

Police Use Only		Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/05/2021	Time of Crash 1304 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	State Police <input type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: <input type="checkbox"/>

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
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1	Route# _____ Direction _____	Name of Roadway/Street _____
	At _____	
	Route# _____ Direction _____	Name of Intersecting Roadway/Street _____
	Also at Intersection with _____	
2	Route# _____ Direction _____	Name of Intersecting Roadway/Street _____

2	Route# 72 Direction _____	Address # MAIN ST	Name of Roadway/Street _____
	_____ Feet N S E W of _____ or _____		
	Mile Marker _____		Exit Number _____
2	Route# _____	Intersecting Roadway/Street _____	
	Landmark _____		

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped

Crash Report ID# **21-71-AC**

License # _____ St. _____	DOB/Age _____
Sex _____ Lic. Class D 19 19	Lic. Restrictions 1 20 CDL Endorsement _____
Operator _____	Address _____
City _____ State _____	Zip _____
Insurance Company GARRISON PROPERTY & CASUA	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> 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 # 2YXH99	Reg Type PC	Reg State MA
Veh Year 2014	Veh Make HONDA	Veh Config. 1 21
Owner REYNOLDS, KRISTIN ELIZABETH		
Address 21A DADANT DR		
City WILMINGTON State MA Zip 01887-2112		
Vehicle Action Prior to Crash 1 22	Damaged Area Code: 1 27 27 27	
Event Sequence 1 23 23 23 23	Test Status: 1 28	
Most Harmful Event 1 24	Type of Test: 29	
Driver Contributing Code 19 25 25	BAC Test Result: 1 30	
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	

Please Select One of the Following: Vehicle **2** **1** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

Crash Report ID# **21-71-AC**

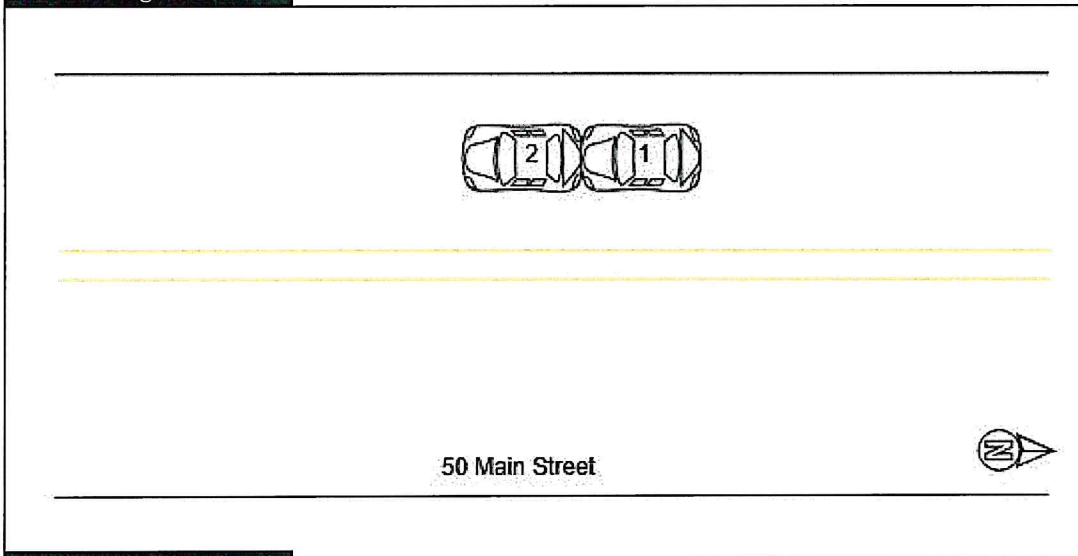
License # S20629275	St. MA	DOB/Age _____
Sex M Lic. Class D 19 19	Lic. Restrictions 1 20	CDL Endorsement _____
Operator PERRINO, JOHN	Address 7 AVON ST	
City WILMINGTON State MA Zip 01887-4308		
Insurance Company LIBERTY MUTUAL INSURANCE		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Responding to Emergency? 2	
Citation # (If Issued) 956792AA		
Viol. 1: Ch/Sec/Sub 90 23	Viol. 2: Ch/Sec/Sub _____	
Viol. 3: Ch/Sec/Sub _____	Viol. 4: Ch/Sec/Sub _____	

