

Commonwealth of Massachusetts

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|------------------------------------|--------------------------------------|--|--|-----------------------------|----------------------------|-----------------------|----------------|-----------------|--|
| Police Use Only | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | |
| Date of Crash 06/04/2020 | Time of Crash 1813 24HR | City/Town NORTHBRIDGE | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 | Latitude _____ | Longitude _____ | <input type="checkbox"/> State Police <input checked="" type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> 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 _____ | OAK ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____ |
|--|--|

Please Select One of the Following: Vehicle **11** #Occupants Hit/Run Moped Crash Report ID# **20-80-AC**

| | |
|---|---|
| License # _____ St _____ DOB/Age _____ | Reg # _____ Reg Type _____ Reg State _____ |
| Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ | Veh Year _____ Veh Make _____ Veh Config. 21 |
| Operator unknown Last _____ First _____ Middle _____ | Owner _____ Last _____ First _____ Middle _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Insurance Company _____ | Vehicle Action Prior to Crash 22 |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | Event Sequence 23 23 23 23 |
| Citation # (If Issued) _____ | Most Harmful Event 24 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 25 25 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | 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 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 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

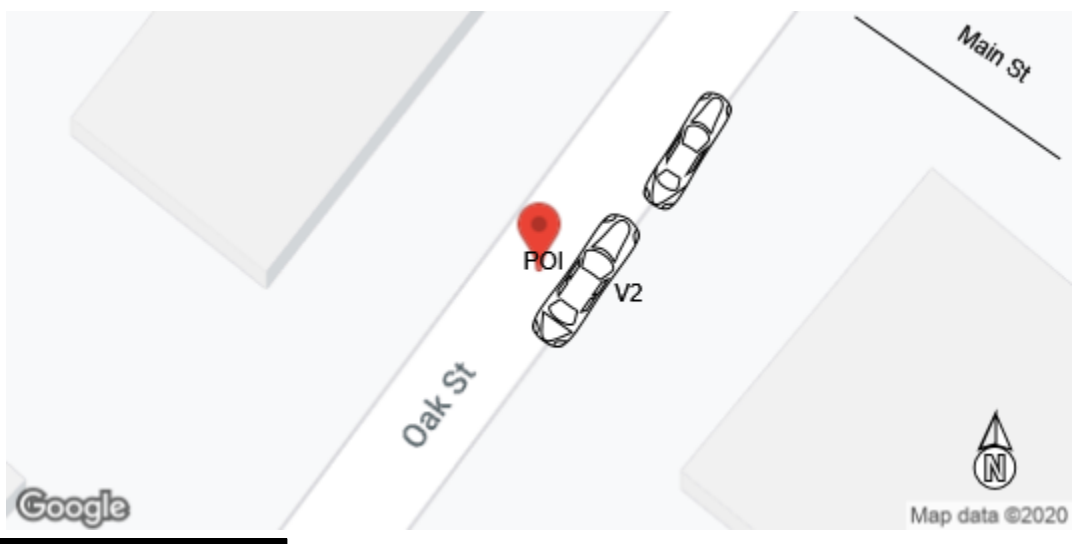
Please Select One of the Following: Vehicle **20** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

| | |
|---|--|
| License # _____ St _____ DOB/Age _____ | Reg # 355EG4 Reg Type PC Reg State MA |
| Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ | Veh Year 2012 Veh Make MITSUBISHI Veh Config. 1 |
| Operator Driverless M.V. Last _____ First _____ Middle _____ | Owner GIACOMUZZI, KENNETH LOUIS JR Last _____ First _____ Middle _____ |
| Address _____ | Address 211 MAIN ST |
| City _____ State _____ Zip _____ | City WHITINSVILLE State MA Zip 01588-2230 |
| Insurance Company LM GENERAL INSURANCE COMP | Vehicle Action Prior to Crash 11 22 |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | Event Sequence 1 23 23 23 23 |
| Citation # (If Issued) _____ | Most Harmful Event 1 24 |
| Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ | Driver Contributing Code 1 25 25 |
| Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ | Driver Distracted by 0 26 |
| | Damaged Area Code: 7 27 27 27 |
| | Test Status: 28 |
| | Type of Test: 29 |
| | BAC Test Result: 30 |
| | Susp. Alcohol: 31 Susp. Drug: 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 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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 Two was parked on Oak Street. Another vehicle struck it's driver's side breaking its mirror and leaving white paint residue. The other vehicle left the scene without providing identifying information. The collision occurred between 5:45 PM and 6:10 PM.

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 RANDY LLOYD

Police Officer Name (Please Print)

Signature

RL

ID/Badge #

Northbridge Police Department

Department

Precinct/Barracks

06/04/2020

Date