

Date of Crash 07/02/2020	Time of Crash 1338 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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:

PROVIDENCE RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ CHURCH ST 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 _____	
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped
 Crash Report ID# **20-96-AC**

License # _____ St _____ DOB/Age _____	Reg # 292FS0 Reg Type PC Reg State MA
Sex M Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 99 <u>20</u> CDL _____ Endorsement _____	Veh Year 2012 Veh Make FORD Veh Config. 1 <u>21</u>
Operator SCARGLIA, AUGUST J Last First Middle	Owner SCARGLIA, AUGUST J Last First Middle
Address 10 PINECREST RD	Address 10 PINECREST RD
City UXBRIDGE State MA Zip 01569-1227	City UXBRIDGE State MA Zip 01569-1227
Insurance Company SAFETY INSURANCE COMPANY	Vehicle Action Prior to Crash 4 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: N S E W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 <u>26</u> Towed from scene? 1 <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
Operator	See Above	_____	_____	1	1	1	0	0	10	1	

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

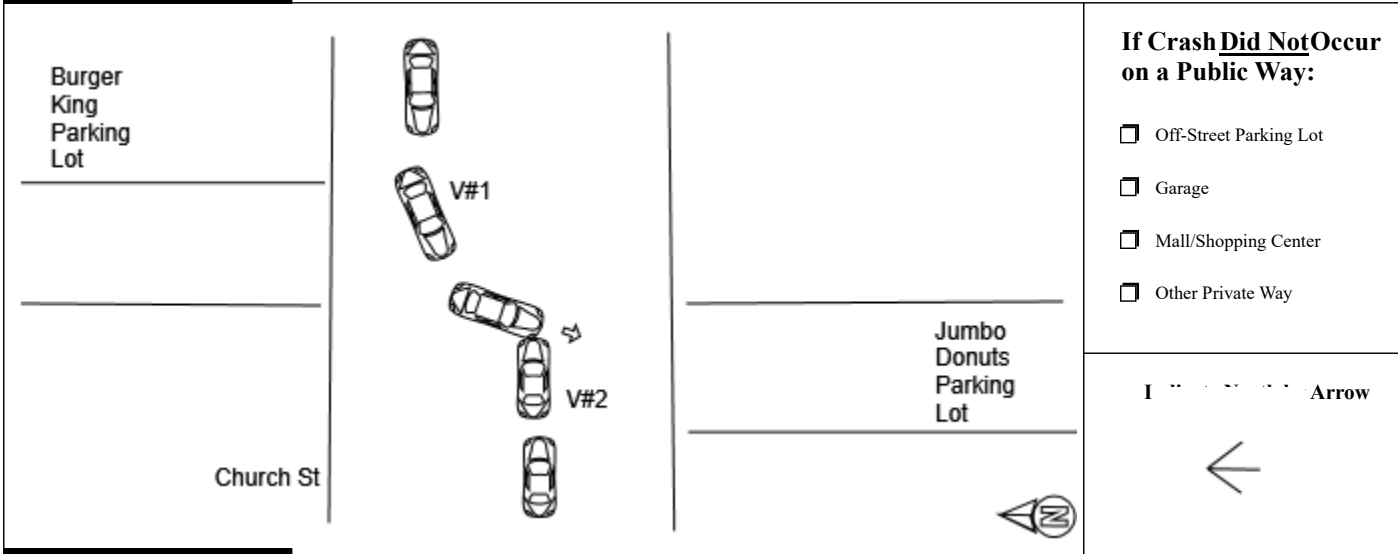
License # _____ St _____ DOB/Age _____	Reg # 3XF614 Reg Type PC Reg State MA
Sex F Lic. Class D <u>19</u> <u>19</u> Lic. Restrictions 99 <u>20</u> CDL _____ Endorsement _____	Veh Year 2010 Veh Make FORD Veh Config. 1 <u>21</u>
Operator MURPHY, HANNAH MARY Last First Middle	Owner MURPHY, JOSEPH W Last First Middle
Address 51 RAYMOND AVE	Address 51 RAYMOND AVE
City NORTHBRIDGE State MA Zip 01534-1046	City NORTHBRIDGE State MA Zip 01534-1046
Insurance Company QUINCY MUTUAL FIRE INSURA	Vehicle Action Prior to Crash 1 <u>22</u> Damaged Area Code: 1 <u>27</u> <u>27</u> <u>27</u>
Vehicle Travel Direction: N S W Responding to Emergency? 2	Event Sequence 1 <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: 28
Citation # (If Issued) _____	Most Harmful Event 1 <u>24</u> Type of Test: 29
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code 1 <u>25</u> <u>25</u> BAC Test Result: 30
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Susp. Alcohol: 31 Susp. Drug: 32
	Driver Distracted by 0 <u>26</u> Towed from scene? 1 <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
Operator/Non-Motorist	See Above	_____	_____	1	1	1	0	0	10	1	
SOPHIA PAYSON	93 FRANKLIN ST DOUGLAS, MA 01516			3	1	1	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 on Church St. and was attempting to turn left into the Jumbo Donuts parking lot. Vehicle #2 was travelling straight on Church St. V#1 turned in front of V#2 causing the collision.

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** **07/02/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date