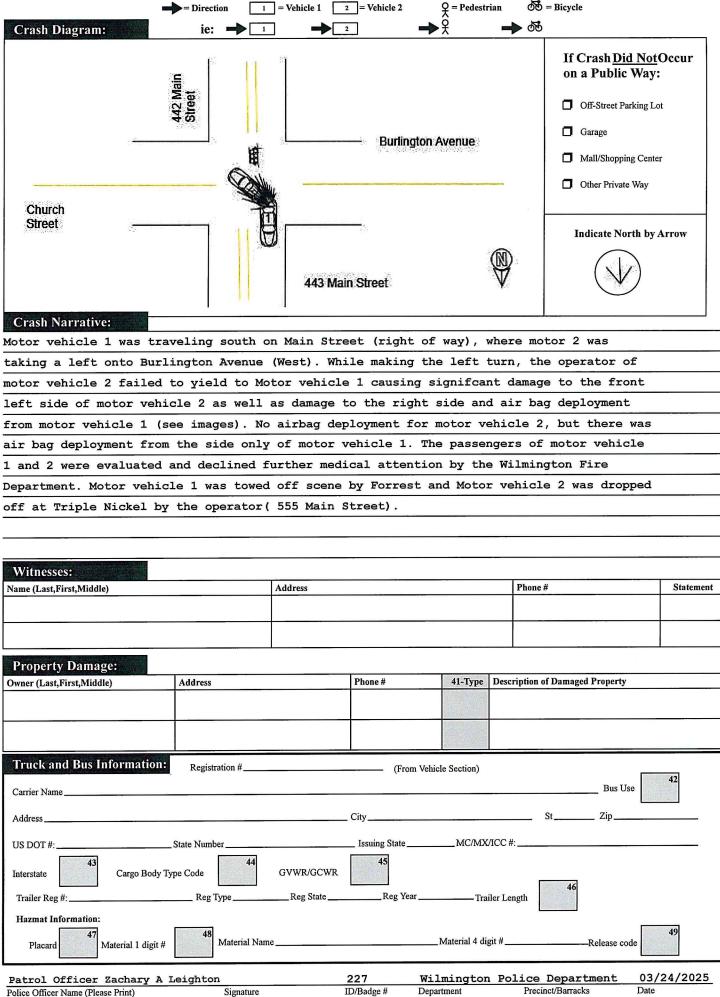
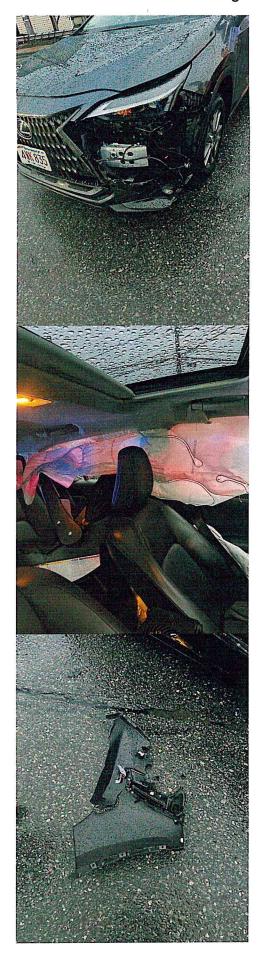
	Police	e Use Only		C	comm	onw	eaith	OI IVI	assa	acn	us	etts				RM	V Doc	ument Number	
		Time of Crash		City/Town		Mot	or Veh	icle (Cra	sh		umber hicles		nber	Speed	Limit	_ 35	Local Police	1
	03/24/2025	1831 24HR	Wilm	ningto	n	1	Police	Repo	rt		2	incies	0		Latitu Longi	0.0000000000000000000000000000000000000	-	MBTA Police Campus Police Other:]
		AT INTER	SECTI	ON:		<	LOCA		44470	>				_			SEC	TION:	-
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1	Route# Directi	ion		Name of Ro		et		Route#	Direct	tion		ess#			Na	me of	Roadv	vay/Street	_]
¹ 1					At				_Feet	NS	Elw	of				_	OF		
	Route# Directi		Nam	e of Intersecti	ing Roadway	v/Street			_1 001 [1=1::	J 01		ile Ma			· ·	Exit Number	11
	Transfer State Colors of the C	14110000			rsection with				_Feet [N S	EW	of		_					3
									Feet	NS	EW	of	Rout	e#		Interse	ecting l	Roadway/Street	
² 3	Route# Directi	ion	Nam	e of Intersecti	ing Roadway	y/Street										La	ndmari	k	-
	Please Select Or	ne Marana	3	#Occupants				Τ,	Crash R		ID#	25	c	6.	_ 7\			-	7
3	of the Following		e 13	_#Occupants	Hit/Ri	un լ	Moped		rash K	eport	ID#	23	<u>-с</u>	0.	-A	C			
	License i		St	DOB/Ag	e		Reg	# 6FY2	331				Re	д Туре	PC		R	eg State MA	- 12
	Sex M Lic. Cl	lass D	19 Lic. R	estrictions 1	20 CDI	L	Veh	Year 20	12		Veh M	ake <u>L</u>	EXU	JS			_ Veh	Config. 1	1
	Operator PHI	N, MAT	IN	Edder.		orsement		er NGI	N,	RAI	Y								_
⁴ 1	Address 78 W	Last		First	1	Middle		ess 14	I	Last		VE	F	rst			M	iddle	
				MA Zip	01851-	-4113		DRAC						C4-	. M7	1 7	U.	1826-1323	-
	City LOWEL												22				.ip <u> </u>		
	Insurance Compar			CE INS	SURANC	JE CO	Uehio	le Action	_	X-1161A-691011		1			st Stat		Couc.	2 28	
⁵ 2	Vehicle Travel Dir	rection: N	E W	Responding	g to Emerger	ncy?_2	Even	t Sequence	1	23	23	23	23		pe of			29	
2	Citation # (If Issue	ed)		_			Most	Harmful E	event	1	24				•	t Resu	ilt:	1 30	
	Viol. 1: Ch/Sec/Su	ub	\	iol. 2: Ch/Sec	c/Sub		Drive	er Contribu	ting Co	de	1	25	25	Su	sp. Ale	cohol:	2 31	Susp. Drug: 2 32	1 13
-	Viol. 3; Ch/Sec/Su	ıb		/iol. 4: Ch/Sed	c/Sub		Drive	er Distracte	d by	0	26	2	6			om sc	201000043	1 33	
⁶ 2		Please fill out	for operat	or and all occ	upants invol	lved					34 Seat	35 Safety	36 Airbag	37 Fiect	38 Tran	39 Injury	40 Transp.		7
