

Date of Crash **10/13/2020** Time of Crash **1925** City/Town **NORTHBRIDGE** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **10** State Police Local Police MBTA Police Campus Police Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

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

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

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

2 Route# **670** Direction _____ Address # **LINWOOD 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 _____

3 Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 20-139-AC**

4 License # _____ St _____ DOB/Age _____ Reg # **3BA886** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2007** Veh Make **VOLVO** Veh Config. **1** **21**

1 Operator **NEWHALL, EVAN J** Owner **NEWHALL, EVAN J**

Address **64 SCHOOL PARK APT 2** Address **64 SCHOOL PARK APT 2**

City **WHITINSVILLE** State **MA** Zip **01588-1990** City **WHITINSVILLE** State **MA** Zip **01588-1990**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **10** **22** Damaged Area Code: **5** **27** **27** **27**

Vehicle Travel Direction: **N X 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 **99** **25** **25** BAC Test Result: **30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **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	10	1	

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

8 License # _____ St _____ DOB/Age _____ Reg # **14GZ37** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **1** **20** CDL _____ Veh Year **2012** Veh Make **HONDA** Veh Config. **1** **21**

99 Operator **HAMEL, KRISTIN** Owner **HAMEL, JEFFREY M**

Address **23 GOLF RIDGE DR** Address **23 GOLF RIDGE DR**

City **SUTTON** State **MA** Zip **01590-2446** City **SUTTON** State **MA** Zip **01590-2446**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **1** **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: **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

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	1	4	0	0	10	1	

