

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/24/2025	Time of Crash 1831 24HR	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			Route# Direction Address # Name of Roadway/Street											
At			Feet N S E W of or 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:			<input checked="" type="checkbox"/> Vehicle 13 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Crash Report ID# 25-86-AC		
License i St DOB/Ag			Reg # 6FYZ31			Reg Type PC			Reg State MA					
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2012			Veh Make LEXUS			Veh Config. 1 21					
Operator PHIN, MATIN			Owner NGIN, RADY											
Address 78 WINTHROP AVE			Address 14 JANICE AVE											
City LOWELL State MA Zip 01851-4113			City DRACUT State MA Zip 01826-1323											
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 1 22			Damaged Area Code: 2 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 25			BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 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/Ag 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 2 0 0 10 1											
SINAVOLEAK WEY 78 WINTHROP AVE LOWELL, MA 01851			F 6 1 2 0 0 10 1											
			5 4 2 0 0 10 1											
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 23 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.		
License f St DOB/Ag			Reg # 4WK835			Reg Type PC			Reg State MA					
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2024			Veh Make LEXUS			Veh Config. 1 21					
Operator SCHERIFF, JENNIFER LYNN			Owner SCHERIFF, COLIN M											
Address 30 ELEANOR DR			Address 30 ELEANOR DR											
City WILMINGTON State MA Zip 01887-3199			City WILMINGTON State MA Zip 01887-3199											
Insurance Company GOVERNMENT EMPLOYEES INSU			Vehicle Action Prior to Crash 4 22			Damaged Area Code: 8 27 27 27								
Vehicle Travel Direction: N S E X 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 4 25 25			BAC Test Result: 1 30								
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 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/Ag 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											
			97 1 4 0 0 10 1											
			97 1 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:

Motor vehicle 1 was traveling south on Main Street (right of way), where motor 2 was taking a left onto Burlington Avenue (West). While making the left turn, the operator of motor vehicle 2 failed to yield to Motor vehicle 1 causing signifcant damage to the front left side of motor vehicle 2 as well as damage to the right side and air bag deployment from motor vehicle 1 (see images). No airbag deployment for motor vehicle 2, but there was air bag deployment from the side only of motor vehicle 1. The passengers of motor vehicle 1 and 2 were evaluated and declined further medical attention by the Wilmington Fire Department. Motor vehicle 1 was towed off scene by Forrest and Motor vehicle 2 was dropped off at Triple Nickel by the operator(555 Main Street).

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

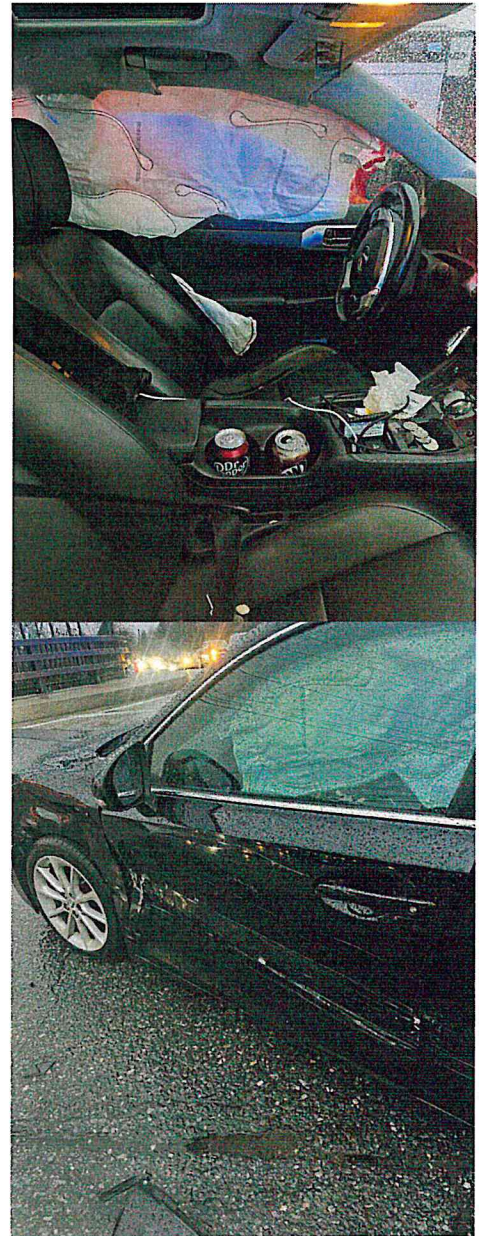
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

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

Patrol Officer Zachary A Leighton 227 Wilmington Police Department 03/24/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-86-AC



