Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
02/13/2024	0849 (24HR)	Wilmington	2	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

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street: 490 MAIN ST

Feet [N S E W] of Mile Marker — or Exit Number

Feet [N S E W] of Route# | Intersecting Roadway/Street

Feet [N S E W] of Landmark

Please Select One of the Following: ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Crash Report ID# 24-55-AC

License _ St _ DOB/Age

Sex M | Lic. Class D | Lic. Restrictions B | CDL Endorsement

Operator LEHURAUX, MAXENCE (Last First Middle)

Address 89 SHERWOOD RD

City MEDFORD | State MA | Zip 02155-1662

Insurance Company AMERICAN FAMILY CONNECT P

Vehicle Travel Direction: N X E 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 # 3DTC83 | Reg Type PC | Reg State MA

Veh Year 2022 | Veh Make HONDA | Veh Config. 1

Owner LEHURAUX, MAXENCE (Last First Middle)

Address 89 SHERWOOD RD

City MEDFORD | State MA | Zip 02155-1662

Vehicle Action Prior to Crash 2

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 1 | | Driver Distracted by 0

Damaged Area Code: 5 | | |

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 2

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: ☒ Vehicle 2 | 1 #Occupants | ☐ Non-Motorist A | Type | Action | Location | Condition | ☐ Hit/Run | ☐ Moped

License # _ St. _ DOB/Age

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsement

Operator MARTIN, STEVEN DAVID (Last First Middle)

Address 25 MURRAY RD

City WOBURN | State MA | Zip 01801-2249

Insurance Company STARR INDEMNITY

Vehicle Travel Direction: N X E 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 # R23148 | Reg Type CO | Reg State MA

Veh Year 2022 | Veh Make | Veh Config. 1

Owner CLIMATE TECHNOLOGIES INC (Last First Middle)

Address 77 ALEXANDER RD APT 9

City BILLERICA | State MA | Zip 01821-5065

Vehicle Action Prior to Crash 1

Event Sequence 1 | | | |

Most Harmful Event 1

Driver Contributing Code 99 | | Driver Distracted by 0

Damaged Area Code: 1 | 8 | |

Test Status: 1

Type of Test:

BAC Test Result: 1

Susp. Alcohol: 2 | Susp. Drug: 2

Towed from scene? 1

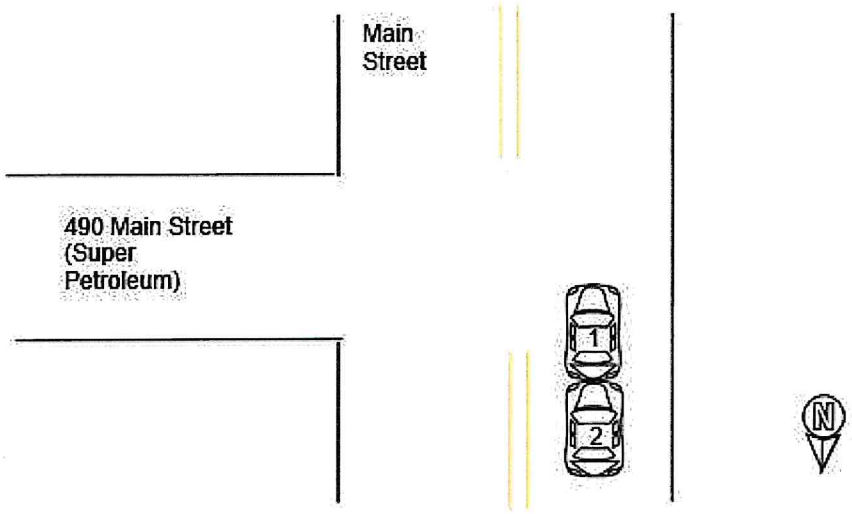
Name (Last First Middle)	Address	DOB/Age	Sex	Seat Pos.	Safety System	Airbag Status	Eject Code	Trap Code	Injury Status	Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

→ = 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 stated that he was stationary in the southbound travel lane of Main Street waiting to take a left turn into 490 Main Street. Vehicle 1's operator stated he was completely stopped and had his left directional on. Vehicle 2 was traveling south on Main Street behind vehicle 1. Vehicle 2's operator stated that vehicle 1 never signaled and stopped suddenly. Vehicle 2's operator attempted to stop but stated that due to the road conditions his vehicle slid and he rear ended vehicle 1. No airbags were deployed and all parties declined medical attention. A&S Towed vehicle 2 due to the damage.

