

Police Use Only

Commonwealth of Massachusetts

RMV Document Number

Date of Crash **10/21/2022** Time of Crash **1117** City/Town **Wilmington**
 24HR

Motor Vehicle Crash Police Report

Number Vehicles **2** Number Injured **2** 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 _____
 At _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
 Also at Intersection with _____
 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **424** Direction _____ Name of Roadway/Street **MAIN ST**
 Address # _____
 _____ 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 Hit/Run Moped

Crash Report ID# **22-316-AC**

License # **S50111687** St **MA** DOB/Ag _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____
 Operator **MULLENS, GRACE V**
 Last First Middle
 Address **74 CLARK ST**
 City **WILMINGTON** State **MA** Zip **01887-2708**
 Insurance Company **FARMERS PROPERTY & CASUAL**
 Vehicle Travel Direction: **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 # **5RJZ50** Reg Type **PC** Reg State **MA**
 Veh Year **2004** Veh Make **MERCURY** Veh Config. **1** **21**
 Owner **MULLENS, GRACE V**
 Last First Middle
 Address **74 CLARK ST**
 City **WILMINGTON** State **MA** Zip **01887-2708**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **1** **29**
 Driver Contributing Code **1** **25** **8** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **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 | XXXXXX | XX | 1 | 1 | 4 | 0 | 0 | 9 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Please Select One of the Following:

Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S88452466** St **MA** DOB/Ag _____
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL Endorsement _____
 Operator **MARQUES, MARIA MAGALY MENEZES**
 Last First Middle
 Address **1901 SANDY LN**
 City **WILMINGTON** State **MA** Zip **01887-6247**
 Insurance Company **GOVERNMENT EMPLOYEES INSU**
 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 # **473FE2** Reg Type **PC** Reg State **MA**
 Veh Year **2011** Veh Make **NISSAN** Veh Config. **1** **21**
 Owner **MARQUES, MARIA MAGALY MENEZES**
 Last First Middle
 Address **1901 SANDY LN**
 City **WILMINGTON** State **MA** Zip **01887-6247**
 Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **1** **27** **27** **27**
 Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
 Most Harmful Event **1** **24** Type of Test: **1** **29**
 Driver Contributing Code **1** **25** **8** **25** BAC Test Result: **1** **30**
 Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
 Towed from scene? **1** **33**

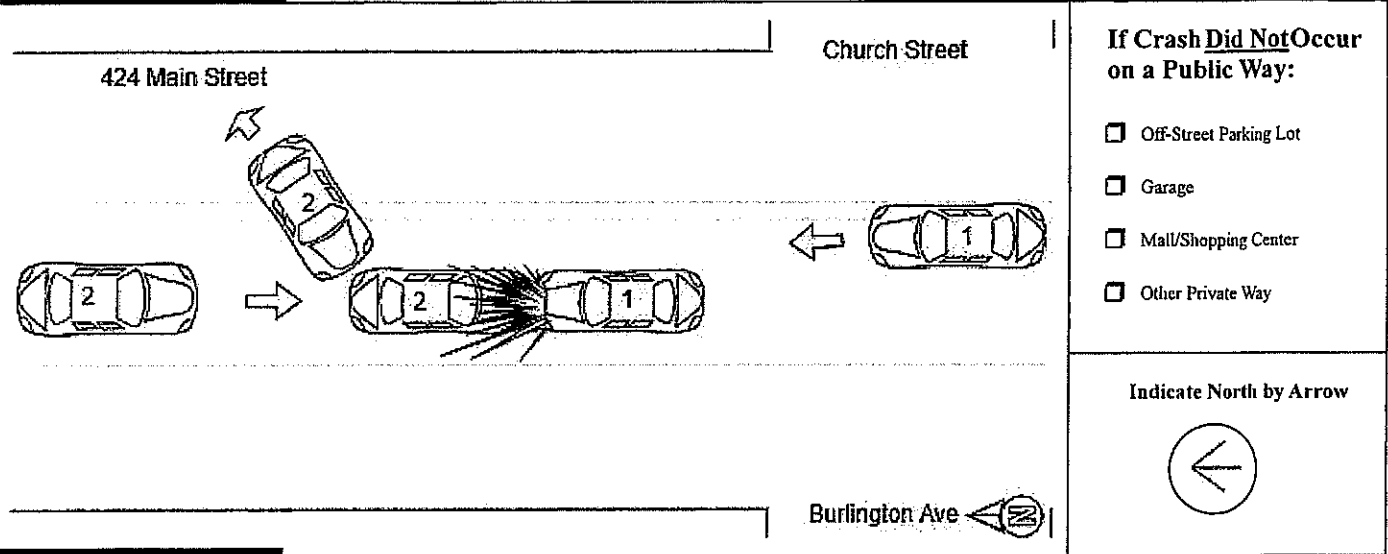
Please fill out for operator/non-motorist and all occupants involved

| 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 | XXXXXX | XX | 1 | 1 | 1 | 0 | 0 | 9 | 2 | Lahey Clinic |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

ie: → 1 → 2 → ○ → ○

Crash Diagram:



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 was traveling north on Main street when the operator vehicle encountered a medical emergency when passing through an intersection. the operator from vehicle became to impaired and their vehicle began to drift into the opposite lane and drove directly towards vehicle 2. vehicle 1 collided head on with vehicle 2 and began to push the vehicle into the other lane. Both cars recieved center front damage and vehicle 2 had airbag deployment. both operators were transported to Lahey Hospital.

Witnesses:

| Name (Last,First,Middle) | Address | Phone # | Statement |
|--------------------------|---|---------|-----------|
| VILLAMIA MICHELLE L | 20 WALNUT ST Apt. #6 WOBURN MA 01801-4278 | | |
| | | | |

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 _____ MCMX/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 Thomas Lawrenson 222 Wilmington Police Department 10/21/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 22-316-AC

