

Date of Crash **04/17/2020** Time of Crash **1804** City/Town **WHITINSVILLE** **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:

PROVIDENCE RD
Route# Direction Name of Roadway/Street
At
CHURCH ST
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped Crash Report ID# **20-65-AC**

License # _____ St _____ DOB/Age _____ Reg # **UM1265** Reg Type **PC** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2010** Veh Make **VOLKSWAGEN** Veh Config. **1** **21**
Operator **MENCHIN, PETER S** Owner **MENCHIN, ELAINE S**
Address **63 HICKORY LN** Address **63 HICKORY LN**
City **WHITINSVILLE** State **MA** Zip **01588-1330** City **WHITINSVILLE** State **MA** Zip **01588-1330**
Insurance Company **ALLSTATE INS** Vehicle Action Prior to Crash **1** **22** Damaged Area Code: **8** **27** **7** **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 **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? **1** **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				1	1	4	0	0	10	1	
BRENNA MENCHIN	63 HICKORY LN WHITINSVILLE, MA 01588-1330			3	1	4	0	0	10	1	

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

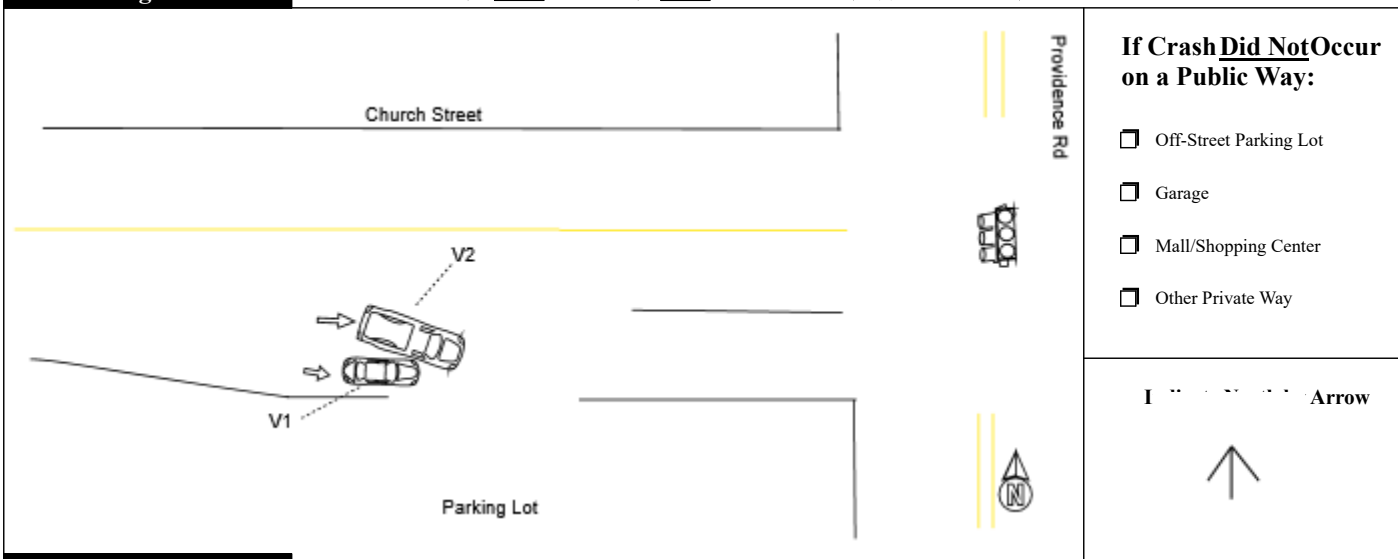
License # _____ St _____ DOB/Age _____ Reg # **8275** Reg Type **RPN** Reg State **MA**
Sex **M** Lic. Class **D** **19** **19** Lic. Restrictions **20** CDL _____ Veh Year **2005** Veh Make **CHEVROLET** Veh Config. **7** **21**
Operator **LOWINSKI-LOH, JOHN PETER JR** Owner **GRACEWOOD DEVELOPMENT CORP**
Address **48 WEST ST APT 1** Address **3 HAMBONE FARM RD**
City **MILLVILLE** State **MA** Zip **01529-1797** City **FRANKLIN** State **MA** Zip **02038**
Insurance Company _____ Vehicle Action Prior to Crash **3** **22** Damaged Area Code: **3** **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 **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/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				1	1	4	0	0	10	1	

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

Crash Diagram:

ie: → 1 → 2 → ○ → 🚲



Crash Narrative:

V2 was turning right in the parking lot of Jumbo Donuts while V1 struck the right side of V2 while it was attempting to pass V2.

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

Reserve Patrolman SEAN F MCDEVITT Signature SFM Northbridge Police Department 04/17/2020
 Police Officer Name (Please Print) ID/Badge # Department Precinct/Barracks Date