

Date of Crash **06/26/2020** Time of Crash **1306** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:

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

Route# **110** Direction **LINWOOD AVE** Address # **110** Name of Roadway/Street **LINWOOD AVE**  
 At \_\_\_\_\_  
 Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
 Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_  
 Route# \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Also at Intersection with \_\_\_\_\_  
 Route# \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
 Landmark \_\_\_\_\_

Please Select One of the Following:  Vehicle **11** #Occupants  Hit/Run  Moped Crash Report ID# **20-92-AC**

License # \_\_\_\_\_ St **MA** DOB/Age \_\_\_\_\_ Reg # **1E2T14** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2007** Veh Make **PONTIAC** Veh Config. **1** **21**  
 Operator **BENITEZ, JOSEPH H** Owner **BENITEZ, DENISE**  
 Address **37 MYRTLE AVE** Address **37.5 MYRTLE AVE**  
 City **WEBSTER** State **MA** Zip **01570-2653** City **WEBSTER** State **MA** Zip **01570**  
 Insurance Company **COMMERCE INSURANCE** Vehicle Action Prior to Crash **4** **22** Damaged Area Code: **1** **27** **8** **27** **2** **27**  
 Vehicle Travel Direction:  **S E W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** **25** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **21** #Occupants  Non-Motorist A Type **15** Action **16** Location **17** Condition **18**  Hit/Run  Moped

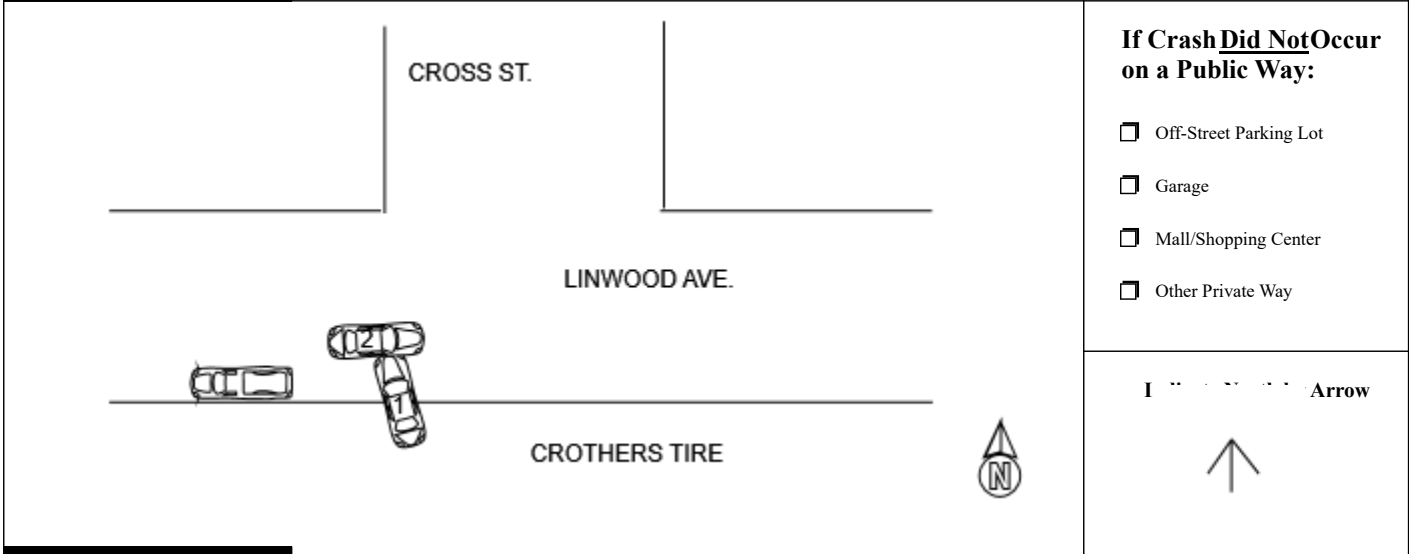
License # \_\_\_\_\_ St **MA** DOB/Age \_\_\_\_\_ Reg # **472BZ4** Reg Type **PC** Reg State **MA**  
 Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL \_\_\_\_\_ Veh Year **2002** Veh Make **TOYOTA** Veh Config. **1** **21**  
 Operator **BUURMA, KARLEE GRACE** Owner **NYDAM, WINIFRED F**  
 Address **81 COOPER RD** Address **2 CHESTNUT ST APT 103**  
 City **NORTHBRIDGE** State **MA** Zip **01534-1134** City **WHITINSVILLE** State **MA** Zip **01588-2242**  
 Insurance Company **CITIZENS INSURANCE COMPAN** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **2** **27** **3** **27** **27**  
 Vehicle Travel Direction:  **N S**  **W** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** **24** Type of Test: **29**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** **25** **25** BAC Test Result: **1** **30**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**  
 Towed from scene? **2** **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>XXXXXX</del>	<del>XXXX</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<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 #1 WAS ATTEMPTING TO PULL OUT OF CROTHER'S TIRE PARKING LOT MAKING A LEFT HAND TURN AND STRUCK VEHICLE #2 WHICH WAS TRAVELLING EAST ON LINWOOD AVE.

**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 ]

**PATROLMAN MATTHEW LEONARD**      **MWL**      **Northbridge Police Department**      **06/26/2020**  
 Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date