

Police Use Only			Commonwealth of Massachusetts				RMV Document Number															
Date of Crash 03/29/2025	Time of Crash 1544 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 Route# Direction MIDDLESEX AVE At HIGH ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Exit Number Feet N S E W of Feet N S E W of Route# Intersecting Roadway/Street Landmark																			
2 Please Select One of the Following:			3 <input checked="" type="checkbox"/> Vehicle 12 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Crash Report ID# 25-90-AC																	
4 License # S80364141 St MA DOB/Age 04/05/1968 Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement Operator BERGERON, BRUCE R Address 18 FIELD POND DR City READING State MA Zip 01867-1115 Insurance Company PLYMOUTH ROCK ASSURANCE C 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			1 Reg # 3XEL14 Reg Type PC Reg State MA Veh Year 2019 Veh Make TOYOTA Veh Config. 1 21 Owner BERGERON, BRUCE R Address 18 FIELD POND DR City READING State MA Zip 01867-1115 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: 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? 2 33																			
6 Please fill out for operator and all occupants involved			13 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		X		1		1		4		0		0		10		1			
APRIL BERGERON			18 FIELD POND DR READING, MA 01867-1115		04/23/1968 F		3		1		4		0		0		10		1			
7 Please Select One of the Following:			2 <input checked="" type="checkbox"/> Vehicle 22 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.																			
8 License # SA9270240 St MA DOB/Age 09/10/1993 Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement Operator DE SOUSA MATOS, WALISON Address 30 FISKE AVE APT 1 City SOMERVILLE State MA Zip 02145-2524 Insurance Company THE COMMERCE INSURANCE CO Vehicle Travel Direction: N S X 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			14 Reg # 4LLY37 Reg Type PC Reg State MA Veh Year 2010 Veh Make CHEVROLET Veh Config. 1 21 Owner DE SOUSA MATOS, WALISON Address 30 FISKE AVE APT 1 City SOMERVILLE State MA Zip 02145-2524 Vehicle Action Prior to Crash 4 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: 8 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? 2 33																			
9 Please fill out for operator and all occupants involved			14 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		X		1		1		4		0		0		10		1			
GEOVANIA PAULINO MACHADO			46 ALBION ST SOMERVILLE, MA 02143-1103		05/14/1989 M		3		1		4		0		0		10		1			

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

Crash Diagram:

ie: →

1

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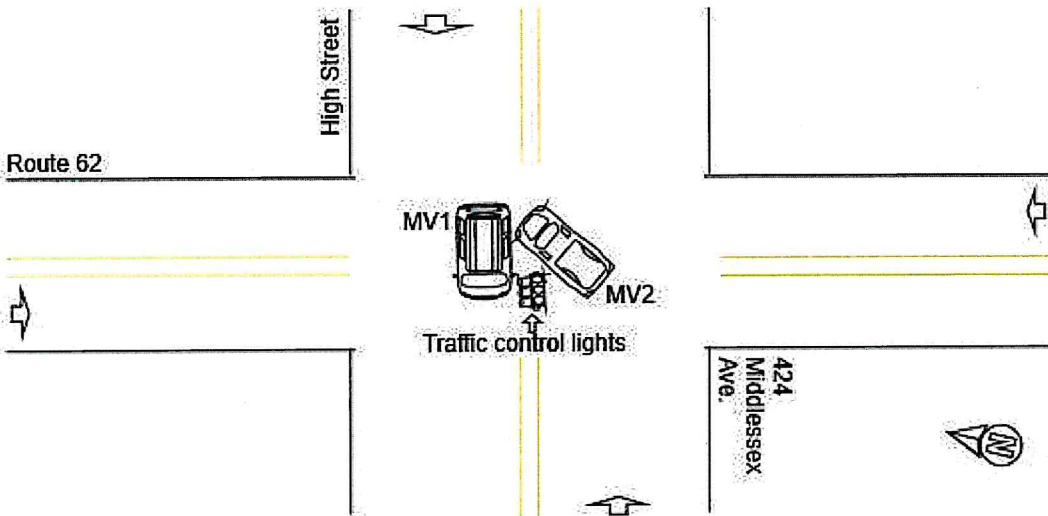
2

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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 motor vehicle 1, Bruce Bergeron, stated he was traveling west on High Street, had a green traffic control light, attempted to drive straight through the intersection onto Middlesex Avenue, and was struck by MV2 (See images). Op. of MV2, Walison De Sousa Matos, stated that he was traveling east on Middlesex Avenue, had a green light traffic control light, attempted to turn left at the intersection onto Route 62, and was struck by MV1 (See images). All parties and their passengers stated no injuries and refused medical attention. I provided an information exchange form, along with motor vehicle crash operator reports, and advised all parties accordingly.

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

03/29/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-90-AC



Attachments for 25-90-AC	
Description	Type
BR BERGERON OPER CRASH RPT	PDF
Attachment#: AC1F015EF42C48EEB034E6FDC4CEB102	