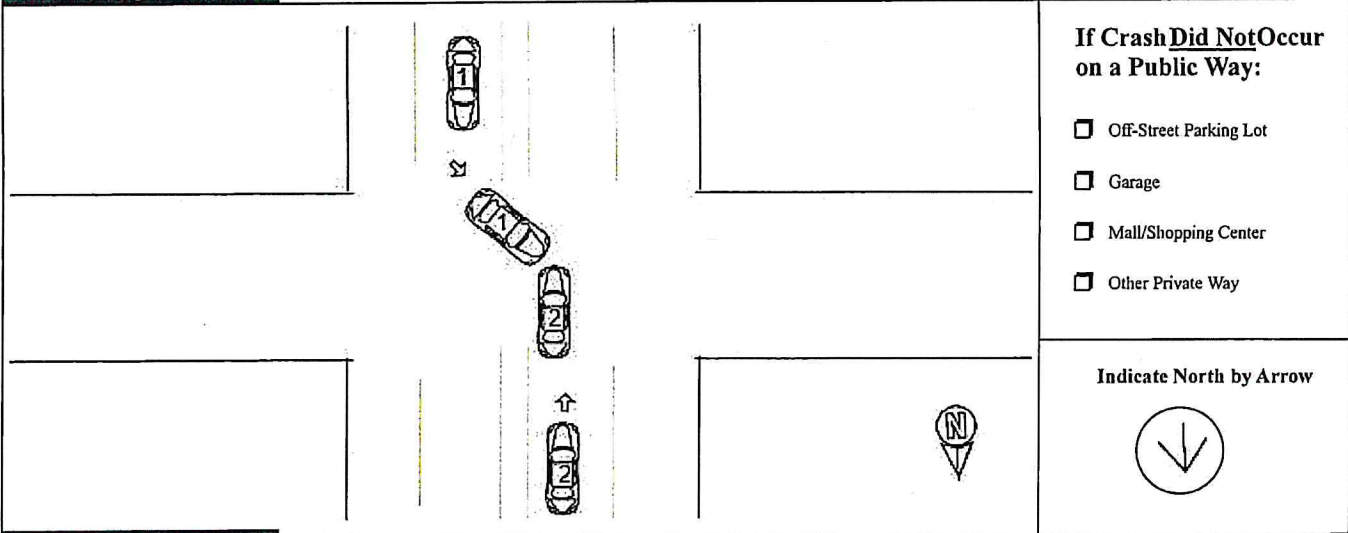


| | | | | | | | | | | | | | | | |
|--|-------------------------------|-------------------------|--|----------|----------|---|-----------------------------|-----------------------|----------------|-----------------|---------------------------------------|---------------------------------------|--------------------------------------|--|--------------------------------------|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | | |
| Date of Crash 04/21/2022 | Time of Crash 1123 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# _____ Direction _____ Address # <u>222</u> Name of Roadway/Street <u>MAIN ST</u> | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped _____ | | | Crash Report ID# 22-174-AC | | | | | | | | | | | | |
| License # <u>S26809634</u> St <u>MA</u> DOB/Age <u>05/12/2002</u> | | | Reg # <u>2AAZ17</u> Reg Type <u>PC</u> Reg State <u>MA</u> | | | | | | | | | | | | |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ | | | Veh Year <u>2015</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>21</u> | | | | | | | | | | | | |
| Operator <u>SOTO, KATRINA ELIZABETH</u> Last First Middle | | | Owner <u>SOTO, KATRINA ELIZABETH</u> Last First Middle | | | | | | | | | | | | |
| Address <u>252 WOBURN ST</u> | | | Address <u>252 WOBURN ST</u> | | | | | | | | | | | | |
| City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2106</u> | | | City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2106</u> | | | | | | | | | | | | |
| Insurance Company <u>GOVERNMENT EMPLOYEES INSU</u> | | | Vehicle Action Prior to Crash <u>4</u> <u>22</u> | | | Damaged Area Code: <u>2</u> <u>27</u> <u>1</u> <u>27</u> <u>8</u> <u>27</u> | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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>29</u> | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Driver Contributing Code <u>99</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 _____ | | | Driver Distracted by <u>0</u> <u>26</u> | | | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | | | | | | | | | |
| Towed from scene? <u>2</u> <u>33</u> | | | | | | | | | | | | | | | |
| 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 | | |
| <u>Operator</u> | | <u>See Above</u> | | <u>X</u> | <u>X</u> | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>2</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped _____ | | | | | | | | | | | | | | | |
| License # <u>S77576921</u> St <u>MA</u> DOB/Age <u>01/17/1969</u> | | | Reg # <u>3GF462</u> Reg Type <u>PC</u> Reg State <u>MA</u> | | | | | | | | | | | | |
| Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL Endorsement _____ | | | Veh Year <u>2021</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>21</u> | | | | | | | | | | | | |
| Operator <u>ANDERSON, LAURIE A</u> Last First Middle | | | Owner <u>ANDERSON, WILLIAM W JR</u> Last First Middle | | | | | | | | | | | | |
| Address <u>293 E MAIN ST</u> | | | Address <u>293 E MAIN ST</u> | | | | | | | | | | | | |
| City <u>E BROOKFIELD</u> State <u>MA</u> Zip <u>01515-1618</u> | | | City <u>EAST BROOKFIELD</u> State <u>MA</u> Zip <u>01515-1618</u> | | | | | | | | | | | | |
| Insurance Company <u>SAFETY INSURANCE COMPANY</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> | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W 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>29</u> | | | | | | | | | |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | | | Driver Contributing Code <u>99</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 _____ | | | Driver Distracted by <u>0</u> <u>26</u> | | | Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> | | | | | | | | | |
| Towed from scene? <u>1</u> <u>33</u> | | | | | | | | | | | | | | | |
| 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 | | |
| <u>Operator/Non-Motorist</u> | | <u>See Above</u> | | <u>X</u> | <u>X</u> | <u>1</u> | <u>1</u> | <u>4</u> | <u>0</u> | <u>0</u> | <u>10</u> | <u>1</u> | | | |

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 OK = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → OK → ☺



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 taking a left into Starbucks. Vehicle #2 was Traveling Straight ahead
 Vehicle #1 stated that the light was red and that she continued her turn as to not block
 the intersection. Vehicle # 2 stated she never saw vehicle #1

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 Anthony Fiore

Police Officer Name (Please Print)

Signature

164

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

06/03/2022

Date