

Date of Crash  
01/07/2022

Time of Crash  
1826  
24HR

City/Town  
NORTHBRIDGE

# Motor Vehicle Crash Police Report

Number  
Vehicles  
1

Number  
Injured  
0

Speed Limit \_\_\_\_\_  
Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_

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# \_\_\_\_\_ Direction \_\_\_\_\_ Address # \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_ or \_\_\_\_\_  
Mile Marker \_\_\_\_\_ Exit Number \_\_\_\_\_

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

\_\_\_\_\_ Feet **N S E W** of \_\_\_\_\_  
Landmark \_\_\_\_\_

Please Select One of the Following:

Vehicle 11 #Occupants

Hit/Run

Moped

Crash Report ID# 22-8-AC

License # \_\_\_\_\_ St \_\_\_\_\_ DOB/Age \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator **unknown**  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction: **N X E W** Responding to Emergency? **2**

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Owner \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Action Prior to Crash **1 22**

Event Sequence **41 23 23 31 23 23**

Most Harmful Event **28 24**

Driver Contributing Code **25 25**

Driver Distracted by **26**

Damaged Area Code: **99 27 27 27**

Test Status: **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **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
<b>Operator</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>							

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 \_\_\_\_\_  
Sex \_\_\_\_\_ Lic. Class **19 19** Lic. Restrictions **20** CDL \_\_\_\_\_  
Endorsement \_\_\_\_\_

Operator \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Vehicle Travel Direction: **N S E W** Responding to Emergency? \_\_\_\_\_

Citation # (If Issued) \_\_\_\_\_

Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Viol. 2: Ch/Sec/Sub \_\_\_\_\_

Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Viol. 4: Ch/Sec/Sub \_\_\_\_\_

Reg # \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_

Veh Year \_\_\_\_\_ Veh Make \_\_\_\_\_ Veh Config. **21**

Owner \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Action Prior to Crash **22**

Event Sequence **23 23 23 23**

Most Harmful Event **24**

Driver Contributing Code **25 25**

Driver Distracted by **26**

Damaged Area Code: **27 27 27**

Test Status: **28**

Type of Test: **29**

BAC Test Result: **30**

Susp. Alcohol: **31** Susp. Drug: **32**

Towed from scene? **33**

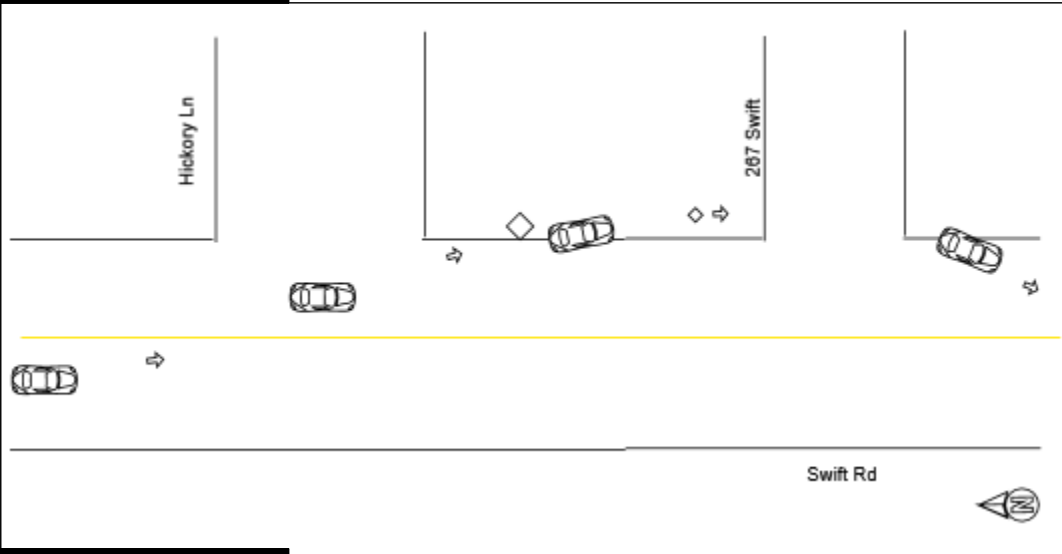
Please fill out for operator/non-motorist and all occupants involved

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
<b>Operator/Non-Motorist</b>	See Above	<del>_____</del>	<del>_____</del>	<b>1</b>							

➔ = 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

I \_\_\_\_\_ Arrow



**Crash Narrative:**

Unknown vehicle 1 left roadway, struck pedestrian crossing sign and mailbox and left the scene.

**Witnesses:**

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

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
PENNY JOSEPH F	267 SWIFT RD WHITINSVILLE MA 01588			<b>MAILBOX</b>
TOWN OF NORTHBRIDGE	7 MAIN ST WHITINSVILLE MA 01588			<b>PED CROSSING SIGN</b>

**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 MICHAEL S MARINO**

Police Officer Name (Please Print)

Signature

**MSM**

ID/Badge #

**Northbridge Police Department**

Department

Precinct/Barracks

**01/07/2022**

Date