST			Address 168 WARWICK ST							
City METHUEN State MA Zip 01844-4272			City METHUEN State MA Zip 01844-4272							
Insurance Company PROGRESSIVE CASUALTY INSU			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			Event Sequence 1 23 23 23 23				Test Status: 1 28			
Citation # (If Issued)			Most Harmful Event 1 24				Type of Test: 0 29			
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Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			DOB/Age Sex				34 Sent 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:

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 March 3, 2026, I was dispatched to 66 Concord St. for a two-car motor vehicle crash. Vehicle was exiting Fordham Rd. with Vehicle 2 behind it. Both parties stated that a North Reading emergency vehicle was coming through the light, turning onto Riverpark Dr. Vehicle 1 stopped suddenly due to the emergency vehicle, causing Vehicle 2 to rear-end Vehicle 1. Vehicle 2 was towed by A&S.

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 Kyle P Collins

239

Wilmington Police Department

03/10/2026

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 26-85-AC