Reg # 9DP143	Reg Type PC	Reg State MA
Veh Year 2008	Veh Make CHEVROLET	Veh Config. 1 21
Owner PERRINO, TRACY M		
Address 7 AVON ST		
City WILMINGTON State MA Zip 01887-4308		
Vehicle Action Prior to Crash 1 22	Damaged Area Code: 5 27 27 27	
Event Sequence 1 23 23 23 23	Test Status: 1 28	
Most Harmful Event 1 24	Type of Test: 29	
Driver Contributing Code 1 25 25	BAC Test Result: 1 30	
Driver Distracted by 0 26	Susp. Alcohol: 2 31	Susp. Drug: 2 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			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:

MV 1 and MV 2 were driving straight on Main St. MV 1 and MV 2 stated MV 1 rear-ended MV 2.

No injuries. MV 1 was towed.

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 Kevin J Skinner
Police Officer Name (Please Print) Signature

200
ID/Badge #

Wilmington Police Department
Department Precinct/Barracks

04/05/2021
Date

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/07/2021	Time of Crash 1657 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u>	Latitude _____	Longitude _____	<input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> 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 _____	147 CHESTNUT ST Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Crash Report ID# 21-72-AC
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License # S72523445 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator PRODROMOU, ALEC M Address 78 CIRCUIT RD City MEDFORD State MA Zip 02155-1610 Insurance Company QUINCY MUTUAL FIRE INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 6AG646 Reg Type PC Reg State MA Veh Year 2015 Veh Make FORD Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner PRODROMOU, ALEC M Address 78 CIRCUIT RD City MEDFORD State MA Zip 02155-1610 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33
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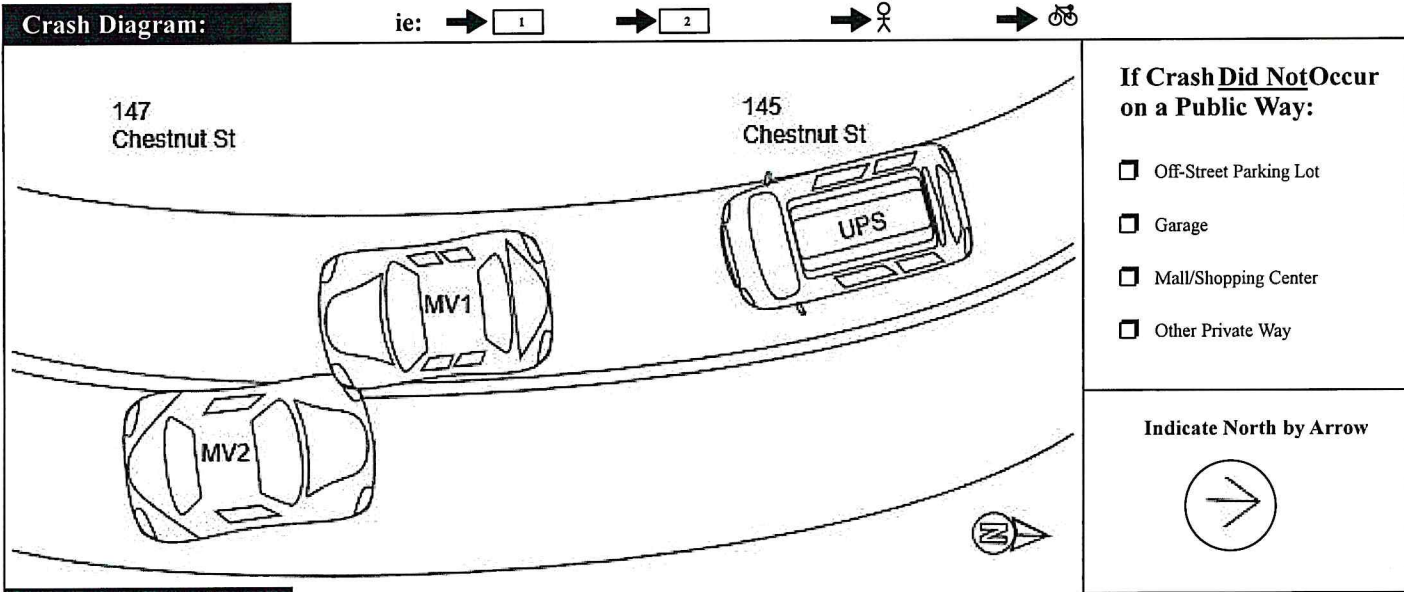
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	1	4	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____	<input type="checkbox"/> Non-Motorist A	Type <input type="checkbox"/> 15 Action <input type="checkbox"/> 16 Location <input type="checkbox"/> 17 Condition <input type="checkbox"/> 18	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # S57562476 St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 19 <input type="checkbox"/> 19 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 20 CDL _____ Operator MURPHY, PATRICK DONLON Address 27 MALLARD WAY City BURLINGTON State MA Zip 01803-1846 Insurance Company PROGRESSIVE DIRECT INSURA Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 8VXB40 Reg Type PC Reg State MA Veh Year 2011 Veh Make VOLKSWAGEN Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 21 Owner MURPHY, PATRICK DONLON Address 27 MALLARD WAY City BURLINGTON State MA Zip 01803-1846 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 22 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 13 <input type="checkbox"/> 25 <input type="checkbox"/> 25 Driver Distracted by <input type="checkbox"/> 0 <input type="checkbox"/> 26 Damaged Area Code: <input type="checkbox"/> 8 <input type="checkbox"/> 27 <input type="checkbox"/> 27 <input type="checkbox"/> 27 Test Status: <input type="checkbox"/> 1 <input type="checkbox"/> 28 Type of Test: <input type="checkbox"/> 29 BAC Test Result: <input type="checkbox"/> 1 <input type="checkbox"/> 30 Susp. Alcohol: <input type="checkbox"/> 2 <input type="checkbox"/> 31 Susp. Drug: <input type="checkbox"/> 2 <input type="checkbox"/> 32 Towed from scene? <input type="checkbox"/> 1 <input type="checkbox"/> 33
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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	XXXXXX	XXXX	1	1	1	0	0	10	1	

