

Date of Crash **07/11/2020** Time of Crash **0027** 24HR City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **15** State Police Local Police MBTA Police Campus Police Other:

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

Route# _____ Direction _____ Name of Roadway/Street _____ At _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# **40** Direction _____ Address # **PLUMMER AVE** 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 **11** #Occupants Hit/Run Moped Crash Report ID# **20-100-AC**

License # _____ St _____ DOB/Age _____ Reg # **1RBJ97** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2019** Veh Make **CHEVROLET** Veh Config. **2 21**

Operator **RAGUSA, MARIA DIANE** Owner **RAGUSA, MARIA DIANE**

Address **19 HIGHWOOD DR** Address **19 HIGHWOOD DR**

City **FRANKLIN** State **MA** Zip **02038-2959** City **FRANKLIN** State **MA** Zip **02038-2959**

Insurance Company _____ Vehicle Action Prior to Crash **10 22** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **2 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **2 24** Type of Test: **99 29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **99 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **99 31** Susp. Drug: **99 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	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	XXXXXX	XXXX	1	1	4	0	0	99	1	

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

License # _____ St _____ DOB/Age _____ Reg # **9PC351** Reg Type **PC** Reg State **MA**

Sex _____ Lic. Class **19 19** Lic. Restrictions **20** CDL _____ Endorsement _____ Veh Year **2016** Veh Make **HONDA** Veh Config. **21**

Operator **Driverless M.V.** Owner **SMITH, ASHLEY LAUREN**

Address _____ Address **178 MAIN ST**

City _____ State _____ Zip _____ City **BLACKSTONE** State **MA** Zip **01504-2233**

Insurance Company **GEICO GENERAL INSURANCE C** Vehicle Action Prior to Crash **11 22** Damaged Area Code: **7 27 27 27**

Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **2 23 23 23 23** Test Status: **1 28**

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Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	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	XXXXXX	XXXX	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

40 Plummer Ave
Valley Pub



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↓ Arrow

Crash Narrative:

Vehicle 1 was backing out a a parking spot and struck Vehicle 2. Vehicle 1 left the scen of the accident and contacted the owner of vehicle 2 the next morning.

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 **KAITLYN J LAFLASH** **KJL** **Northbridge Police Department** **07/11/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date