

Date of Crash 03/19/2020	Time of Crash 1628 24HR	City/Town NORTHBRIDGE	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>	
				Latitude _____	Longitude _____	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>

**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>5</u> Direction _____ Address # _____ Name of Roadway/Street <u>CHURCH 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 _____ or _____ Mile Marker _____ 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 _____
	_____ 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:  Vehicle 1 #Occupants  Hit/Run  Moped

Crash Report ID# **20-57-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>741AC9</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2016</u> Veh Make <u>HYUNDAI</u> Veh Config. <u>21</u>
Operator <u>ANTONIOU, KATHERINE M</u> Last First Middle	Owner <u>ANTONIOU, KATHERINE M</u> Last First Middle
Address <u>15 ABBEY RD</u>	Address <u>15 ABBEY RD</u>
City <u>WEBSTER</u> State <u>MA</u> Zip <u>01570-3090</u>	City <u>WEBSTER</u> State <u>MA</u> Zip <u>01570-3090</u>
Insurance Company <u>AMICA MUTUAL INSURANCE CO</u>	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

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>XXXX</del>	<del>XX</del>	<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 # <u>8JCG40</u> Reg Type <u>PC</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>19 19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>2013</u> Veh Make <u>VOLKSWAGEN</u> Veh Config. <u>21</u>
Operator <u>PEARSON, CHARMAGNE L</u> Last First Middle	Owner <u>PEARSON, CHARMAGNE L</u> Last First Middle
Address <u>5 SHARLENE LN</u>	Address <u>5 SHARLENE LN</u>
City <u>PLAINVILLE</u> State <u>MA</u> Zip <u>02762-1536</u>	City <u>PLAINVILLE</u> State <u>MA</u> Zip <u>02762-1536</u>
Insurance Company <u>THE STANDARD FIRE INSURAN</u>	Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27 27 27</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23 23 23 23</u> Test Status: <u>28</u>
Citation # (If Issued) _____	Most Harmful Event <u>24</u> Type of Test: <u>29</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25 25</u> BAC Test Result: <u>30</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
	Towed from scene? <u>33</u>

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>XXXX</del>	<del>XX</del>	<b>1</b>							

→ = 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 Direction of Arrow



**Crash Narrative:**

Vehicle One struck Vehicle Two with its front right corner.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement
MASTERSON THERESA L	86 SEAN DR WHITINSVILLE MA 01588-1240		2
MAWN STEPHANIE M	1269 HILL ST WHITINSVILLE MA 0152501588		1

**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

**PATROLMAN RANDY LLOYD**

Police Officer Name (Please Print)

Signature

**RL**

ID/Badge #

**Northbridge Police Department**

Department

Precinct/Barracks

**03/19/2020**

Date