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



Crash Narrative:

MV1 was traveling SB on Chestnut St. when a UPS truck was stopped in front of 145 Chestnut St. A witness reported they observed MV1 drive around the UPS truck before hitting MV2. The operator of MV2 stated his view was obstructed by the sun prior to the impact. The impact of the crash caused MV1 to slide into the stone wall in front of 147 Chestnut causing minor damage. Caines responded and towed both vehicles. The operator of MV1 reported minor injuries and was seen by Wilmington Fire. Neither party was transported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HELBERT CHRISTINA VIDAL	152 CHESTNUT ST WILMINGTON MA 01887-3307		

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
STRED TARA L	150 CHESTNUT ST WILMINGTON MA 0188			STONE WALL

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use

Address _____ City _____ St _____ Zip _____

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

Interstate Cargo Body Type Code GVWR/GCWR

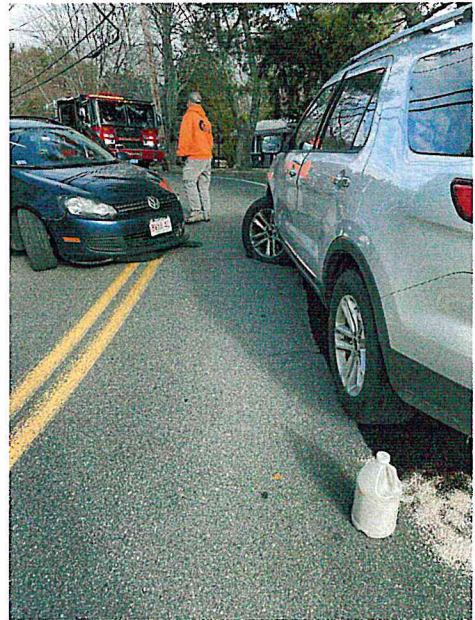
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Patrol Officer Meghan Sousa **214** **Wilmington Police Department** **04/07/2021**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 21-72-AC



