

Date of Crash **11/01/2020** Time of Crash **1913** 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:**

GOLDTHWAITE RD
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
PURGATORY RD
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Landmark _____

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped **Crash Report ID# 20-151-AC**

License # _____ St _____ DOB/Age _____ Reg # **T99979** Reg Type **CO** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **FREAR, VICTORIA LOUISE** Owner **ENTERPRISE FM TRUST**
Address **236 STONE SCHOOL RD** Address **600 CORPORATE PK DR**
City **SUTTON** State **MA** Zip **01590-3718** City **ST LOUIS** State **MO** Zip **63105-0000**
Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **4** **27** **27** **27**
Vehicle Travel Direction: **NSE** Responding to Emergency? **2** Event Sequence **1** **23** **23** **23** **23** Test Status: **2** **28**
Citation # (If Issued) **838450AA** Most Harmful Event **22** **24** Type of Test: **2** **29**
Viol. 1: Ch/Sec/Sub **90** **24** Viol. 2: Ch/Sec/Sub **90** **24** Driver Contributing Code **97** **25** **25** BAC Test Result: **1** **30**
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0** **26** Susp. Alcohol: **1** **31** Susp. Drug: **99** **32**
Towed from scene? **3** **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
Operator		See Above	X	X	1	1	4	0	0	10	1

Please Select One of the Following: Vehicle **25** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

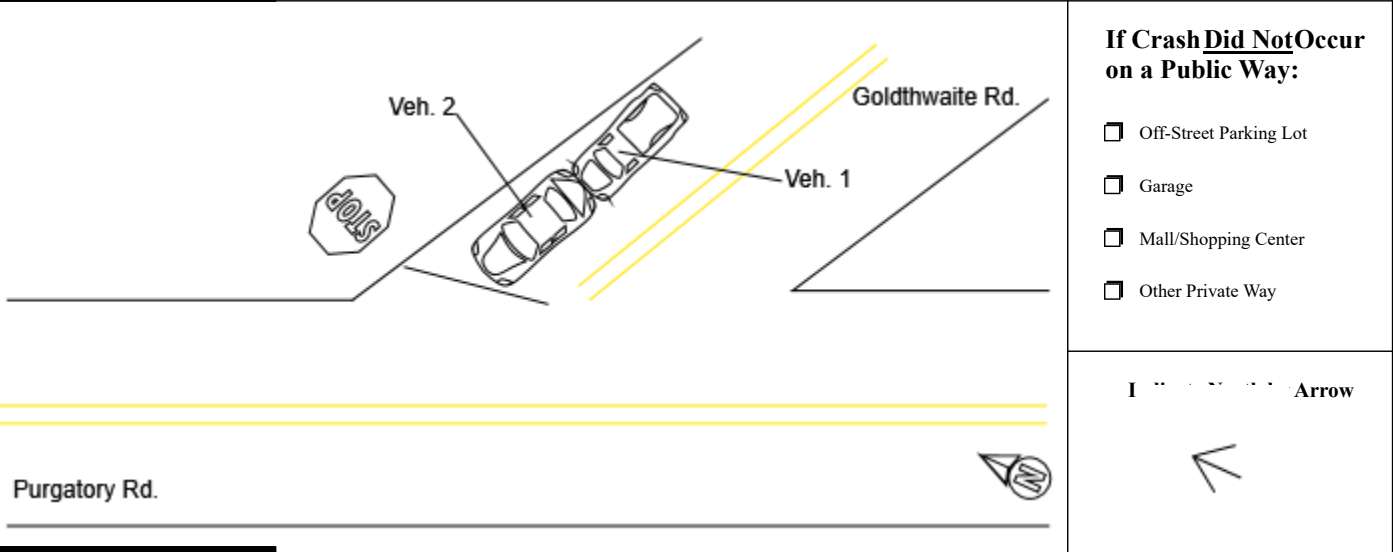
License # _____ St _____ DOB/Age _____ Reg # **6MK799** Reg Type **PC** Reg State **MA**
Sex **F** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Endorsement _____
Operator **MORRISSEY, SKYLAR MADISON** Owner **MORRISSEY, JENNIFER B**
Address **32 SYCAMORE ST** Address **32 SYCAMORE ST**
City **MILLBURY** State **MA** Zip **01527-3118** City **MILLBURY** State **MA** Zip **01527-3118**
Insurance Company **METROPOLITAN PROPERTY AND** Vehicle Action Prior to Crash **2** **22** Damaged Area Code: **0** **27** **27** **27**
Vehicle Travel Direction: **NSE** 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		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	X	X	1	1	4	0	0	10	1
SHELBY WESTHOFF	41 LEXINGTON LN UXBRIDGE, MA 01569-3131			3	1	4	0	0	10	1	
ANDREW CONSTANTINE	185 CONGRESS ST MILFORD, MA 01757			4	1	4	0	0	10	1	
CLARK AMBROSINO	104 WARREN ST UPTON, MA 01568			5	1	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 Points in Direction of Arrow



Crash Narrative:

Vehicle 2 was stopped at the stop sign on Goldthwaite Rd. at Purgatory Road. Vehicle 1 struck vehicle 2. Vehicle 2 passed vehicle 1, took a left onto Purgatory Rd. and headed south to N. Main Street. operator of vehicle 1 did not stop and attempt to exchange information. The vehicles stopped at the YATCO station on Main St. The operator of vehicle 1 again fled the area without exchanging information. Vehicle 1 then struck a curb on N. Main St. and then a telephone pole on D Street causing passenger side damage as well as 2 flat tires. There was very minimal damage to vehicle 2 or vehicle 1 from the initial crash.

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 BRIAN COLLINS Signature BC Northbridge Police Department 11/01/2020
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date