

Date of Crash **03/02/2020** Time of Crash **2029** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **1** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**SOUTH MAIN ST**  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
**SPRING HILL AVE**  
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 \_\_\_\_\_  
Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ 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# **20-47-AC**

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # **T50328** Reg Type **CO** Reg State **MA**  
Sex **M** Lic. Class **D 19 19** Lic. Restrictions **1 20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
Operator **MARSTON, KERRY M** Owner **MARGUERITE LEASING CORP**  
Address **671 HIGHLAND ST** Address **11 ROSENFELD DR**  
City **NORTHBRIDGE** State **MA** Zip **01534-1114** City **HOPEDALE** State **MA** Zip **01747-2110**  
Insurance Company **ZURICH AMERICAN INSURANCE** Vehicle Action Prior to Crash **1 22** Damaged Area Code: **1 27 10 27 27**  
Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **26 23 23 23 23** Test Status: **3 28**  
Citation # (If Issued) **T2032365** Most Harmful Event **21 24** Type of Test: **2 29**  
Viol. 1: Ch/Sec/Sub **90 24** Viol. 2: Ch/Sec/Sub **90 24** Driver Contributing Code **10 25 25** BAC Test Result: **5 30**  
Viol. 3: Ch/Sec/Sub **90 24** Viol. 4: Ch/Sec/Sub **89 4A** Driver Distracted by **99 26** Susp. Alcohol: **1 31** Susp. Drug: **2 32**  
Towed from scene? **3 33**

| Please fill out for operator and all occupants involved |  | 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 |  |
|---|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|--|
| <b>Operator</b>   |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         | <b>99</b>        | <b>4</b>      | <b>0</b>     | <b>0</b>         | <b>10</b>       | <b>1</b>         |  |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |
|   |  |           |              |              |                  |                  |               |              |                  |                 |                  |  |

Please Select One of the Following:  Vehicle **2** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

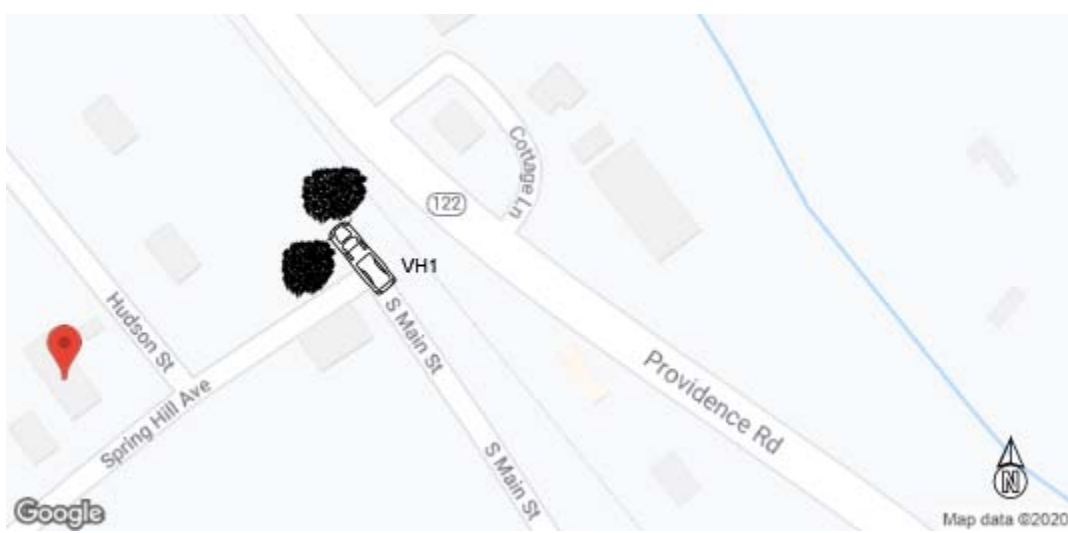
License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_ Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_ Endorsement \_\_\_\_\_  
Operator \_\_\_\_\_ Owner \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Vehicle Action Prior to Crash **22** Damaged Area Code: **27 27 27**  
Vehicle Travel Direction:  **N S E 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 \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **25 25** BAC Test Result: **30**  
Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **26** Susp. Alcohol: **31** Susp. Drug: **32**  
Towed from scene? **33**

| Please fill out for operator/non-motorist and all occupants involved |  | 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 |
|--|--|-----------|--------------|--------------|------------------|------------------|---------------|--------------|------------------|-----------------|------------------|
| <b>Operator/Non-Motorist</b>   |  | See Above | <del>X</del> | <del>X</del> | <b>1</b>         |                  |               |              |                  |                 |                  |
|  |  |           |              |              |                  |                  |               |              |                  |                 |                  |
|  |  |           |              |              |                  |                  |               |              |                  |                 |                  |

→ = 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 Direction of Travel with Arrow



### Crash Narrative:

Single vehicle collision. VH.1 failed to negotiate the turn onto Spring Hill Ave. VH.1 struck trees and other vegetation. VH.1 fled the scene and was later located a short time later.

### 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

**SERGEANT CARMEN M BORRELLI**

Police Officer Name (Please Print)

Signature

**CB**

ID/Badge #

**Northbridge Police Department**

Department

Precinct/Barracks

**03/02/2020**

Date