Attachments for 25-86-AC	
Description	Type
JL SCHERIFF OPER CRASH RPT	PDF
Attachment#: 201EF7EB46A04C349C514CEB682B4186	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/25/2025	Time of Crash 0732 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 type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 MAIN ST			2						10	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Mile Marker Exit Number							
1 GLEN RD			5						11	
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							
2 1			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 25-87-AC							
License # 5 DOB/Age 19			Reg # G63614 Reg Type CO Reg State MA							
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2006 Veh Make CHEVROLET Veh Config. 6 21						1 12	
Operator SURETTE, PAUL P			Owner SURETTE, PAUL P							
Address 5 UNIVERSITY LN			Address 5 UNIVERSITY LN							
City BILLERICA State MA Zip 01821-3223			City BILLERICA State MA Zip 01821-3223							
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22						Damaged Area Code: 2 27 3 27 27	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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			Driver Contributing Code 1 25 25						BAC Test Result: 1 30	
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32						1 13	
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26						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			1 1 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # 9113 St DOB/Age 19			Reg # 5PDH42 Reg Type PC Reg State MA							
Sex F Lic. Class C 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 21							
Operator BHATTACHARYA, TUHINA			Owner BHATTACHARYA, TUHINA							
Address 9113 AVALON DR			Address 9113 AVALON DR							
City WILMINGTON State MA Zip 01887			City WILMINGTON State MA Zip 01887							
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 4 22						Damaged Area Code: 1 27 8 27 27	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E 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			Driver Contributing Code 19 25 3 25						BAC Test Result: 1 30	
Viol. 2: Ch/Sec/Sub			Susp. Alcohol: 2 31 Susp. Drug: 2 32						2 14	
Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26 26						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 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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Main Street

Glen Rd

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:

MV1 was traveling straight on Main Street going North. MV2 was stopped at the stop sign located at the intersection of Main Street and Glen Road. MV2 explained that they were waiting to turn left onto Main Street. Another vehicle traveling South on Main Street stopped to let MV2 turn, MV2 proceeded into the intersection hitting MV1 on the right side of MV1. MV1 stated they tried to break and turn right onto Glen Road to avoid the crash but did not have time to react. Airbags did not deploy in either vehicle and both operator's denied having injuries. MV2 was towed from the scene by Forrest Towing Company.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
KELSEY MICHAEL	26 HARJEAN RD BILLERICA MA 01821		

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 Joshua I DeBarros 234 Wilmington Police Department 03/25/2025
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-87-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/25/2025	Time of Crash 1600 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 45	State Police Local Police MBTA Police Campus Police Other		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
ROUTE 62 HWY										
Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street					
At										
I93NBR34 RAMP					Feet N S E W of . or 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: <input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					Crash Report ID# 25-88-AC					
License S DOB/Age					Reg # 8WXL80 Reg Type PC Reg State MA					
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement					Veh Year 2018 Veh Make SUBARU Veh Config. 1 21					
Operator CRAIG, KIRSTY					Owner CRAIG, KIRSTY					
Address 11 WEBB ST					Address 11 WEBB ST					
City MIDDLETON State MA Zip 01949-1709					City MIDDLETON State MA Zip 01949-1709					
Insurance Company ARBELLA MUTUAL INSURANCE					Vehicle Action Prior to Crash 1 22					
Vehicle Travel Direction: N S X W 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 26					
Please fill out for operator and all occupants involved					34 35 36 37 38 39 40					
Name (Last First Middle) Address					DOB/Age Sex Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility					
Operator See Above					1 1 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.										
License # St DOB/Age					Reg # 3BMV48 Reg Type PC Reg State MA					
Sex F Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement					Veh Year 2007 Veh Make GMC Veh Config. 1 21					
Operator CANTY, JILLIAN B					Owner CANTY, JILLIAN B					
Address 15 TANGLEWOOD AVE					Address 15 TANGLEWOOD AVE					
City TEWKSBURY State MA Zip 01876-2055					City TEWKSBURY State MA Zip 01876-2055					
Insurance Company THE COMMERCE INSURANCE CO					Vehicle Action Prior to Crash 4 22					
Vehicle Travel Direction: X S E W 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 4 25 25					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub					Driver Distracted by 99 26 26					
Please fill out for operator and all occupants involved					34 35 36 37 38 39 40					
Name (Last First Middle) Address					DOB/Age Sex Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility					
Operator/Occupants See Above					1 1 4 0 0 10 1					
					3 1 4 0 0 10 1					

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

Crash Diagram:

ie: →

1

→

2

→

○

→

○

Rt. 62

I93NB Off Ramp

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 (V1) was traveling east on Rt. 62 in the area of the I93NB (Exit 34). Vehicle 2 (V2) was exiting I93NB and entering RT. 62 taking a left to travel west on RT. 62. V2 entered the intersection, failing to yield to V1 and V1 collided with V2 in the eastbound travel lane. V2's operator stated that she looked both ways but did not see V1. V2's operator stated that V2 pulled out at the last moment and she attempted to stop and swerve out of the way with no success. No airbags were deployed and all parties declined medical attention. V1 was towed by Forrest Towing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
BAKAS PETER	17 TURNER DR NORTH READING MA 01864		