	Name (Last First Midd				A	ddress		DOB	/Age	Sex	Pos.	System	Status	Eject Code	Trap Code	Status	Code	Medical Facility	_
111	Operator	r			See .	Above		_	\leq	X	1	1	2	0	0	10	1		
	SINAVOLEAK W	VEY		78 WINTH						F	6	1	2	0	0	10	1		
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		# V						4							_				4
⁷ 2	Please Select On of the Following		e 2 3	#Occupants	Hit/Ru	տ [Moped	□ v	ulneral	ble Us	er C	Comple	te the	Vulner	able U	ser se	ction.		
	The late of the la		C.	2OB/A ==			Page	4WK8	135				Dag	Time	PC		D	eg State MA	1
	License #	19 1	Si 19	OOB/Age	20		, = ,	Year 20										21	-
	Sex_F Lic. Cl	THE REAL PROPERTY.	300	estrictions 1		orsement	. Konsulation										_ ven	Config.	
⁸ 1	Operator <u>SCH</u>	Last		VIEER First	LYNN	Middle		er <u>SCH</u>	I	ast		OLI		rst			Mi	iddle	-
	Address 30 E							ess <u>30</u>				DR							- 14
	City WILMI	NGTON	State	MA Zip	01887-	-3199	City_	WILM:	ING:	CON	<u> </u>	Start Con-					7	1887-3199	4
	Insurance Compan	ny GOVERN	MENT	EMPLO	OYEES	INSU	U Vehic	le Action l	Prior to	Crash		4	22		101		Code:	Abother habiteres deciments	
	Vehicle Travel Dir	rection: N S	E	Responding	g to Emerger	ncy? 2	Even	t Sequence	1	23	23	23	23		st Stat			28 29	
0	Citation # (If Issue	ed)		_			Most	Harmful E	vent	1	24	10001		-	pe of T	lest: st Resu	14.	30	
⁹ 2	Viol, 1: Ch/Sec/Su	ıh	7	Jiol 2: Ch/Sec	c/Sub		Drive	r Contribu	ting Co	de	4	25	25			cohol:	× *	1	4
							Drive	r Distracte	d by	0	26	2	6			om sce		33 33	
	Viol. 3: Ch/Sec/Su	Please fill out		riol. 4: Ch/Sec			Diive				34	35	36	37	38	39	40		4
	Name (Last First Midd		tor operat	or and all occ		ddress		DOB	/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility	_
	Operator	r/Occupai	nts		See .	Above			<	X	1	1	4	0	o	10	1		
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Form No. 10364 CRA-65 08/23

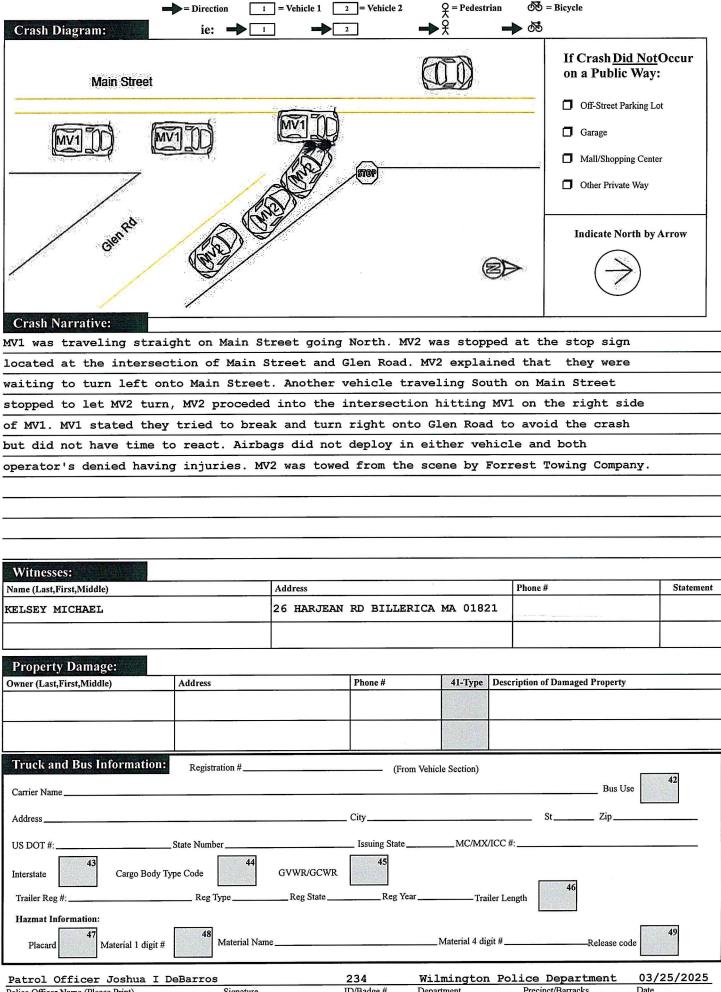
Wilmington Police Department Images Associated with 25-86-AC





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

	Police Use Only	Commo	nwealth	of Massa	chus	etts			RM	V Docu	ument Number	1000
	The second secon		Iotor Veh	icle Cras	$\mathbf{sh} \begin{bmatrix} \mathbf{h} \\ \mathbf{v} \end{bmatrix}$	lumber ehicles	Number Injured	Pro	d Limit	35	State Police Local Police MBTA Police	