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		02/13/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 24-55-AC

Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Police Agency
02/14/2024	0633 24HR	Wilmington	2	0	35	☒ Local Police

Latitude ____ Longitude ____

☐ State Police ☒ Local Police ☐ MBTA Police ☐ Campus Police ☐ Other: ____

LOCATION

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 ____

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # 195 Name of Roadway/Street MAIN ST

____ Feet [N] [S] [E] [W] of Mile Marker ____ or Exit Number ____

____ Feet [N] [S] [E] [W] of Route# ____ Intersecting Roadway/Street ____

____ Feet [N] [S] [E] [W] of Landmark ____

Please Select One of the Following: ☒ Vehicle 1 — #Occupants 1 ☐ Hit/Run ☐ Moped

Crash Report ID# 24-56-AC

License ____ St ____ DOB/Age ____

Sex F Lic. Class D Lic. Restrictions B CDL Endorsement ____

Operator MURPHY, KERRY LYNN (Last First Middle)

Address 585 WOBURN ST

City WILMINGTON State MA Zip 01887-2923

Insurance Company SAFETY INSURANCE COMPANY

Vehicle Travel Direction: [N] [S] [E] [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 # 3LKN95 Reg Type PC Reg State MA

Veh Year 2022 Veh Make TOYOTA Veh Config. 1

Owner MURPHY, KERRY LYNN (Last First Middle)

Address 585 WOBURN ST

City WILMINGTON State MA Zip 01887-2923

Vehicle Action Prior to Crash 4

Event Sequence 1 ____ ____ ____

Most Harmful Event 1

Driver Contributing Code 99

Driver Distracted by 99

Damaged Area Code: 1 2 8

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: ____ Susp. Drug: ____

Towed from scene? 1

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	1	0	0	10	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants 1 ☐ Non-Motorist A Type ____ Action ____ Location ____ Condition ____ ☐ Hit/Run ☐ Moped

License # ____ St ____ DOB/Ag ____

Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsement ____

Operator WITHAM, JUSTIN DERYL (Last First Middle)

Address 9 TANGLEWOOD AVE

City TEWKSBURY State MA Zip 01876-2055

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: [N] [X] [E] [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 # S72997 Reg Type CO Reg State MA

Veh Year 2016 Veh Make CHEVROLET Veh Config. 2

Owner WITHAM, JUSTIN DERYL (Last First Middle)

