

Date of Crash **03/22/2020** Time of Crash **1207** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **25** State Police Local Police MBTA Police Campus Police Other:
 Latitude _____ Longitude _____

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

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</p> <p>_____ Feet N S E W of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped **Crash Report ID# 20-58-AC**

<p>License # _____ St _____ DOB/Age _____</p> <p>Sex M Lic. Class D 19 19 Lic. Restrictions 99 20 CDL _____ Endorsement _____</p> <p>Operator PERCY, SHAWN A</p> <p>Address 78 NW MAIN ST</p> <p>City DOUGLAS State MA Zip 01516-2201</p> <p>Insurance Company ARBELLA MUTUAL INSURANCE</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</p> <p>Citation # (If Issued) T2276362</p> <p>Viol. 1: Ch/Sec/Sub 89 4A Viol. 2: Ch/Sec/Sub 90 17</p> <p>Viol. 3: Ch/Sec/Sub 90 16 Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 7JY416 Reg Type PC Reg State MA</p> <p>Veh Year 2006 Veh Make PONTIAC Veh Config. 1 21</p> <p>Owner PERCY, SHAWN A</p> <p>Address 78 NW MAIN ST</p> <p>City DOUGLAS State MA Zip 01516-2201</p> <p>Vehicle Action Prior to Crash 1 22 Damaged Area Code: 8 27 27 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 2 24 Type of Test: 29</p> <p>Driver Contributing Code 7 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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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
Operator											
See Above				1	1	1	0	0	10	1	
ALAN HALACY				3	1	1	0	0	10	1	
87 NW MAIN DOUGLAS, MA 01516											

Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

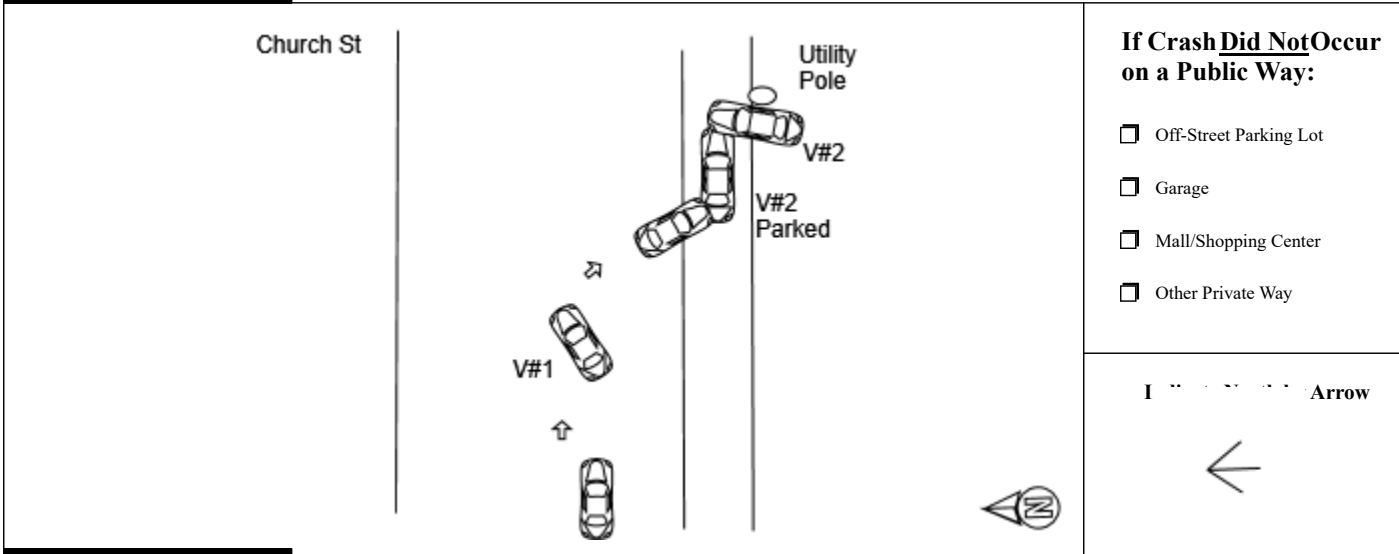
<p>License # _____ St _____ DOB/Age _____</p> <p>Sex _____ Lic. Class D 19 19 Lic. Restrictions 20 CDL _____ Endorsement _____</p> <p>Operator Driverless M.V.</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Insurance Company GEICO GENERAL INSURANCE C</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 818WV1 Reg Type PC Reg State MA</p> <p>Veh Year 2014 Veh Make TOYOTA Veh Config. 1 21</p> <p>Owner RITCHINGS, COURTNEY P</p> <p>Address 260 CHURCH ST APT 1</p> <p>City WHITINSVILLE State MA Zip 01588-1450</p> <p>Vehicle Action Prior to Crash 11 22 Damaged Area Code: 5 27 7 27 3 27</p> <p>Event Sequence 2 23 23 23 23 Test Status: 28</p> <p>Most Harmful Event 2 24 Type of Test: 29</p> <p>Driver Contributing Code 1 25 25 BAC Test Result: 30</p> <p>Driver Distracted by 0 26 Susp. Alcohol: 31 Susp. Drug: 32</p> <p>Towed from scene? 1 33</p>
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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
Operator/Non-Motorist											
See Above				1	0	4	0	0	10	1	

→ = 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

I ... Arrow



Crash Narrative:

Vehicle #1 was travelling east on Church St. Operator of Vehicle #1 spun his tires in an aggressive manner which caused his vehicle to 'fishtail' and lose control. Vehicle #1 went off the right side of the roadway and struck Vehicle #2, which was parked in front of #260 Church St. The force of the crash caused V#2 to spin sideways and strike a utility pole.

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 BRIAN R PATRINELLI BRP Northbridge Police Department 03/22/2020
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date