	03/25/2025 0732 Wilmi	ington	Police :	Report	2		0	Latitu Longi			Campus Police Other:	
	AT INTERSECTIO	N:	< LOCA	TION >	> 1		NOT A	T IN	TER	SEC	TION:	1
	The company of the discovery of the company of the company of											2 10
	MAIN ST	22 1				. ,,				D 1	10.	لــــاً.
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Directi	ion Add	iress#		Na	ame of	Roadw	/ay/Street	-
	GLEN RD	711		Feet	N S E V	of				or _		
		of Intersecting Roadway/S	Street				Mile N	farker			Exit Number	5 11
	4	Also at Intersection with		_	N S E V	=	Route#		Interse	ecting I	Roadway/Street	
2	Route# Direction Name of	of Intersecting Roadway/S	Street	Feet	N S E V	of				Ü	•	
² 1	Route# Direction Tvalic v	or intersecting readway/e	, acct						La	ndmarl	ζ	1
3	Please Select One of the Following: Wehicle 11 #	Occupants Hit/Run	Moped Moped	Crash Re	eport ID#	25	-87	-A	C			
_		202//		G63614			D 7	CO			eg State MA	<u>L</u>
	License # 5	DOB/Age 20									21	1 12
	2 Brown Propose	trictions 1 CDL_ Endors	sement	Year 2006				<u> </u>	I.	_ Veh	Config. 6	
1	Operator SURETTE, PAUL Fit	P Mid	ldle	er SURETT!	ast		P First			Mi	ddle	
⁴ 2	Address 5 UNIVERSITY LN	•	Addr	ess 5 UNIV	ERSI'	ry]	LN					
	City BILLERICA State M	IA Zip 01821-3	3223 City	BILLERIC	CA		s	tate M	A _ 2	ip <u>01</u>	L821-3223	
	Insurance Company PLYMOUTH RO	OCK ASSURANC	CE C Vehic	cle Action Prior to (Crash	1	22	Damage	d Area	Code:	-grade -anten coarda	
	Vehicle Travel Direction:	Responding to Emergency	y? 2 Even	t Sequence 1 2	23 23	23	23	Test Star			1 28	
⁵ 1	Citation # (If Issued)		Most	Harmful Event	1 24			Type of			0 ²⁹	
	Viol. 1: Ch/Sec/Sub ————Vio	ol 2: Ch/Sec/Sub	Drive	er Contributing Cod	ie 1	25	25	BAC Te Susp. Al	19		Susp. Drug: 2 32	1 13
				1	0 26	2	-	Towed f			2 33	
⁶ 1	Viol. 3: Ch/Sec/SubVio	- American		J Distracted by	34	35	36 37	38	39	40	2	4
	Name (Last First Middle)	Addr		DOB/Age	Sex Pos.	Safety System	Airbag Eje Status Coo	t Trap e Code	Injury Status	Transp. Code	Medical Facility	1
	Operator	See Al	oove	\sim	X^{1}	1	4 0	0	10	1		
			0.00									
						1		+				1
				-	_			+				1
												4
⁷ 3	Please Select One of the Following: Vehicle 21 #0	Occupants Hit/Run	Moped Moped	Ulnerab	le User	Comple	te the Vuln	erable (Jser se	ction.		