Address 9 TANGLEWOOD AVE

City TEWKSBURY State MA Zip 01876-2055

Vehicle Action Prior to Crash 1

Event Sequence 1 ____ ____ ____

Most Harmful Event 1

Driver Contributing Code 99

Driver Distracted by 0

Damaged Area Code: 1 2 8

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: ____ Susp. Drug: ____

Towed from scene? 1

Please fill out for operator/non-motorist and all occupants involved

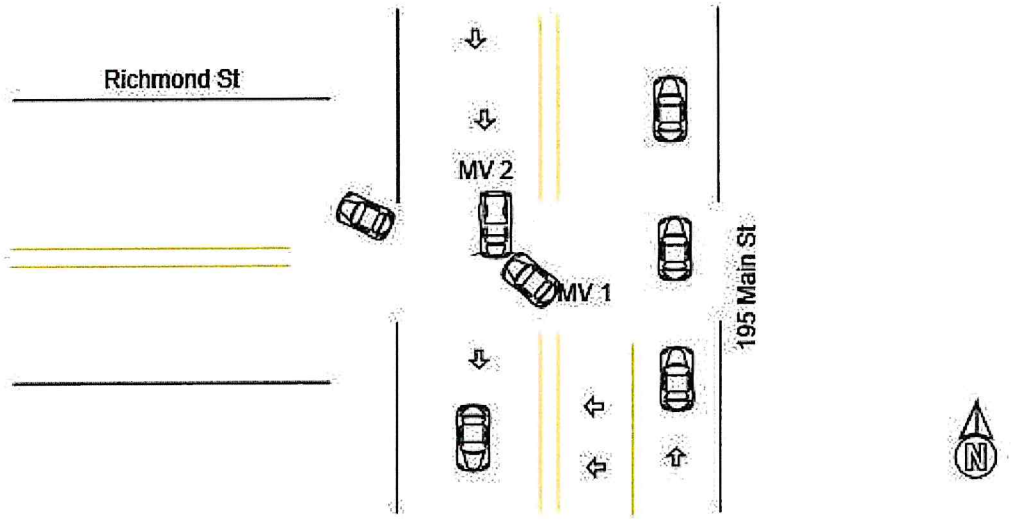
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	1	0	0	10	1	

Form No. 10364 CRA-65 09/18

→ = 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:

The operator of MV 1 stated she was traveling NB on Main St when she got to the lights at the Main St/Richmond St intersection. Once there, she and the vehicle in front of her had a green left turn arrow. As she began to make the left hand turn, she was hit head on by MV2. It should be noted, the green turn arrow turns to a flashing yellow.

The operator of MV 2 stated he was traveling SB on Main St when he got to the lights at the Main St/Richmond St intersection. Once there he stated he had a green light to continue straight and was cut off by MV 1 colliding head on. Both MV's had front end damage and airbag deployment. Neither operator suffered injuries. There were no witnesses to the crash.

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

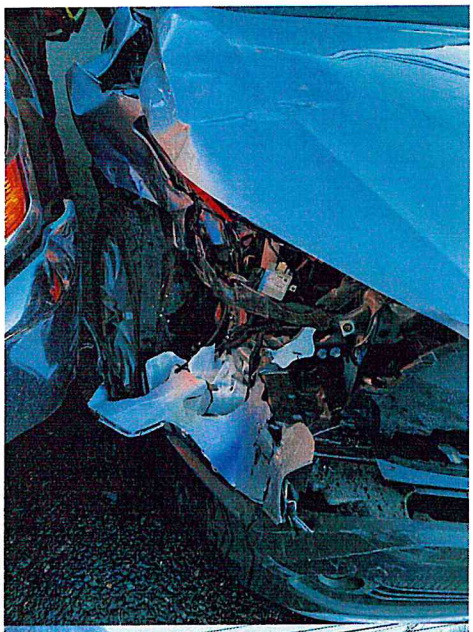
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

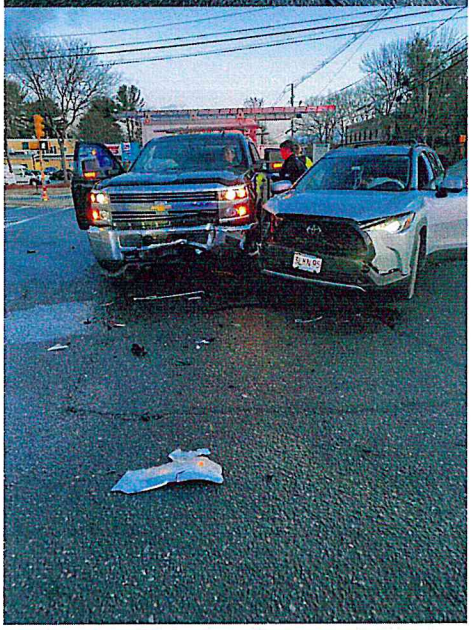
Hazmat Information:

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

Patrol Officer Robert M DeGregorio III		223	Wilmington Police Department		02/14/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Wilmington Police Department
Images Associated with 24-56-AC





Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
02/14/2024	1927 (24HR)	Wilmington	2	1	35			☐	☒	☐	☐	

LOCATION

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: ____

NOT AT INTERSECTION:

