

Date of Crash **07/27/2020** Time of Crash **1549** 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:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **1** **2** **11**

SUTTON ST
Route# Direction Name of Roadway/Street

At
PROVIDENCE RD
Route# Direction Name of Intersecting Roadway/Street

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

Feet **N S E W** of _____ of _____ or _____
Mile Marker Exit Number

Feet **N S E W** of _____ of _____
Route# Intersecting Roadway/Street

Feet **N S E W** of _____ of _____
Landmark

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 20-106-AC**

12 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____

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

4 **4** Operator **unknown** Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

5 **1** Vehicle Travel Direction: **N S E W** Responding to Emergency? _____ Event Sequence **23 23 23 23** Test Status: **28**

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

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

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

Towed from scene? **33**

6 **1**

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	XXXX	XX	1							

7 **8** Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

8 **1** License # _____ St _____ DOB/Age _____ Reg # **29GJ42** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **1 20** CDL _____ Veh Year **2019** Veh Make **NISSAN** Veh Config. **1 21**

Operator **VANSCHOUWEN, TRACY ANN** Owner **VANSCHOUWEN, TRACY ANN**

Address **138 PUDDON ST** Address **138 PUDDON ST**

City **NORTHBRIDGE** State **MA** Zip **01534-1223** City **NORTHBRIDGE** State **MA** Zip **01534-1223**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **4 22** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **N S X 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**

9 **2**

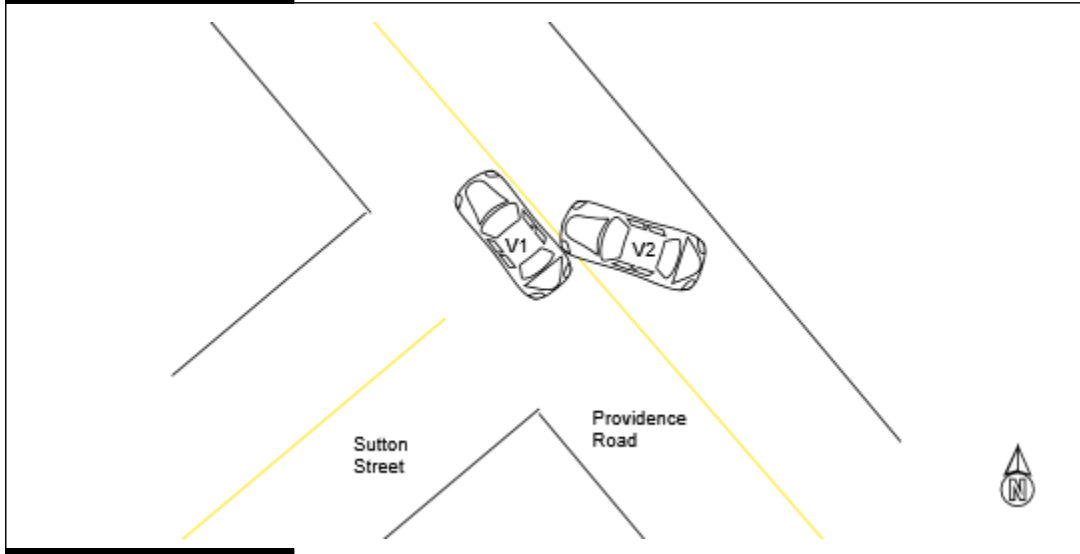
Please fill out for operator/non-motorist and all occupants involved

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	XXXX	XX	1	1	4	0	0	10	1	
ELENA VANSCHOUWEN	138 PUDDON ST NORTHBRIDGE, MA 01534			4	4	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

If ... Arrow



Crash Narrative:

Vehicle #1 attempted to pass vehicle #2 on it's left side and was struck by vehicle #2 as it was turning from Providence Road onto Sutton Street.

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 JORDAN P TREDEAU **JPT** **Northbridge Police Department** **07/27/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date