3		NOR/A	Dog 4	5PDH42			Dog Tu	» PC	ı.	D,	og Stote MA	1
	License # St St	OB/Age									_ 21	ŀ
	9	trictions 1 CDL_ Endors	ement	Year 2017						_ ven	Config.	
⁸ 2	Operator BHATTACHARYA , Fix	IUHINA rst Mid	dle	er BHATTAC	ast		First	NA		Mi	ddle	
2	Address 9113 AVALON DR			ess <u>9113 A</u>		I DE						14
	City WILMINGTON State M	IA Zip <u>01887</u>	City	WILMINGT	ON_	ristantini in				_	L887	2
	Insurance Company ARBELLA MU	TUAL INSURA	NCE Vehic	ele Action Prior to C	Crash	4	2000			Code:	1 27 8 27 27 1 28	
	Vehicle Travel Direction:	Responding to Emergency	y? <u>2</u> Even	Sequence 1 2	3 23	23	23	Test Stat			29	
Q	Citation # (If Issued)		Most	Harmful Event	1 24			BAC Te		ilt	30	
⁹ 2	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ———	Drive	r Contributing Cod	le 19	²⁵ 3	25	Susp. Al	ı		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ——————Viol.			er Distracted by	0 26	2	-	Towed f			1 33	
	Please fill out for operator			100000000000000000000000000000000000000	34	35	36 37 Airbag Eje	38	39	40 Transp.		1
	Name (Last First Middle)	Addr		DOB/Age	Sex Pos.	Safety System	Airbag Eje Status Cox	e Code		Code	Medical Facility	-
	Operator/Occupants	See Al	oove	\sim	X^1	1	4 0	0	10	1		
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Wilmington Police Department Images Associated with 25-87-AC



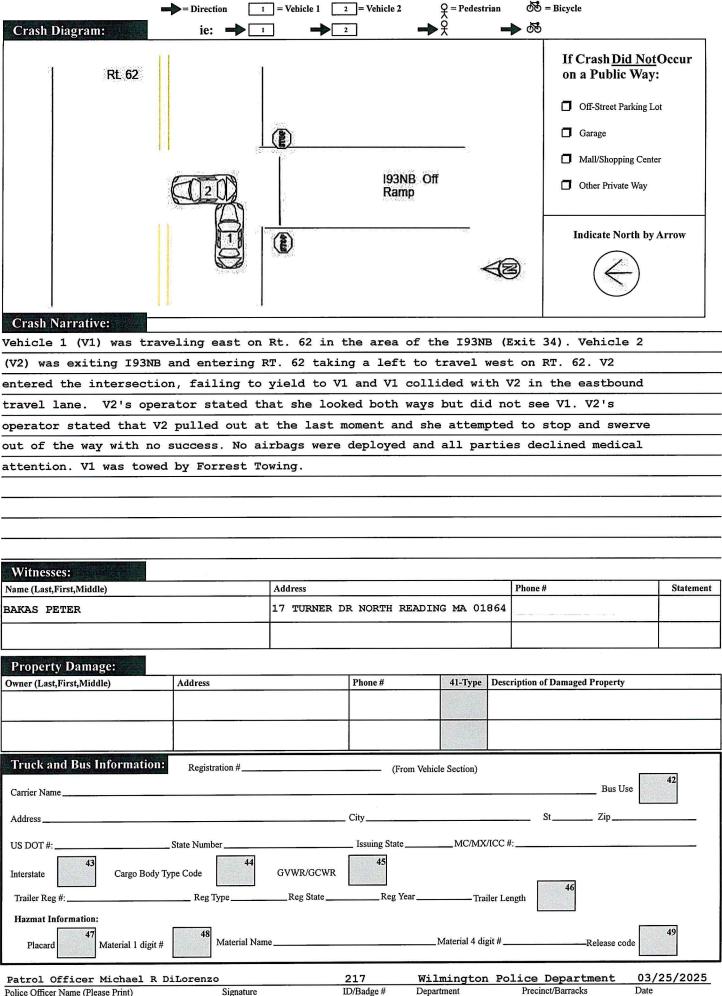




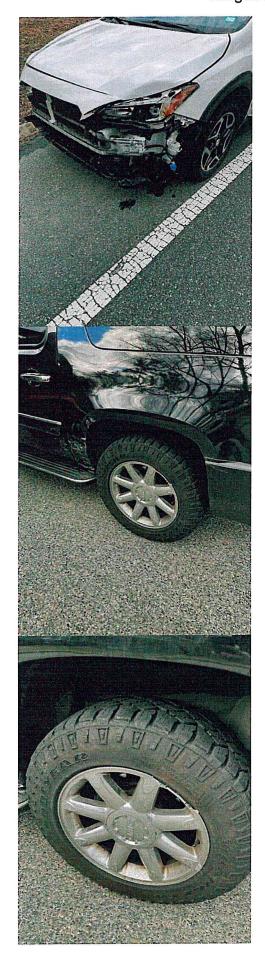




	Police Use Only	Commo	nwealth	of Massa	chus	etts			RM	V Docu	ment Number	
	Take to be the control of the contro	City/Town M	otor Veh	icle Cras	h [Number Vehicles		Ispec.	d Limit	45	Local Police	7
	03/25/2025 1600 Wilmi	ington	Police	Report	2		0	Lann	ude gitude _		MBTA Police Campus Police Other:	
	AT INTERSECTIO	N:		TION >	30.527		NOT			SEC		1
	AT INTERSECTIO	11.	100		75		11011	11 111	LLI	DEC.	10111	10
	ROUTE 62										12	2
¹ 1	Route# Direction	Name of Roadway/Street		Route# Direction	on Ad	dress #		N	ame of	Roadw	ay/Street	-
1	T0237DD24	At		Feet N	SE	v of		_	. —	or _		
	Route# Direction I 93NBR34 Name of	of Intersecting Roadway/Str	reet				Mile	Marker			Exit Number	3 11
		Also at Intersection with		Feet N	SE	V of	Route#		Inters	ecting R	loadway/Street	
[2		CI to the Dead of City		Feet [N	SE	V of	Routen		mers	coung r	oudway/Succe	
² 2	Route# Direction Name of	of Intersecting Roadway/Str	reet						La	ındmark		_
3	Please Select One Vehicle 11 #	Occupants Hit/Run	Moped	Crash Re	port ID#	25	-88	3 – A	C			
3	of the rollowing:										1/7	-
	10 10	DOB/Age		# <u>8WXL80</u>							g State MA	1 12
	Sex F Lic. Class D Lic. Res	trictions B CDL_ Endorse		Year 2018	Veh 1	Make <u>S</u>	UBAR	Ū		Veh	Config. 1	
	Operator CRAIG, KIRSTY	rst Middle	Own	er CRAIG,	KIR	STY	First			Mic	ldle	ž.
⁴ 2	Address 11 WEBB ST	300000000	Addı	ess 11 WEB	B ST					500,0000		ş
	City MIDDLETON State M	1A Zip 01949-17	709 City	MIDDLETO	N			State M	A _ 2	Zip 01	949-1709	
	Insurance Company ARBELLA MU	TUAL INSURAN	NCE_ Vehi	cle Action Prior to C	Crash	1	22	Damage	ed Area	Code:	B 27 1 27 27	
