

Date of Crash 02/01/2021	Time of Crash 1453 24HR	City/Town NORTHBRIDGE	<b>Motor Vehicle Crash Police Report</b>	Number Vehicles 1	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: _____
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**AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:**

Route# _____ Direction _____ Name of Roadway/Street _____ At _____	Route# <u>1966</u> Direction _____ Address # <u>HILL ST</u> Name of Roadway/Street _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____
	_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

Please Select One of the Following:  Vehicle 1 #Occupants  Hit/Run  Moped  
Crash Report ID# **21-23-AC**

License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____ Endorsement _____	Reg # <u>3TF442</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>21</u>
Operator <u>FENSTAMACHER, VIVIAN F</u> Last First Middle	Owner <u>FENSTAMACHER, VIVIAN F</u> Last First Middle
Address <u>9 GROVE ST</u>	Address <u>9 GROVE ST</u>
City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-2205</u>	City <u>WHITINSVILLE</u> State <u>MA</u> Zip <u>01588-2205</u>
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>	Vehicle Action Prior to Crash <u>1</u> <u>22</u> Event Sequence <u>40</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>10</u> <u>24</u>
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>	Damaged Area Code: <u>10</u> <u>27</u> <u>27</u> <u>27</u> Test Status: <u>1</u> <u>28</u> Type of Test: <u>97</u> <u>29</u> BAC Test Result: <u>30</u>
Citation # (If Issued) _____	Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Towed from scene? <u>2</u> <u>33</u>

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>	<u>1</u>	<u>1</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

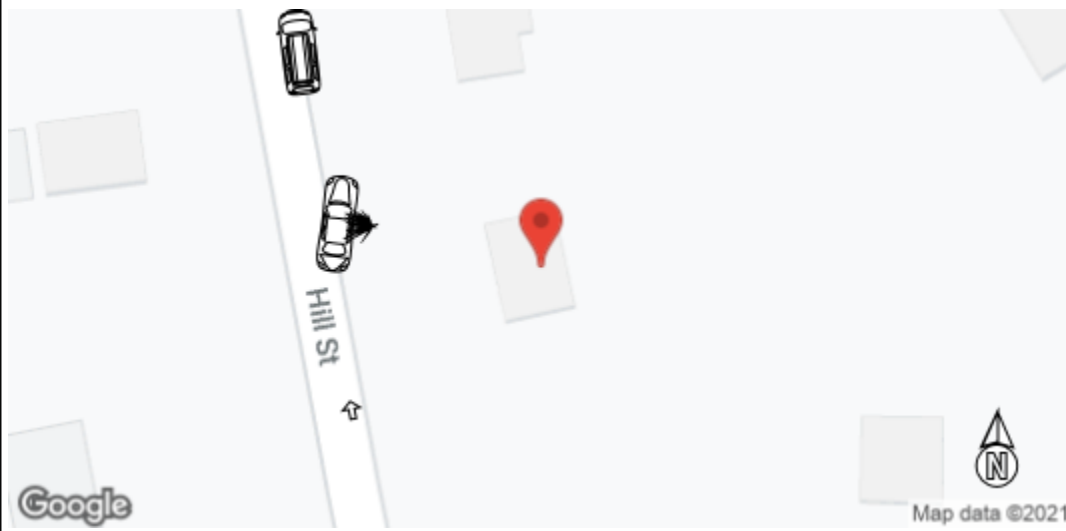
Please Select One of the Following:  Vehicle 2 #Occupants  Non-Motorist A Type 15 Action 16 Location 17 Condition 18  Hit/Run  Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u>
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash <u>22</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>24</u>
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Test Status: <u>28</u> Type of Test: <u>29</u> BAC Test Result: <u>30</u>
Citation # (If Issued) _____	Driver Contributing Code <u>25</u> <u>25</u> Driver Distracted by <u>26</u>
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____	Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Towed from scene? <u>33</u>

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>	<u>1</u>							

→ = Direction     = Vehicle 1     = Vehicle 2    ○ = Pedestrian    🚲 = Bicycle  
 ie: →  →  → ○ → 🚲

**Crash Diagram:**



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



**Crash Narrative:**

Vehicle travelling North on Hill St. in the are of #1966. An Amazon van had pulled to the side of the roadway in the area of #1970 Hioll St. Weather conditions were dangerous due to snow storm. The Amazon van began to pull back onto hill street causing vehicle to apply brakes which caused the vehicle to slid out of controll landing on the lawn of #1966 Hill St. on top of a rock.

**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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  Cargo Body Type Code  GVWR/GCWR

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

PATROLMAN THOMAS DEJORDY

Police Officer Name (Please Print)

Signature

TJD

ID/Badge #

Northbridge Police Department

Department

Precinct/Barracks

02/01/2021

Date