Route# ____ Direction ____ Address # 235 Name of Roadway/Street: MAIN ST

____ Feet [N] [S] [E] [W] of Mile Marker ____ or Exit Number ____

____ Feet [N] [S] [E] [W] of Route# ____ Intersecting Roadway/Street ____

____ Feet [N] [S] [E] [W] of Landmark ____

Please Select One of the Following: ☒ Vehicle 1 — #Occupants 1 — ☐ Hit/Run — ☐ Moped

Crash Report ID# 24-57-AC

Vehicle 1

License ____ St. ____ DOB/Age ____

Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement ____

Operator DE CAMARGO, UDSON (Last, First, Middle)

Address 15 KENMAR DR APT 15

City BILLERICA State MA Zip 01821-4707

Insurance Company THE COMMERCE INSURANCE CO

Vehicle Travel Direction: [N] [S] [E] [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 # 3KNR13 Reg Type PC Reg State MA

Veh Year 2020 Veh Make FORD Veh Config. 1

Owner DE CAMARGO, UDSON (Last, First, Middle)

Address 15 KENMAR DR APT 15

City BILLERICA State MA Zip 01821-4707

Vehicle Action Prior to Crash 5

Event Sequence 1 ____ ____ ____

Most Harmful Event 1

Driver Contributing Code 9

Driver Distracted by 0

Damaged Area Code: 7 ____ ____ ____

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

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	7	1	

Please Select One of the Following: ☒ Vehicle 2 — #Occupants 1 — ☐ Non-Motorist A — Type ____ Action ____ Location ____ Condition ____ — ☐ Hit/Run — ☐ Moped

Vehicle 2

License ____ St. ____ DOB/Age ____

Sex M Lic. Class D Lic. Restrictions 99 CDL Endorsement ____

Operator ARAUJO XAVIER, LEANDRO (Last, First, Middle)

Address 8599 SUNRISE KEY DR

City KISSIMMEE State FL Zip 34747-0000

Insurance Company INFINITY AUTO INSURANCE

Vehicle Travel Direction: [N] [S] [E] [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 # AQ24YE Reg Type PC Reg State FL

Veh Year 2017 Veh Make HYUNDAI Veh Config. 1

Owner ARAUJO XAVIER, LEANDRO (Last, First, Middle)

Address 8599 SUNRISE KEY DR

City KISSIMMEE State FL Zip 34747-0000

Vehicle Action Prior to Crash 1

Event Sequence 1 ____ ____ ____

Most Harmful Event 1

Driver Contributing Code 99

Driver Distracted by 99

Damaged Area Code: 2 ____ ____ ____

Test Status: 1

Type of Test: ____

BAC Test Result: ____

Susp. Alcohol: 2 Susp. Drug: 2

Towed from scene? 2

Please fill out for operator/non-motorist and all occupants involved

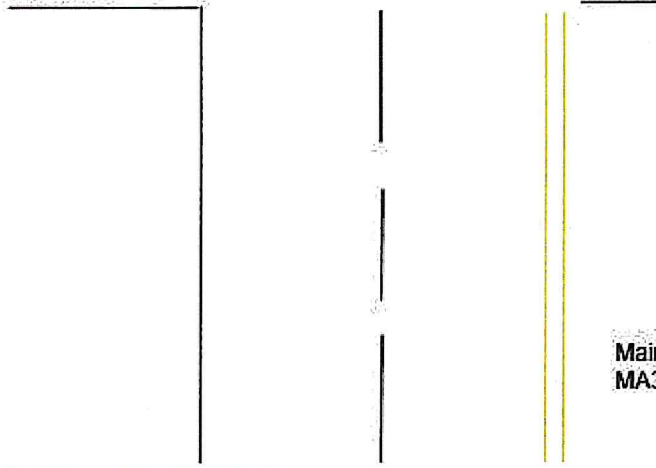
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= 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:

02/14/24 @ appx 1940hrs, dispatched to traffic light at 235 Main St for 2 car MVC. Both MVs in roadway on arrival. MV1 was diag across NB lanes and MV2 in inner NB lane facing N. Both MVs moveable and moved to lot 235 Main St. OP2 stated MV1 changed lanes and MV2 could not stop in time. OP1 language barrier, OP2 assist translate. OP1 confirmed, changing lanes. No injuries reported, MVs operable.

