

Date of Crash 12/14/2020	Time of Crash 1112 24HR	City/Town NORTHBRIDGE	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit <u>35</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:

1 1	Route# _____ Direction _____ Name of Roadway/Street _____	2 10	Route# _____ Direction _____ Address # _____ Name of Roadway/Street <u>LINWOOD AVE</u>
	At _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____
2 3	Also at Intersection with _____	1 11	Route# _____ Intersecting Roadway/Street _____
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____
		Landmark _____	

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped **Crash Report ID# 20-180-AC**

License # _____ St _____ DOB/Age _____	Reg # <u>5ML600</u> Reg Type <u>PAN</u> Reg State <u>MA</u>	3 12
Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year <u>1999</u> Veh Make <u>JEEP/CHRYSLER</u> Veh Config. <u>1</u> <u>21</u>	
Operator <u>LYNCH, WALTER E</u> Last First Middle	Owner <u>LYNCH, WALTER E</u> Last First Middle	3 12
Address <u>71 RIVULET ST APT A</u>	Address <u>71 RIVULET ST APT A</u>	
City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-3156</u>	City <u>UXBRIDGE</u> State <u>MA</u> Zip <u>01569-3156</u>	3 12
Insurance Company <u>THE COMMERCE INSURANCE CO</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>	3 12
Citation # (If Issued) _____	Most Harmful Event <u>22</u> <u>24</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u>	22 13
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>0</u> <u>26</u>	
Please fill out for operator and all occupants involved		22 13
Name (Last First Middle) <u>Operator</u>	Address <u>See Above</u>	

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
<u>Operator</u>	<u>See Above</u>	_____	_____	<u>1</u>	<u>99</u>	<u>99</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>U-MASS MEDICAL CENTER</u>

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 # _____ Reg Type _____ Reg State _____	1 14
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Veh Year _____ Veh Make _____ Veh Config. <u>21</u>	
Operator _____ Last First Middle	Owner _____ Last First Middle	1 14
Address _____	Address _____	
City _____ State _____ Zip _____	City _____ State _____ Zip _____	1 14
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>	1 14
Citation # (If Issued) _____	Most Harmful Event <u>24</u>	
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Driver Contributing Code <u>25</u> <u>25</u>	1 14
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Driver Distracted by <u>26</u>	
Please fill out for operator/non-motorist and all occupants involved		1 14
Name (Last First Middle) <u>Operator/Non-Motorist</u>	Address <u>See Above</u>	

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
<u>Operator/Non-Motorist</u>	<u>See Above</u>	_____	_____	<u>1</u>							

→ = 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

Insert North Arrow

↑

Crash Narrative:

Vehicle travelling east on Linwood Avenue. Operator of vehicle advises that he sneezed and upon doing so went to the right, striking M.E.C.O. Pole #13. Vehicle spun around, coming to rest facing southwest in the eastbound travel lane.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
NATIONAL GRID	245 S MAIN ST HOPEDALE MA 01747	508-482-1000	4	M.E.C.O. POLE #13

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 KRISTINA M WESTBURY **KMW** **Northbridge Police Department** **12/14/2020**
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date