

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/28/2025	Time of Crash 1139 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35	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 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 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-119-AC	
License # S DOB/Age			Reg # R87483		Reg Type CO		Reg State MA			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make FORD		Veh Config. 1 21			
Operator MATEO GUERRERO, FABIO JOSE			Owner CLEARVIEW WINDOW CLEANING INC							
Address 67 WARREN ST APT 3			Address 215 SALEM ST							
City LAWRENCE State MA Zip 01841-4207			City WOBURN State MA Zip 01801-2097							
Insurance Company UTICA MUTUAL INSURANCE CO			Vehicle Action Prior to Crash 4 22		Damaged Area Code: 1 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 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			Driver Distracted by 0 26 26		Towed from scene? 1 33					
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										
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 # S33325582 St MA DOB/Age 10/02/1959			Reg # 5563076		Reg Type PC		Reg State NH			
Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2010		Veh Make FORD		Veh Config. 2 21			
Operator MANN, GEORGE DAVID			Owner RADIL, STACEY M							
Address 63R LAKE ST			Address 9A VAGGE DR							
City TEWKSBURY State MA Zip 01876-4420			City NASHUA State NH Zip 03060							
Insurance Company			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 3 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			Driver Distracted by 0 26 26		Towed from scene? 1 33					
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										
REGINALD BABINEAU 24 LOWELL ST WILMINGTON, MA 01887-3203			07/26/1957 M 3 99 4 0 0 10 1 Lahey HOSPITAL							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

342 Main Street (ALPrime Gas)

Main Street

Line of Stopped Traffic

Driveway to 335 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 exiting the driveway to 335 Main Street attempting to turn left to travel northbound on Main Street. This area of Main St has two southbound travel lanes. The right lane (closest to curb) stopped to allow V1 to exit the driveway. V1 proceeded straight and as the vehicle entered the left southbound lane Vehicle 2 (V2) was traveling south in that lane. V1 and V2 collided in the southbound travel lanes. V1 sustained front end damage and V2 sustained right side damage. Both vehicles were rendered inoperable and were both towed by Cains Towing. V2's operator was transported by Action Ambulance to Lahey Hospital. V1's operator and V2's passenger signed medical refusals with the Wilmington Fire Department.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
HELM DANIELLE JOY	29 WIGHTMAN RD TEWKSBURY MA 01876-4440		

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 04/28/2025

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 25-119-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/28/2025	Time of Crash 1446 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>10</u> Direction _____ Address # <u>WILDWOOD ST</u> Name of Roadway/Street _____			Feet <u>N S E W</u> of _____ of _____ or _____ Mile Marker _____ Exit Number _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____ of _____ Intersecting Roadway/Street _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <u>N S E W</u> of _____ of _____ Intersecting Roadway/Street _____				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <u>1</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <u>25-120-AC</u>							
License _____ St. _____ DOB/Age _____			Reg # <u>M91380</u> Reg Type <u>DC</u> Reg State <u>MA</u>							
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____			Veh Year <u>2014</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>21</u>							
Operator <u>BURKE, MICHAEL THOMAS</u>			Owner <u>WILMINGTON TOWN OF TOWN HALL</u>							
Address <u>16 COLUMBIA ST</u>			Address <u>121 GLEN RD</u>							
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2416</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-3500</u>							
Insurance Company <u>MIAA (SELF INSURED)</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>27</u> <u>27</u>							
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
Please fill out for operator and all occupants involved			Driver Distracted by <u>0</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>							
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 99 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants <u>1</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped <input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.			License # _____ St. _____ DOB/Age _____							
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>B</u> <u>20</u> CDL _____			Reg # <u>6PHB41</u> Reg Type <u>PC</u> Reg State <u>MA</u>							
Operator <u>MCCLYMER, EMMA ROSE</u>			Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>21</u>							
Address <u>19A LAWRENCE ST</u>			Owner <u>MCCLYMER, PETER J</u>							
City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1905</u>			Address <u>19A LAWRENCE ST</u>							
Insurance Company <u>THE COMMERCE INSURANCE CO</u>			City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-1905</u>							
Vehicle Travel Direction: <u>N S E W</u> Responding to Emergency? <u>2</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>							
Citation # (If Issued) _____			Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u>							
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u>							
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Contributing Code <u>4</u> <u>25</u> <u>19</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u>							
Please fill out for operator and all occupants involved			Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>							
Name (Last First Middle) _____ Address _____ DOB/Age _____ Sex _____			Driver Distracted by <u>99</u> <u>26</u> <u>26</u> Towed from scene? <u>2</u> <u>33</u>							
Operator/Occupants _____ See Above			1 99 4 0 0 10 1							

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

Crash Diagram:

ie: → 1 → 2 → ○ → ○

10 Wildwood



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 (MV1) was traveling southbound on Wildwood Street. Motor Vehicle 2 (MV2) was attempting to exit the parking lot of the Wilmington Library. As MV1 passed the driveway, MV2 failed to see MV1 and struck the passenger side of MV1.