	100 Maria 100 Ma	Responding to Emergency?		t Sequence 1 23	3 23	23	23	Test Sta	itus:		1 28	1
⁵ 1		responding to Emergency.		Harmful Event	1 24			Type of	Test:		0 29	1
	Citation # (If Issued)				Section 1	25	25	BAC Te			1 30	13
	Viol. 1: Ch/Sec/Sub ————Vio			er Contributing Cod	26	5877		Susp. A			Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub ———Vio	ol. 4: Ch/Sec/Sub ————	Drive	er Distracted by				Towed 1			1 33	_
1	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex Pos	t Safety	36 3 Airbag Ejo Status Co	et Trap	Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Abo	ve		X 1	1	4 0	0	10	1		
	operato.											=
			-		_	-						_
	Please Select One VI Vahiela 12 #6	Occupants Hit/Run	Moped	Ulnerabl	o Hoon	Comple	to the Vul	aoroblo I	Icor co	otion		1
⁷ 6	of the Following:	Hit/Run	Wiopeu	Vulnerabl	e Osei	Comple	te the van	iciable	OSCI SC	ction.		4
	License # St	DOB/Agc	Reg	3BMV48			Reg Ty	ре <u>РС</u>	:	Re	g State MA 21	
	Sex F Lic. Class D 19 Lic. Rest	trictions 20 CDL	Veh	Year 2007	Veh 1	Make <u></u>	MC			Veh	Config. 1	
	Operator CANTY, JILLIAN		Own	er CANTY,	JIL	IAN	B First			Mid	11	
⁸ 1	Address 15 TANGLEWOOD A			ess 15 TANG	<u> SLEW</u>	OOD				Mid	uie	
	City TEWKSBURY State M	<u>IA Zip 01876-20</u>	055 City	TEWKSBUR	Y			tate M	A _ 2	Zip <u>01</u>	876-2055	1 14
	Insurance Company THE COMMERC			ele Action Prior to C	rash	4	22	Damage	d Area	Code:	7 27 27 27	
		Responding to Emergency?		t Sequence 1 23	1000001	23	23	Test Sta	tus:		1 28	
		Responding to Emergency:			24			Type of	Test:	9	29	
⁹ 2	Citation # (If Issued)					25	25	BAC Te	st Resu		1 30	
_	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ————	Drive	er Contributing Code	26	Batte M		Susp. A			Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub ———Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 ²⁶		191	Towed f			2 33]
	Please fill out for operator Name (Last First Middle)	and all occupants involved		DOB/Age	Sex Pos	t Safety		7 38 set Trap de Code	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	See Abo			X 1	1	4 0	0		1]
	эрегигот оссирини				\rightarrow	-	4 0		10	1	480-77	†
-					3	1	4 0	0	10	-		4
		1										



Wilmington Police Department Images Associated with 25-88-AC





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

	Police Use Only	Common	wealth (of Massa	chus	setts			RM	V Docu	ment Number	
			tor Veh	icle Cras	sh [Number Vehicles	Number Injured		l Limit	35	— Local Police	
	03/26/2025 1152 Wilm:	ington	Police 1	Report		veilleles 2	0	Latitu		346 1440	MBTA Police Campus Police Other:	H
	AT INTERSECTION)N:	LOCA		> 1		NOT A			SECT		7
	ATT IN TEREBECTION									~ ~		10
						02	MAI					2
¹ 1	Route# Direction	Name of Roadway/Street At		Route# Direct	ion Ac	ldress #		Na	ame of	Roadwa	ay/Street	-
1		At		Feet [N S E	w of			. —	or _		-
	Route# Direction Name	of Intersecting Roadway/Stree	t				Mile I	/larker			Exit Number	2 11