OP1 had active Brazilain License and Passport. OP1 . 3600 Mystic Valley PKY, Medford

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 Joseph A Fitzgerald		215	Wilmington Police Department		02/14/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
02/15/2024	2003 24HR	Wilmington	2	1

RMV Document Number

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
At
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

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

Please Select One of the Following: ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Crash Report ID# 24-58-AC

License # S DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator STROCK, LAURIE ALLISON (Last First Middle)
Address 2 RHODE ISLAND RD
City WILMINGTON State MA Zip 01887-1664
Insurance Company GEICO GENERAL INSURANCE C
Vehicle Travel Direction: N S ☒ 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 # 1RDA11 Reg Type PC Reg State MA
Veh Year 2014 Veh Make HONDA Veh Config. 1 21
Owner STROCK, LAURIE ALLISON (Last First Middle)
Address 2 RHODE ISLAND RD
City WILMINGTON State MA Zip 01887-1664
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 1 25 25
Driver Distracted by 0 26
Damaged Area Code: 5 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 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	X	1	1	4	0	0	9	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

License # St DOB/Age
Sex F Lic. Class D 19 19 Lic. Restrictions 1 20 CDL Endorsement
Operator GUERRA, MAXIE MADELINA (Last First Middle)
Address 415 MILLSTONE AVE APT 28
City MANCHESTER State NH Zip 03102
Insurance Company NONE
Vehicle Travel Direction: N S ☒ 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 # 4849627 Reg Type PC Reg State NH
Veh Year 2014 Veh Make Jeep Veh Config. 1 21
Owner GUERRA, MAXIE MADELINA (Last First Middle)
Address 415 MILLSTONE AVE APT 28
City MANCHESTER State NH Zip 03102
Vehicle Action Prior to Crash 2 22
Event Sequence 1 23 23 23 23
Most Harmful Event 1 24
Driver Contributing Code 99 25 25
Driver Distracted by 99 26
Damaged Area Code: 1 27 27 27
Test Status: 1 28
Type of Test: 29
BAC Test Result: 1 30
Susp. Alcohol: 99 31 Susp. Drug: 99 32
Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved

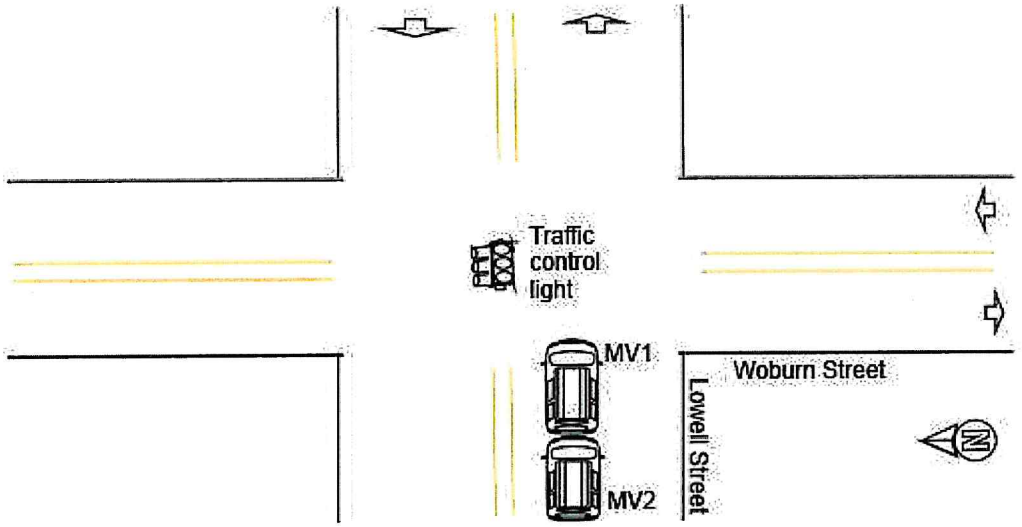
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	X	X	1	1	4	0	0	10	1	

Form No. 10364 CRA-65 09/18

= 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:

Operator of motor vehicle number 1, Laurie A. Strock stated that she was traveling east bound on Lowell Street towards I93 highway. She was stopped at a red traffic control light at the intersection of Lowell Street and Woburn Street. She was then rear ended by MV2. Op. of MV2, Maxie Maselina Guerra confirmed that she rear ended MV1. See my supplemental narrative report for more details and see images for pictures of MV1 bumper.