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 R DiLorenzo

Police Officer Name (Please Print)

Signature

217

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/25/2025

Date

Wilmington Police Department
Images Associated with 25-88-AC



Attachments for 25-88-AC	
Description	Type
KL OPER CRASH RPT	PDF
Attachment#: 96138B103C35421798C3E8CFE51DA0C5	

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/26/2025	Time of Crash 1152 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35	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 402 MAIN 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:			<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-89-AC	
License # St. OB/AL			Reg # 26JE62		Reg Type PC		Reg State MA			
Sex F Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2014		Veh Make MITSUBISHI		Veh Config. 1 21			
Operator TORRES, GINA THERESA			Owner TORRES, GINA THERESA							
Address 2001 LORDS CT			Address 2001 LORDS CT							
City WILMINGTON State MA Zip 01887-4514			City WILMINGTON State MA Zip 01887-4514							
Insurance Company FARMERS PROPERTY & CASUAL			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					
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub			Driver Contributing Code 19 25 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 99 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 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					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.	
License # St. DOB/Age			Reg # 2642575		Reg Type PC		Reg State NH			
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2021		Veh Make BMW		Veh Config. 1 21			
Operator DESROSIERS, SCOTT WILLIAM			Owner DESROSIERS, JUDITH ANN							
Address 135 FARLEY RD			Address 135 FARLEY RD							
City HOLLIS State NH Zip 03049			City HOLLIS State NH Zip 03049							
Insurance Company AMICA			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 25		BAC Test Result: 1 30					
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 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 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					

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

Crash Diagram:

ie: →

1

→

2

→

O

→

B

Intersection
with Rt.62



Main
Street

402 Main
Street



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 (V1) was traveling south on Main Street behind Vehicle 2 (V2) in the area of 402 Main Street. Traffic began to slow/stop for the red light ahead and V2 slowed/stopped. V1's operator stated that she looked down for a second and during that time she rear ended V2. Both vehicles were traveling in the left most southbound lane. No airbags were deployed and both operators declined medical attention. V2 sustained damage to the center rear and V1 sustained damage to the center front. Both vehicles were able to be driven from the 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

Patrol Officer Michael R DiLorenzo

217

Wilmington Police Department

03/26/2025

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Wilmington Police Department
Images Associated with 25-89-AC



Attachments for 25-89-AC	
Description	Type
GT TORRES OPER CRASH RPT	PDF
Attachment#: 4BC1A0C59A124C3094EF92AAF9719FAE	
SW DESROSIERS OPER CRASH RPT	PDF
Attachment#: AEEADB0B75ED4C7D89D8E5303B0ED74B	

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:						
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street						
At					Feet N S E W of . or 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:			<input checked="" type="checkbox"/> Vehicle 12 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-90-AC		
License St DOB/Age			Reg # 3XEL14		Reg Type PC		Reg State MA				
Sex M Lic. Class 19 19 Lic. Restrictions B 20 CDL Endorsement			Veh Year 2019		Veh Make TOYOTA		Veh Config. 1 21				
Operator BERGERON, BRUCE R			Owner BERGERON, BRUCE R								
Address 18 FIELD POND DR			Address 18 FIELD POND DR								
City READING State MA Zip 01867-1115			City READING State MA Zip 01867-1115								
Insurance Company PLYMOUTH ROCK ASSURANCE C			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 7 27 27 27						
Vehicle Travel Direction: N S E X 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 25		BAC Test Result: 1 30						
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub			Driver Distracted by 0 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 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			F 3		1 4 0 0 10 1						
Please Select One of the Following:			<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.		
License S DOB/Age			Reg # 4LLY37		Reg Type PC		Reg State MA				
Sex M Lic. Class 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make CHEVROLET		Veh Config. 1 21				
Operator DE SOUSA MATOS, WALISON			Owner DE SOUSA MATOS, WALISON								
Address 30 FISKE AVE APT 1			Address 30 FISKE AVE APT 1								
City SOMERVILLE State MA Zip 02145-2524			City SOMERVILLE State MA Zip 02145-2524								
Insurance Company THE COMMERCE INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 8 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: 0 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 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 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			M 3		1 4 0 0 10 1						

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

Crash Diagram:

ie: → 1 → 2 → O → B

High Street

Route 62

Middlesex Ave.

424

Traffic control lights

MV1

MV2

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

Police Officer Name (Please Print)

Signature

197

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

03/29/2025

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	