	*	Also at Intersection with		Feet	N S E	w of	Route#		Interse	ecting R	oadway/Street	
2	Detail Disease News	- CI-+		Feet	N S E	w of	Tto uto.			voting 10	Sauray, Savot	
² 2	Route# Direction Name	of Intersecting Roadway/Stree	T.						La	ndmark		
3	Please Select One Vehicle 11	Occupants Hit/Run	Moped	Crash R	eport ID#	25	-89	-A	C			ı
3	of the Following:						-					-
	License # St St	OB/A _L		26JE62							21	1 12
	Sex F Lic. Class D Lic. Res	strictions B CDL Endorseme	ent	Tear 2014					HI	_ Veh	Config. 1	
-	Operator TORRES, GINA T	HERESA irst Middle	Own	er <u>TORRES</u>	, GI	I AN	HERE First	SA		Mid	dle	-
⁴ 1	Address 2001 LORDS CT		Addr	ess 2001 L	ORDS	CT						
	City WILMINGTON State 1	MA Zip 01887-451	L4 City	WILMING	ON		s	tate M	A _ z	ip 01	887-4514	.
	Insurance Company FARMERS PRO	OPERTY & CASU	AL Vehic	le Action Prior to	Crash	1	22	Damage	d Area	Code:	1 27 27 27	
	Vehicle Travel Direction: N E W	Responding to Emergency? 2		Sequence 1	23 23	23	23	Test Star	tus:	1	L 28	
5	Citation # (If Issued)			- 2000	1 24		1000	Type of	Test:	2		
	,				THE PARTY NAMED IN	25	25	BAC Te		-	L 30	13
	Viol. 1: Ch/Sec/Sub — Viol.			r Contributing Cod	2600	CHANGE TO	2	Susp. Al		-	Susp. Drug: 2 32	1
⁶ 1	Viol. 3: Ch/Sec/Sub — Viol.	A STATE OF THE STA	Drive	r Distracted by	99	SON SITE		Towed f			2 33	4
_	Please fill out for operato Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Po	at Safety	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator	See Above	1		X_1	1	4 0	О	10	1		
					\leftarrow	_						1
						+-		-				-
	Please Select One XI Volcielo 2.1 #	Occupants Hit/Run	Moped	Vulnerali	la Hear	Comple	te the Vulr	erable I	Iser sea	etion		7
⁷ 1	of the Following:	Mickell	Mopeu	Vuineral	ne Osei	Comple	te the van	- Clabic C	7301 300	otion.		4
	License # St	DOB/Age	Reg #	2642575			Reg Ty	pe <u>PC</u>		Reg	g State NH	
	Sex M Lic. Class D 19 19 Lic. Res	strictions B 20 CDL		ear 2021	Veh	Make <u>B</u>	MW			_ Veh (Config. 1	
lo	Operator DESROSIERS, SC			r DESROS	IERS	, JU	DITH First	ANI	N	Mide	dla	
⁸ 1	Address 135 FARLEY RD	nst whole	Addre	ess <u>135 FA</u>	RLEY	RD	rust			IVIIII		
	City HOLLIS State 1	NH Zip 03049	City_	HOLLIS			S	tate NI	I _ z	ip <u>03</u>	049	1 14
	Insurance Company AMICA		Vehic	le Action Prior to	Crash	2	22	Damage	d Area	Code:	5 27 27 27	
		Responding to Emergency? 2	Event	Sequence 2	23 23	23	23	Test Stat	tus:	1	28	
		responding to Emergency		•	1 24			Type of	Test:	c	29	
⁹ 2	Citation # (If Issued)				ALC: UNIVERSITY OF THE PARTY OF	25	25	BAC Te	F		30	
	Viol. 1: Ch/Sec/Sub ————Viol.	ol. 2: Ch/Sec/Sub ————	(40.05.00)	r Contributing Cod	26	anetic 10	4	Susp. Al	Ľ	10	Susp. Drug: 2 32	
	7.00.00.00.00.00.00.00.00.00.00.00.00.00	ol. 4: Ch/Sec/Sub	Drive	r Distracted by	9			Towed f		٤	2 33	_
	Please fill out for operator Name (Last First Middle)	r and all occupants involved Address		DOB/Age	Sex Po	t Safety	36 37 Airbag Eje Status Coo	t Trap	39 Injury Status	40 Transp. Code	Medical Facility	
	Operator/Occupants	See Above	-		X_1		4 0	0	10	1	NACC.	