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		02/16/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

NARRATIVE FOR PATROL OFFICER JULIO J QUILES

Ref: **24-58-AC**

Entered: 02/16/2024 @ 2054 Entry ID: 197
Modified: 02/16/2024 @ 2204 Modified ID: 197

I, Officer Julio Quiles, of the Wilmington Police Department report the following as a summary of the facts:

On Thursday, February 15, 2024, I was working uniformed patrol assigned to station officer duty on the 4:00 PM - 12:00 AM shift. At approximately 8:03 PM, Laurie A. Strock walked into the station lobby to report a past motor vehicle crash.

Mrs. Strock stated that she was traveling east bound on Lowell Street towards the I93 highway earlier today at approximately 7:35 PM. She was stopped at a red traffic control light at the intersection of Lowell Street and Woburn Street, when she was rear ended by a motor vehicle described as a 2014, black, Jeep Compass, bearing New Hampshire registration number 4849627. She spoke with the female operator who identified herself as Madelina. They had a brief conversation and observed very minor damage to their vehicles if any. Madelina provided her name and cell phone number to Mrs. Strock and parties went on their way. Mrs. Strock stated that she then drove to pick up her daughter and called the police to report the crash. She was advised by dispatch that they could sent an officer to her location, or she could come to the station to file a report.

Mrs. Strock provided me with a picture of the Jeep's license plate and a computer check showed that the vehicle was registered to a Maxie Madelina Guerra. Mrs. Strock stated that she is currently feeling like she sustained injuries of "Whiplash in her neck area and believes her teeth shifted." I asked her if she wanted to be checked out by members of the Wilmington Fire Department, and she said, "Yes." I advised dispatch to start the FD to the lobby. Mrs. Strock was then evaluated by members of WFD. She refused to be transported to a hospital by ambulance and stated that she would have her family members take her to the hospital. I inspected Mrs. Strocks motor vehicle and did not observe any fresh damage to the rear bumper. I did observe the rubber protection seal that attaches to the top of the bumper had a small section which appeared to have separated from the bumper, however it appeared as if that has been in that condition for over a day based on the dirt and debris. I then took photographs of the bumper area (See images). I advised Mrs. Strock on how to complete an accident report and that I will be sending her all the required documentation after I speak with Madelina.

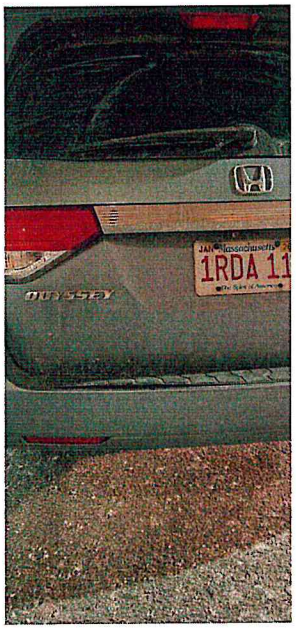
I was later able to get in contact with Ms. Guerra and she confirmed that they were involved in a motor vehicle crash. She corroborated Mrs. Strocks statements, but claimed that it was a very low speed and low impact crash. She claimed that she only tapped Mrs. Strocks rear bumper, they spoke, and agreed that there was no visible signs of damage to their vehicles. I asked Ms. Guerra if she sustained any injuries and she said, "No." I advised her that Mrs. Strock is claiming injuries from the motor vehicle crash.

I advised Ms. Guerra that there will be a report of this accident on file here at the station. I then advised her that she will need to complete her own accident report and that I will be mailing her all the required documentation. I also advised her to call 911 in the future if she were to ever be involved in another accident. Ms. Guerra stated that she understood.

