

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 07/15/2024, Time of Crash 1122, City/Town Auburn, Motor Vehicle Crash Police Report, Number Vehicles 2, Number Injured 2, Speed Limit 30, State Police, Local Police, MBTA Police, Campus Police, Other: []

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1

2 10

SWANSON RD, VINE ST, Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Feet, Mile Marker, Exit Number, Landmark

2

3 11

3

Please Select One of the Following: [X] Vehicle 12 #Occupants, [] Hit/Run, [] Moped, Crash Report ID# 24-242-AC

4

1 12

License # S26984220, St MA, DOB/Age 09/02/1958, Reg # 2KCX82, Reg Type PC, Reg State MA, Sex F, Lic. Class D, Lic. Restrictions 20, CDL, Veh Year 2005, Veh Make VOLKSWAGEN, Veh Config. 1, Operator GENATOSSIO, BARBARA ANN, Owner GENATOSSIO, LOUIS F, Address 2 WOODWAY DR, City SHREWSBURY, State MA, Zip 01545-5018

5

1 13

Insurance Company PLYMOUTH ROCK ASSURANCE C, Vehicle Action Prior to Crash 1, Damaged Area Code: 1, 27, 27, 27, Vehicle Travel Direction: NSE, Responding to Emergency? 2, Event Sequence 1, 23, 23, 23, 23, Test Status: 28, 29, 30, Most Harmful Event 1, 24, BAC Test Result: 30, Driver Contributing Code 1, 25, 25, Susp. Alcohol: 31, Susp. Drug: 32, Driver Distracted by 0, 26, 26, Towed from scene? 1, 33

6

Table with columns: 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 JEANNE MOORE, 7 SWANSON RD, AUBURN, MA 01501-1922.

7

1 14

Please Select One of the Following: [X] Vehicle 22 #Occupants, [] Hit/Run, [] Moped, [] Vulnerable User Complete the Vulnerable User section.

8

License # SA6680987, St MA, DOB/Age 10/16/1987, Reg # 2SSZ96, Reg Type PC, Reg State MA, Sex F, Lic. Class D, Lic. Restrictions 20, CDL, Veh Year 2016, Veh Make HYUNDAI, Veh Config. 1, Operator DOS SANTOS, SINTIA CRISTINA, Owner DOS SANTOS, SINTIA CRISTINA, Address 60 BEACH ST, City MILFORD, State MA, Zip 01757-3425

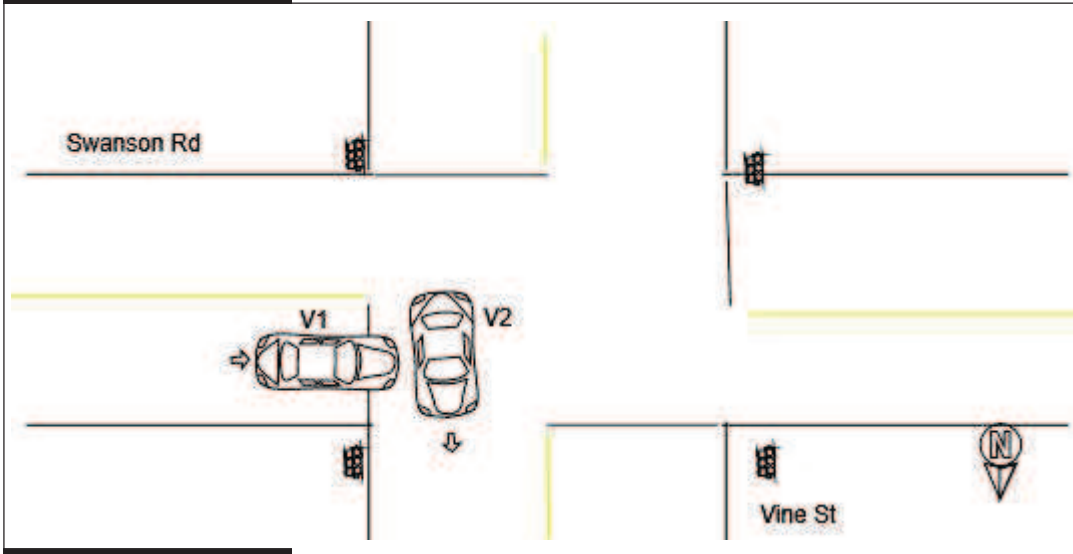
9

Insurance Company PERMANENT GENERAL ASSURAN, Vehicle Action Prior to Crash 1, Damaged Area Code: 3, 27, 27, 27, Vehicle Travel Direction: XSEW, Responding to Emergency? 2, Event Sequence 1, 23, 23, 23, 23, Test Status: 28, 29, 30, Most Harmful Event 1, 24, BAC Test Result: 30, Driver Contributing Code 4, 25, 97, 25, Susp. Alcohol: 31, Susp. Drug: 32, Driver Distracted by 99, 26, 26, Towed from scene? 1, 33

Table with columns: 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 THAIS ALVES, 52 FRANKLIN ST, MILFORD, MA 01757.

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

↓ Arrow



Crash Narrative:

V1 was traveling west on Swanson Rd. V2 was traveling north on Vine St. V1 had the green light. V2 went through the red light. Confirmed by witness.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
PREEDY MICHELLE	4011 HIDDEN WINDS DR MONTGOMERY TX 77386	[REDACTED]	

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