	- per acces, a companies											
					-	-	-					4
1												

Cresh Disgrams		= Vehicle 1 2	_	♀ Pedestria: ♀ ♀	n 010 = 1 → 010	Bicycle	
Crash Diagram:	ie: 🕩 1					If Crash <u>Did</u> on a Public V	
Intersection						☐ Off-Street Park	king Lot
with Rt.62	<u>ب</u> بنا ب		- w ²			☐ Garage	
tsoa 8	71200(170)	Mess				☐ Mall/Shopping	Contra
DUG S							
		Ma Str			,	Other Private V	way
						Indicate Nort	th by Arrow
				6		\bigcirc)
A.	402 Main Street						/
Crash Narrative:							
Vehicle 1 (V1) was tra	veling south on	Main Stree	t behind V	ehicle 2 (72) in th	e area of 4	102
Main Street. Traffic b	egan to slow/st	op for the	red light	ahead and V	72 slowed	l/stopped.	
71's operator stated t						-	led
72. Both vehicles were	traveling in t	he left mos	t southbou	nd lane. No	airbags	were	
leployed and both oper	ators declined	medical att	ention. V2	sustained	damage t	o the cente	r
ear and V1 sustained	damage to the c	enter front	. Both veh	icles were	able to	be driven	
from the scene.							
			12001				
						Verter I in a large transfer of the large tr	
		-					
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type D	Description of E	amaged Property	
							~
Truck and Bus Information	Registration #		— (From V	ehicle Section)			42
Carrier Name						Bus Use	
Address			City		St_	Zip	
US DOT #:	State Number		_ Issuing State	MC/MX/IO	CC #:		
Interstate 43 Cargo Body	Type Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	46	
Hazmat Information:	48						49
Placard Material 1 digit #	EDENOMINATION AND ADDRESS OF THE PARTY OF TH	e		Material 4 digit	#	Release code	9
Patrol Officer Michael R				Wilmington			03/26/2025
Police Officer Name (Please Print)	Signature	II	D/Badge # D	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	Comn	nonwealth	of Massa	ichi	uset	ts			RM	V Docu	ıment Number	
	Date of Crash Time of Crash	City/Town	Motor Veh	icle Cra	sh	Num Vehic	120000	mber jured		l Limit	30	Local Police	7
	03/29/2025 1544 Wilm	ington	Police 1	Report		2	0	juicu	Latitu Longi			MBTA Police Campus Police Other:	
	AT INTERSECTION	ON:	< LOCA		>		NC	T A			SEC'	TION:	1
	THE REPORT OF THE PERSON OF TH	J.,,			and the second								10
						424		IDE	LE	SEX	AV	E	
¹ 1	Route# Direction	Name of Roadway/Stro	eet	Route# Direct	tion	Address	s #		Na	ame of	Roadw	/ay/Street	_
1		At		Feet	N S I	E W of	f —			. —	or _		ž.
	Route# Direction Name	e of Intersecting Roadw	ay/Street				N	⁄lile Ma	arker			Exit Number	3 11
		Also at Intersection wi	th	Feet	N S I	E W of	f	te#	7	Inters	ecting F	Roadway/Street	
2	B	CI	104	Feet [N S I	E W of	f	iton		mers	cuig i	coadway/Bucci	
² 2	Route# Direction Name	e of Intersecting Roadw	ау/Бпеет							La	ndmark	(_
	Please Select One Vehicle 12	#Occupants Hit/F	Run Moped	Crash R	eport I	D# 2	5-9	90	-A	C			
³ 3	of the Following:												4
_	License St St 19 19	DOB/Age	-	3XEL14								2.1	1 12
	Sex M Lic. Class D 19 Lic. Re	strictions B CI	DL Veh Y	Year <u>2019</u>	Ve	eh Make	TOY	OTA	<u> </u>		_ Veh	Config. 1	
	Operator BERGERON, BRUC			er BERGER	ON,	BR		R First			M	ddle	İ
⁴ 3	Address 18 FIELD POND I	DR		ess 18 FIF	LD	PON					IVII	uuie	1
	City READING State	MA Zip 01867	-1115 City	READING				Sta	te M	A 2	ip 01	L867-1115	
	Insurance Company PLYMOUTH R			ele Action Prior to	Crash	1	22	D	amage	d Area	Code:	7 27 27 27	
	Vehicle Travel Direction: N S E	Responding to Emerg		tion or a	-	23 23	1921-06-1901	Te	est Stat	us:		1 28	
⁵ 1		,	- 100 mm	i sequence 1	A BASE	24		Ty	pe of	Test:		0 29	
_	Citation # (If Issued)	-	Most	Harmful Event			2:		AC Tes	st Resi	ılt:	1 30	13
	Viol. 1: Ch/Sec/Sub ————V	iol. 2: Ch/Sec/Sub ——	Drive	r Contributing Co	li:	JA VELLY		Sı	ısp. Al	cohol:	2 31	Susp. Drug: 2 32	1
6	Viol. 3: Ch/Sec/Sub ————V	iol. 4: Ch/Sec/Sub	Drive	r Distracted by	0	26	26	To	wed fi	rom sc	ene?	2 33	
⁶ 2	Please fill out for operate			Don't		Seat Sa	35 36 nfety Airbag	37 Eject	38 Trap	39 Injury	40 Transp.	M. F. I.P. The	T
	Name (Last First Middle)		Address e Above	DOB/Age	Sex	Pos. Sy	stem Status	Code	Code 0	Status 10	Code 1	Medical Facility	1
	Operator	18 FIELD POND DR			\sim								-
	APRIL BERGERON	READING, MA 01867	/-1115		F 3	3 1	4	0	0	10	1		
													1
								1					1
⁷ 2	Please Select One of the Following:	#Occupants Hit/R	dun Moped	Vulneral	ole Usei	r Com	plete the	Vulner	rable U	Jser se	ction.		