Police Use Only		Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/09/2021	Time of Crash 1542 24HR	City/Town Wilmington		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# 29 Direction _____ Address # _____ Name of Roadway/Street CONCORD ST	Route# _____ Direction _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet N S E W of _____ _____ Feet N S E W of _____ _____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped
Crash Report ID# **21-73-AC**

License # S57950288 St MA DOB/Agc _____ Reg # S33208 Reg Type CO Reg State MA	Veh Year 2015 Veh Make FORD Veh Config. 97
Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Endorsement _____	Owner MERCHANTS AUTOMOTIVE GROUP INC
Operator ROSA-COLON, HECTOR J	Address 1278 HOOKSETT RD
Address 10 POND VIEW LN	City HOOKSETT State NH Zip 03106-1839
City TEWKSBURY State MA Zip 01876-4522	State NH Zip 03106-1839
Insurance Company CONTINENTAL CASUALTY COMP	Vehicle Action Prior to Crash 2
Vehicle Travel Direction: N S E 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
	Damaged Area Code: 4 27 5 27 27
	Test Status: 1 28
	Type of Test: 29
	BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 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			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

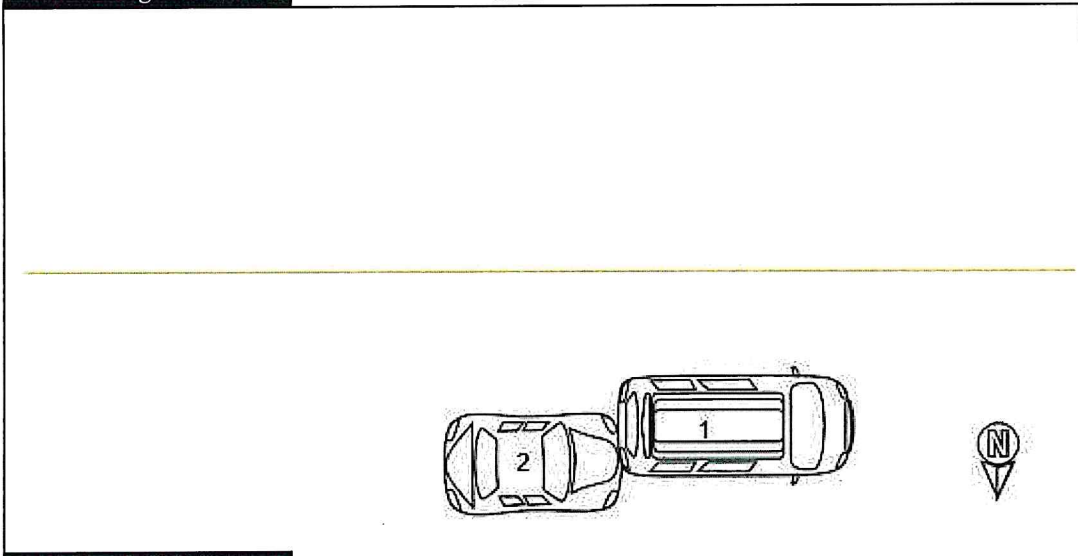
License # S86828641 St MA DOB/Agc _____ Reg # 5YE346 Reg Type PC Reg State MA	Veh Year 2016 Veh Make HONDA Veh Config. 1
Sex F Lic. Class D Lic. Restrictions 1 CDL _____ Endorsement _____	Owner BUCKLEY, JOHN D
Operator BUCKLEY, ALLYSON F	Address 5 BEVERLY AVE
Address 5 BEVERLY AVE	City WILMINGTON State MA Zip 01887-1716
City WILMINGTON State MA Zip 01887-1716	State MA Zip 01887-1716
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 2
Vehicle Travel Direction: N S E 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 99 25 25
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by 0 26
	Damaged Area Code: 8 27 27 27
	Test Status: 1 28
	Type of Test: 29
	BAC Test Result: 1 30
	Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Towed from scene? 2 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			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



Crash Narrative:

Vehicle # 1 was stopped for red light. Vehicle # 2 was stopping for red light when foot slipped of break and ont gas pedal. Vehicle # 2 drove into the rear of vehicle #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 Anthony Fiore

Police Officer Name (Please Print)

Signature

164

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

04/09/2021

Date