Respectfully submitted,

Julio J. Quiles
Patrolman - 197
Wilmington Police Department

Wilmington Police Department
Images Associated with 24-58-AC



Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Campus Police	Other
02/16/2024	1539 (24HR)	Wilmington	2	0	35			☐	☒	☐	☐	

LOCATION

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: ___

NOT AT INTERSECTION:

Route# ___ Direction ___ Address # 613 Name of Roadway/Street: MAIN ST

___ Feet [N S E W] of Mile Marker ___ or Exit Number ___

___ Feet [N S E W] of Route# ___ Intersecting Roadway/Street ___

___ Feet [N S E W] of Landmark ___

Please Select One of the Following: ☒ Vehicle 1 — #Occupants 1 — ☐ Hit/Run — ☐ Moped

Crash Report ID# 24-59-AC

Vehicle 1

License # ___ St ___ DOB/Age ___

Sex M — Lic. Class B (19) M (19) — Lic. Restrictions (20) — CDL Endorsement ___

Operator HOLMES, MATTHEW THOMAS (Last, First, Middle)

Address 1048 GREAT POND RD

City NORTH ANDOVER — State MA — Zip 01845-1204

Insurance Company THE HANOVER INSURANCE COM

Vehicle Travel Direction: [N S E ☒] — 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 # HOLMZE — Reg Type PC — Reg State MA

Veh Year 2018 — Veh Make VOLVO — Veh Config. 1 (21)

Owner HOLMES, MATTHEW THOMAS (Last, First, Middle)

Address 1048 GREAT POND RD

City NORTH ANDOVER — State MA — Zip 01845-1204

Vehicle Action Prior to Crash (22): 4

Event Sequence (23): 1

Most Harmful Event (24): 1

Driver Contributing Code (25): 3

Driver Distracted by (26): 99

Damaged Area Code (27): 8

Test Status (28): 1

Type of Test (29):

BAC Test Result (30): 1

Susp. Alcohol (31): 2 — Susp. Drug (32): 2

Towed from scene? (33): 2

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	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

Vehicle 2

License # ___ St ___ DOB/Age ___

Sex F — Lic. Class D (19) (19) — Lic. Restrictions B (20) — CDL Endorsement ___

Operator CARRIERE, LISA M (Last, First, Middle)

Address 5114 INWOOD DR

City WOBURN — State MA — Zip 01801-5148

Insurance Company GEICO GENERAL INSURANCE C

Vehicle Travel Direction: [N ☒ E 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 # 9LX116 — Reg Type PC — Reg State MA

Veh Year 2009 — Veh Make SUBARU — Veh Config. 1 (21)

Owner CARRIERE, LISA M (Last, First, Middle)

Address 5114 INWOOD DR

City WOBURN — State MA — Zip 01801-5148

Vehicle Action Prior to Crash (22): 1

Event Sequence (23): 1

Most Harmful Event (24): 1

Driver Contributing Code (25): 1

Driver Distracted by (26): 0

Damaged Area Code (27): 7

Test Status (28): 1

Type of Test (29):

BAC Test Result (30): 1

Susp. Alcohol (31): 2 — Susp. Drug (32): 2

Towed from scene? (33): 2

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	99	4	0	0	10	1	

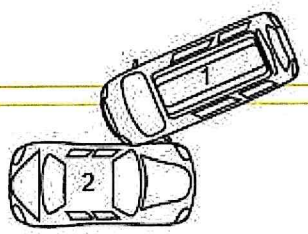
Form No. 10364 CRA-65 09/18

= Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →

Main St.



613 Main St.

N

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 attempting to make a left turn into 613 Main St. while facing northbound on Main St. MV2 was travelling southbound on Main St. towards Woburn St. the operator of MV1 told me he was over the marked lanes and waiting to complete the turn. As MV2 was passing 613 Main St. and MV1, both vehicles collided, MV1 into the side of MV2.

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		206	Wilmington Police Department		02/16/2024
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date