	License S	OB/Age.	Reg #	4LLY37			Re	ед Туре	PC	2	Re	eg State MA	1
	19 19	2.0		ear 2010								21	
	CALCULATE CATEGORY	End	dorsement	r DE SOU								Coming.	a.
⁸ 1	Operator DE SOUSA MATOS		Middle	es 30 FIS	ast			rirst	1	Z-1	Mic	ldle	
_	Address 30 FISKE AVE					AVE	AE				. 00	145 0504	14
	City SOMERVILLE State	•		SOMERVII	<u>ظياد</u>	100	22				-	27 27 27 27	
	Insurance Company THE COMMER	<u>CE INSURAN</u>	CE CO Vehic	le Action Prior to		4			amaged st Stat		Code:	8 27 27 27 1 28	
	Vehicle Travel Direction: N S W	Responding to Emerge	ency? 2 Event	Sequence 1	23 2	3 23	3 23		pe of T			29	
9	Citation # (If Issued)	<u>-</u> :	Most	Harmful Event	1	24		-	AC Tes		lt:	30	
⁹ 2	Viol, 1: Ch/Sec/Sub ————V	iol, 2: Ch/Sec/Sub	Drive	r Contributing Cod	de [L 25	25	=	sp. Ale			Susp. Drug: 2 32	
	Viol, 3; Ch/Sec/Sub ————V			r Distracted by	0	26	26		wed fr			2 33	
	Please fill out for operato	STATE OF THE PART					35 36	37	38	39	40	and any or	†
	Name (Last First Middle)		Address	DOB/Age			stem Status		Trap Code	Injury Status	Transp. Code	Medical Facility	-
	Operator/Occupants	See	Above	> <	X	1 1	4	0	0	10	1		
	GEOVANIO PAULINO MACHADO	46 ALBION ST SOMERVILLE, MA 02	143-1103		м 3	3 1	4	o	0	10	1		
											\Box		1
							_	-					1
				1 1									

	= Direction 1	= Vehicle 1	2 = Vehicle 2	웃 = Pedestria	n ØØ =	Bicycle	
Crash Diagram:	ie: 👈 🔟	→ □	2	▶ 윉	→ №		
	High Street		2			If Crash Did No on a Public Wa	y :
Route 62		1.3	¥		307	☐ Garage	
8	MV1	MV2			 	☐ Mall/Shopping Cer ☐ Other Private Way	
	Traffic Co	ntrol lights	424 Middlessex Ave.	*	~	Indicate North b	y Arrow
Crash Narrative:							
Operator of motor vehic	cle 1, Bruce Be	ergeron, st	ated he was	traveling	west on	High Street,	
had a green traffic con	ntrol light, at	tempted to	drive straig	ght through	gh the in	ntersection	
onto Middlesex Avenue,							
Matos, stated that he		42					
control light, attempte							,
MV1 (See images). All							
	an information	N. S. S.		VIEW MOCO	r veurcre	CLASII	
operator reports, and	advised all par	rties accor	dingly.				
				1819			
Witnesses:							
Name (Last,First,Middle)		Address			Phone #		Statement
Property Damage:			æ.				
Owner (Last,First,Middle)	Address		Phone #	41-Type I	Description of l	Damaged Property	-
Truck and Bus Information	Registration #		(From Vel	nicle Section)			
2			Ç. Tom.			Bus Use	42
Carrier Name							
Address			_ City		St	Zip	
US DOT #:	State Number		Issuing State	MC/MX/I	CC #:		
43	44		45				
Interstate Cargo Body	Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	46	
Hazmat Information:						control (CC)	
Placard 47 Material 1 digit #	48 Material Nan	ne		_Material 4 digit	#	Release code	49
Patrol Officer Julio J	Ouiles		197 Wi	lmington	Police D	epartment 03	3/29/2025
om 31 mi n'a	Cionatura			nartment		/Barracks Dat	

Wilmington Police Department Images Associated with 25-90-AC





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