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 Brian Tavares

Police Officer Name (Please Print)

Signature

206

ID/Badge #

Wilmington Police Department

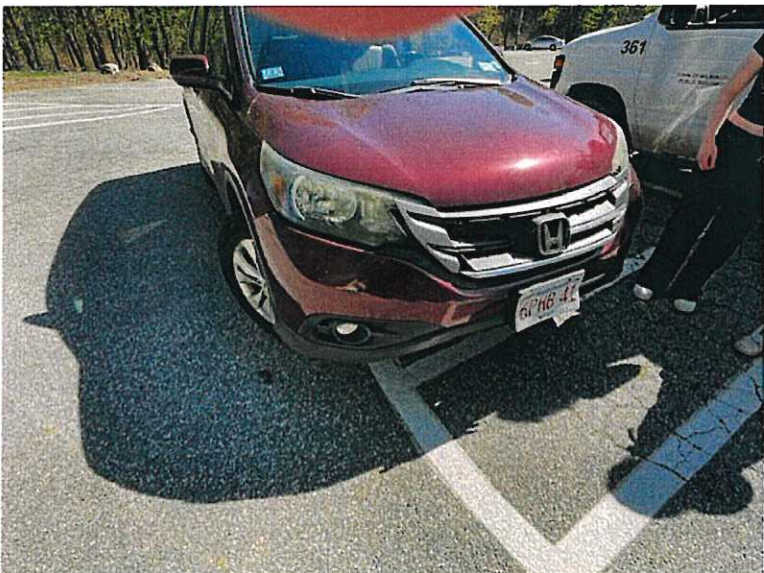
Department

Precinct/Barracks

04/28/2025

Date

Wilmington Police Department
Images Associated with 25-120-AC



Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/30/2025	Time of Crash 1720 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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					2 10		
At			Feet N S E W of or Exit Number					1 11		
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# 25-121-AC	
License # S DOB/Ag			Reg # 1756B		Reg Type AP		Reg State MA		1 12	
Sex M Lic. Class A 19 19 Lic. Restrictions 1 20 CDL Endorsement			Veh Year 2021		Veh Make Mack Truck		Veh Config. 13 21		1 12	
Operator BAEZ-PENA, JESUS DAVID			Owner BENEVENTO CONCRETE CORP							
Address 9 BOW ST APT 140			Address 900 SALEM ST							
City BOSTON State MA Zip 02136-3303			City WILMINGTON State MA Zip 01887-1236							
Insurance Company THE CHARTER OAK FIRE INSU			Vehicle Action Prior to Crash 1 22		Damaged Area Code: 99 27 27 27					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 27 23 23 23 23		Test Status: 1 28					
Citation # (If Issued)			Most Harmful Event 27 24		Type of Test: 0 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 99 25 25		BAC Test Result: 1 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 99 26 26		Susp. Alcohol: 2 31 Susp. Drug: 2 32				27 13	
Viol. 3: Ch/Sec/Sub					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		99		4 0 0 99 1	
Please Select One of the Following:			<input 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/Ag			Reg #		Reg Type		Reg State			
Sex Lic. Class 19 19 Lic. Restrictions 20 CDL Endorsement			Veh Year		Veh Make		Veh Config. 21			
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 22		Damaged Area Code: 27 27 27					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 23 23 23 23		Test Status: 28					
Citation # (If Issued)			Most Harmful Event 24		Type of Test: 29					
Viol. 1: Ch/Sec/Sub			Driver Contributing Code 25 25		BAC Test Result: 30					
Viol. 2: Ch/Sec/Sub			Driver Distracted by 26 26		Susp. Alcohol: 31 Susp. Drug: 32					
Viol. 3: Ch/Sec/Sub					Towed from scene? 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					

→ = 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:

At approximately 5:20PM, V1 was traveling north on Chestnut St when they struck the rock wall of 224 Chestnut St. The operator stated they thought they went over a curb. A neighbor who only heard the impact and did not witness the actual impact provided the company of the truck. There were no reported injuries. The home owner was notified of the accident.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
SILVEIRA FRANK S	221 CHESTNUT ST WILMINGTON MA 01887-3303		1

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
CORRIGAN HELEN	224 CHESTNUT ST WILMINGTON MA 0188			ROCK WALL EMBANKMENT

Truck and Bus Information:

Registration # **1756B** (From Vehicle Section)

Carrier Name **Benevento Concrete CORP** Bus Use 0⁴²

Address **900 SALEM ST** City **WILMINGTON** St **MA** Zip **01887**

US DOT #: **1552318** State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 0⁴³ Cargo Body Type Code 9⁴⁴ GVWR/GCWR 2⁴⁵

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

Hazmat Information:

Placard 3⁴⁷ Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 3⁴⁹

Patrol Officer Caleb A Wiig

Police Officer Name (Please Print)

Signature

237

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

05/02/2025

Date

Wilmington Police Department
Images Associated with 25-121-AC





